Commonwealth of Massachusetts

Form CPF M 102-0: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

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CHILMARK TOWN CLERK

Please print or type all information, except signatures.

City or Town of: CHILMARK

Reporting Period: Beginning: _____ (MM/DD/YYYY) Ending: _____ (MM/DD/YYYY)

Type of Report: (Check One)

☐ 8th day preceding preliminary/primary ☒ 8th day preceding election ☐ 30th day following election (town or special) ☐ 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
5/14/2021	JANET L WEIDNER	[signature]	481 NORTH ROAD	TOWN MODERATOR