



**Form CPF M101: STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM**

RECEIVED
FEB 22 2021
Town Clerk
Hingham, MA

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE: Full Name: Michelle Larned
 Residential Address: 15 Volusia Rd
 City / State / Zip: Hingham MA 02043
 E-Mail Address: michelle@michellelarned.com Phone #: 617-335-4083
 Party Affiliation: _____ (If applicable)

OFFICE SOUGHT/PURPOSE:
 Title: Board of Selectmen
 District: Hingham

COMMITTEE: Name of Committee: Committee to Elect Michelle Larned
 (The name of the committee must include the candidate's last name)
 Committee Mailing Address: 15 Volusia Rd
 City / State / Zip: Hingham MA 02043 Phone #: 617-335-4083

OFFICERS:

Chair: Residential Address: _____ City / State / Zip: _____ Phone #: _____	Treasurer*: <u>Leah Larned</u> Residential Address: <u>15 Volusia Rd</u> City / State / Zip: <u>Hingham</u> <u>MA</u> <u>02043</u> Phone #: <u>781-635-7473</u> Email: <u>lelarned@gmail.com</u> <small>*A public employee may not serve as treasurer of any political committee (see reverse).</small>
Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____	Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Michelle Larned Date: 29 Dec 20
Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Leah Larned Date: 28 Dec 2020
Leah Larned
Treasurer's signature

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Chair's signature Date: _____



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED

MAY 15 2021

John Clark
Hingham, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 12/26/20 Ending Date: 5/13/21

Type of Report: (Check one)

- 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Michelle Larned
Candidate Full Name (if applicable)

Selectboard
Office Sought and District

15 Volusia Rd
Residential Address

E-mail: MICHELLE@MICHELLELARNED.COM

Phone # (optional): _____

Committee to Elect Michelle Larned
Committee Name

Leah Larned
Name of Committee Treasurer

15 Volusia Rd
Committee Mailing Address

E-mail: LELARNED@GMAIL.COM

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 11)	1892.70
Line 3: Subtotal (line 1 plus line 2)	1892.70
Line 4: Total expenditures this period (page 5, line 14)	1874.93
Line 5: Ending Balance (line 3 minus line 4)	17.77
Line 6: Total in-kind contributions this period (page 6)	40.00
Line 7: Total (all) outstanding liabilities (page 7)	708.39
Line 8: Name of bank(s) used:	Hingham Savings Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Leah Larned (Treasurer's signature)

Date: 3/31/2021

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Michelle Larned (Candidate's signature)

Date: 5/13/21

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/9/21	Andrea Borgman 412 Cushing St. Hingham, MA 02043	50.00	
1/2/21	Martha Cochrane 265 Gardner St Hingham, MA 02043	150.00	
5/3/21	John Deeley 14 Weathervane Ct. Hingham, MA 02043	50.00	
4/6/21	Chris DiOrio 21 McGrath Highway, #306. Quincy, MA, 02169	50.00	
12/26/21	KerstinDobert 7 Fairview Street. Hingham, MA 02043	100.00	
1/28/21	StephanieHoward 3321 Argent Lane. North Chesterfield, VA, 23237	50.00	
4/9/21	Eli Jones 549 8TH ST N. Saint Petersburg, FL, 33701	100.00	
1/28/21	Marianne Larned PO Box 34. Swansea, MA, 02777	200.00	Stone Soup
1/19/21	Katie McBrine 157 Central Street. Hingham, MA 02043	100.00	
2/25/21	Nicole and Chris Obrien 15 Farragut Rd. Swampscott, MA, 01907	100.00	
2/3/21 and 4/5/21	Alyssa Porter 227 South Street.Hingham, MA 02043	200.00	Self-employed
12/26/21	Kerry Railey 669 Commercial Street. Weymouth, MA, 02189	200.00	Irish Eyes Photography
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/16/21	Melissa Smith 223 South St. Hingham, MA 02043	100	
2/26/21 and 4/5/21	Megan Wheeler 114 Forest Avenue. Cohasset, MA 02025	100	
4/8/21	Michelle Larned 15 Volusia Rd, Hingham, MA 02043	287.70	Vinfen Director of Clinical Services
4/8/21	Michelle Larned (Loan) 15 Volusia Rd, Hingham, MA 02043	708.39	Vinfen Director of Clinical Services
Line 9: Total Receipts over \$50 (or listed above)		1787.70	
Line 10: Total Receipts \$50 and under* (not listed above)		105	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1892.70	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/26/21	East Coast printing		Doorhangers	371.88
3/13/21	East Coast printing		Post cards	95.63
4/14/21	East Coast printing		Post cards	185.94
4/8/21	East Coast printing		Yard Signs	996.0
1/7/21	National Pen		Pens	104.11
Line 12: Total Expenditures over \$50 (or listed above)				1753.65
Line 13: Total Expenditures \$50 and under* (not listed above)				121.28
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1874.93

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				40.00
Line 17: TOTAL IN-KIND CONTRIBUTIONS				40.00

Enter on page 1, line 6 →

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

