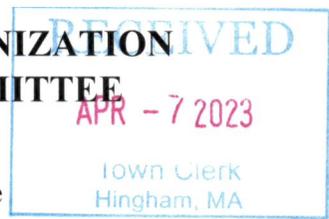




Commonwealth of Massachusetts

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

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, organization of a candidate or candidate's committee as follows:

**CANDIDATE:** Full Name: Tracy K Shriver

Residential Address: 12 Boulder Glen Road

City / State / Zip: Hingham MA 02043

E-Mail Address: tkshriv0@hotmail.com Phone #: 617.852.3499

Party Affiliation: \_\_\_\_\_ (If applicable)

**OFFICE SOUGHT/PURPOSE:**

Title: Planning Board District: \_\_\_\_\_

Candidate without committee (check if applicable). If checked, do not complete committee or officer sections: sign as candidate, date and file with clerk or local election official.

**COMMITTEE:** Name of Committee: Friends of Tracy K Shriver  
(The name of the committee must include the candidate's last name)

Committee Mailing Address: 12 Boulder Glen Road

City / State / Zip: Hingham MA 02043 Phone #: 617.852.3499

**OFFICERS:**

<b>Chairperson:</b> <u>Tracy K Shriver</u>	<b>Treasurer*:</b> <u>Daniel Clark</u>
Residential Address: <u>12 Boulder Glen Road</u>	Residential Address: <u>37 Fearing Road</u>
City / State / Zip: <u>Hingham</u> MA <u>02043</u>	City / State / Zip: <u>Hingham</u> MA <u>02043</u>
Phone #: <u>617.852.3499</u>	Phone #: <u>617.633.7914</u> Email: <u>dpc5014@gmail.com</u>

\*A public employee may not serve as treasurer of any political committee (see reverse).

Additional officers may be listed on page two.

Check applicable box before signing:

Candidate with committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) 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 4) may not serve as treasurer of a political committee organized on my behalf.

Candidate without committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) acknowledge if I become a public employee I must organize a committee and may not serve as treasurer; and 4) 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.

SIGNED UNDER THE PENALTIES OF PERJURY: [Signature] Date: 4.5.23  
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 their behalf.

SIGNED UNDER THE PENALTIES OF PERJURY: [Signature] Date: 4/5/23  
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY: [Signature] Date: 4.5.23  
Chairperson's signature



Commonwealth of Massachusetts

# 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: 4.4.2023 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

Tracy K Shriver  
Candidate Full Name (if applicable)

Town of Hingham Planning Board  
Office Sought and District

12 Boulder Glen Rd, Hingham MA 02043  
Residential Address

E-mail: tkshriv0@hotmail.com

Phone # (optional): \_\_\_\_\_

Friends of Tracy K Shriver  
Committee Name

Daniel Clark  
Name of Committee Treasurer

12 Boulder Glen Rd, Hingham MA 02043  
Committee Mailing Address

E-mail: tkshriv0@hotmail.com

Phone # (optional): \_\_\_\_\_

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	100.00
Line 3: Subtotal (line 1 plus line 2)	100.00
Line 4: Total expenditures this period (page 5, line 14)	0.00
Line 5: Ending Balance (line 3 minus line 4)	100.00
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	529.69
Line 8: Name of bank(s) used:	<u>Rockland Trust</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: \_\_\_\_\_ (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: 4/21/23











Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

MAY 30 2023

Town Clerk

Hingham, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/12/23 Ending Date: 5/20/23

Type of Report: (Check one)

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

Tracy K Shriver  
Candidate Full Name (if applicable)

Planning Board  
Office Sought and District

12 Boulder Glen Rd, Hingham MA 02043  
Residential Address

E-mail: tkshriver@me.com

Phone # (optional): 617.852.3499

Friends of Tracy K Shriver  
Committee Name

Daniel Clark  
Name of Committee Treasurer

12 Boulder Glen Rd, Hingham MA 02043  
Committee Mailing Address

E-mail: tkshriver@me.com

Phone # (optional): 617.852.3499

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	100
Line 2: Total receipts this period (page 3, line 11)	1250
Line 3: Subtotal (line 1 plus line 2)	1350
Line 4: Total expenditures this period (page 5, line 14)	1337.81
Line 5: Ending Balance (line 3 minus line 4)	12.19
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Rockland Trust

**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: [Signature] (Treasurer's signature) Date: 5.30.23

**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: [Signature] (Candidate's signature) Date: 5.30.23

## 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)
4/24/23	Daniel Clark, 37 Fearing Road, Hingham MA 02043	100.00	
5/11/23	Tracy K Shriver, 12 Boulder Glen Road, Hingham MA 02043	1150.00	Architect, Elkus Manfredi Architects
Line 9: Total Receipts over \$50 (or listed above)		1250	
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1250</b>	← 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
5/20/23	East Coast Printing	2 Keith Way, Unit 5, Hingham MA 02043	100 Yard Signs	529.69
5/20/23	East Coast Printing	2 Keith Way, Unit 5, Hingham MA 02043	100 Yard Signs 100 Post Cards	557.82
5/20/23	East Coast Printing	2 Keith Way, Unit 5, Hingham MA 02043	20 Hand Signs	212.50
5/20/23	Walgreens	184 Lincoln St, Hingham MA 02043	Stamps	37.80
Line 12: Total Expenditures over \$50 (or listed above)				1337.81
Line 13: Total Expenditures \$50 and under* (not listed above)				
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>1337.81</b>

Enter on page 1, line 4 →

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