



**Form CPF M101 BQ: STATEMENT OF ORGANIZATION
BALLOT QUESTION COMMITTEE
MUNICIPAL FORM**

Office of Campaign and Political Finance

RECEIVED

APR 19 2023

Town Clerk
Hingham, MA

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, of the organization of a ballot question committee as follows:

1. Name (See note 1):	<u>Citizens for Affordable Hingham</u>
2. Committee mailing address:	<u>1 Dwiggins Pathe</u>
City/State/Zip:	<u>Hingham MA 02043</u>
E-mail Address:	_____ Phone #: <u>781 740 8077</u>
3. Purpose / specific issues and interests (See note 2):	<u>Opposition to Ballot Question 1</u>
4. Topic of question & question no., if known:	<u>Question 1</u>
5. This committee is formed to (check one):	<input type="checkbox"/> support or <input checked="" type="checkbox"/> oppose the question.

6. OFFICERS:	
Chairman: <u>L.B. RABUFFO</u> Residential Address: <u>1 Dwiggins Pathe</u> City / State / Zip: <u>Hingham, MA 02043</u> Phone #: <u>781-740-8077</u>	Treasurer*: <u>L.B. RABUFFO</u> Residential Address: <u>1 Dwiggins Pathe</u> City / State / Zip: <u>Hingham, MA 02043</u> Phone #: <u>781-740-8077</u> E-mail: _____ <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 #: _____
<small>(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)</small>	

The chairman and treasurer of a political committee should be aware that provisions of M.G.L. c. 55 specify that each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts for a period of six years from the date of the relevant election. Chapter 55 also specifies that no expenditures shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents; and, that all funds of a political committee shall be kept separate from any personal funds of any officers, members or associates of such committee.

I hereby accept the office of Chairman of the above-named committee.
SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature Date: 4/19/23

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; and 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.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature Date: 4/19/23



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
APR 21 2023
Town Clerk
Hingham, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/3/21 Ending Date: 4/21/23

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Candidate Full Name (if applicable)	<u>Citizens For Affordable Hingham</u> Committee Name
Office Sought and District	<u>L.B. Rabuffo</u> Name of Committee Treasurer
Residential Address	<u>1 Dwiggin Pathe Hingham MA 02043</u> Committee Mailing Address
E-mail:	
Phone # (optional):	<u>781 740 8077</u>

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>4350 -</u>
Line 3: Subtotal (line 1 plus line 2)	<u>4350 -</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>3978.21</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>371.79</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>EASTERN BANK</u>

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: L.B. Rabuffo (Treasurer's signature) Date: 4/21/23

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: _____ (Candidate's signature) Date: _____

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/3/23	BURNHAM, BENJAMIN 11 DOWNING ST HINGHAM	200-	CARPENTER, SELF EMPLOYED
4/17/23	DELAFTER, DEWITT 300 HIGH ST HINGHAM	500-	RETIRED
4/14/23	DUFF, MARK 37 BRADLEY PARK DR HINGHAM	200-	RETIRED
4/10/23	ELDRIDGE, ELIZABETH 154 UNION ST HINGHAM	200-	ANESTHESIOLOGIST, SOUTH SHORE HEALTH
4/5/23	HERSEY, PETER 150 HERSEY ST HINGHAM	1,000-	RETIRED
4/11/23	MARWILL, LAURA 30 SUMMIT DR. HINGHAM	500-	HOMEMAKER
4/14/23	MARWILL, LAURA 30 SUMMIT DR. HINGHAM	500-	HOMEMAKER
4/3/23	RABUFFO, SUSAN 1 DWIGGINS PATHE HINGHAM	250-	RETIRED
4/3/23	ROCKOFF, ELIZABETH 36 PLEASANT ST HINGHAM	1,000-	RETIRED

Line 9: Total Receipts over \$50 (or listed above) 4350-

Line 10: Total Receipts \$50 and under* (not listed above) 0

Line 11: TOTAL RECEIPTS IN THE PERIOD 4350-

← 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.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/22/23 Ending Date: 5/9/23

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Candidate Full Name (if applicable)
Office Sought and District
Residential Address
E-mail:
Phone # (optional):

Citizens For Affordable Hingham
Committee Name
L.B. Rabuffo
Name of Committee Treasurer
1 Dwiggins Pathe Hingham MA 02043
Committee Mailing Address
E-mail:
Phone # (optional): 781 740 8077

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>371.79</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1445.82</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1817.61</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1817.61</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>EASTERN BANK</u>

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: L.B. Rabuffo (Treasurer's signature) Date: 5-9-23

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: _____ (Candidate's signature) Date: _____

