

Form CPFA 11: CANDIDATE'S POST ELECTION BALANCE STATEMENT

Commonwealth of Massachusetts

File with: Director Office of Campaign and Political Finance One Ashburton Place Boston, MA 02108				CPF ID# For Office Use	
(61	17) 979-8300	File on or before Nov	rember 22, 2022*		
1.	Candidate's Name				
2.	Balance as of November 8, 2022				
	a. Com	nmittee's Account		\$	(2a)
	b. Can	didate's Account (if any)		\$	(2b)
		ings Account, Money Mark I Interest	et Account	\$	(2c)
	d. Othe	er (<u>See</u> M-98-02)		\$	(2d)
	e. Add	d lines 2a, 2b,2c and 2d	Total	\$	(2e)
3.	Reserve necessary to cover debts itemized on reverse side incurred to defray campaign finance expenditures incurred during this election.			\$	(3)
4.	Surplus - Subtract Line 3 from Line 2e If line 4 is zero or less: skip lines 6-8 and enter zero on line 9			\$(St	urplus Balance) (4)
5.	Total amount of public financing received for the General Election Campaign.			\$(Public :	Financing Received) (5)
6.	Total contributions. (See M-98-02)			
	a. Com	nmittee Balance (9/7/22)		\$	(6a)
		nmittee's Account posited 9/8/22 to 11/8/22)		\$	(6b)
	c. Can	ndidate's account (if any)		\$	(6c)
	d. Con	yet deposited	\$	(6d)	
	e. Ad	d lines 6a, 6b, 6c and 6d	Total	\$	(6e)
7.	Add Line 5 and Line 6e		Enter Amount	\$	(7)
8.	Divide Line 5 by Line 7				(8)
g	Multiply I ine 4 by I ine 8		Enter Amount	\$	(9)



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The amount on Line 9 must be refunded to the State Election Campaign Fund. Make check payable to the Commonwealth of Massachusetts. The check should be included with this report. Reports and payments are due on or before November 22, 2022.

SIGNED UNDER THE PENALTIES OF PERJURY

Signature of Committee Treasurer Date Signature of Candidate Date Liabilities (As of November 8, 2022) Name of Creditor Date **Purpose** Amount **Incurred**

Attach Additional Pages If Necessary

TOTAL (Enter on line 3):

*Unenrolled candidates should contact OCPF for further directions, as reporting periods (line 6) are different than that of enrolled party candidates.