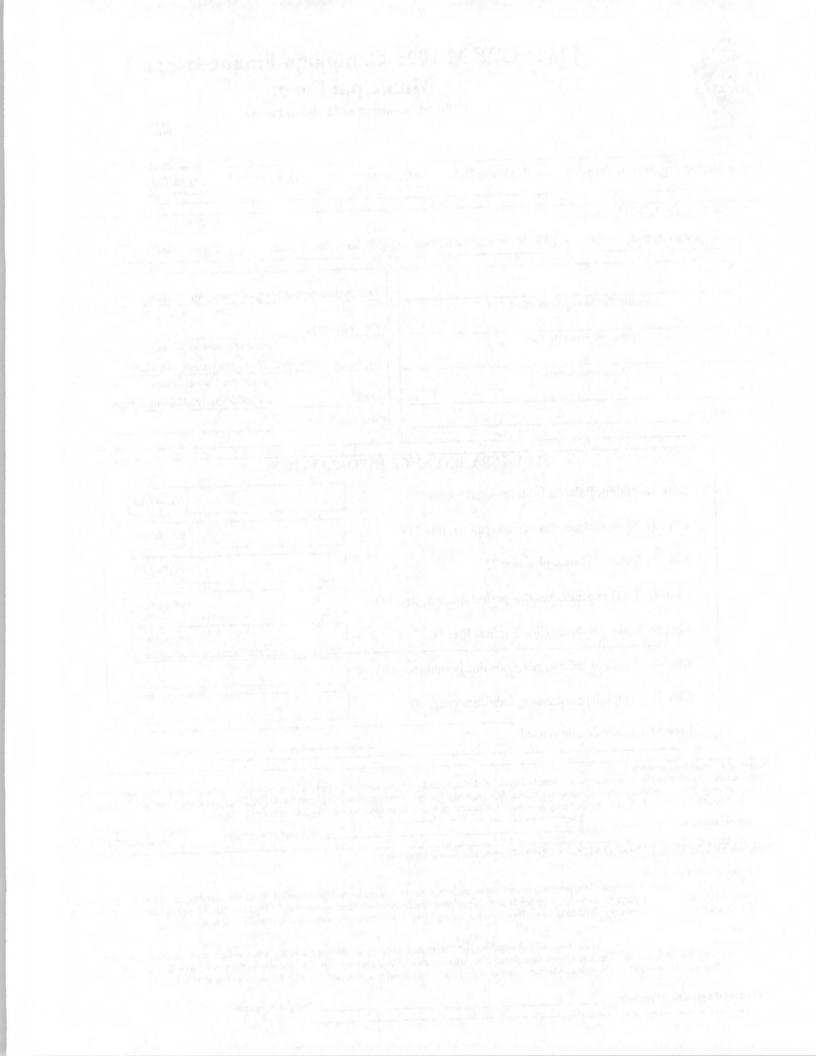
Commonwealth of Massachusetts	0	I 102: Cam Municipa ffice of Campaign an		E H
	orting Period dates: Beginning Dat	te: 04/19/2022	File with: City or Town Clerk or Election Co Ending Date: 05/20/2022 TOWN CLE	1 1
	(0) 1			CHK
	port: (Check one) receding preliminary 8th day preceding	g election 🛛 30 da	y after election 🔲 year-end report 🗌 dissolut	tion
	Candidate Full Name (if applicable)		ittee for the Martha's Vineyard Housing Bank Committee Name rly Angell	
	Office Sought and District		Name of Committee Treasurer	
	Residential Address	<u>54 Ho</u>	pps Farm Road, Vineyard Haven, MA 02568 Committee Mailing Address	
E-mail:		E-mail:	angellkimberly502@gmail.com	
Phone # (option	al):	Phone #	(optional):	
	OVISABA DSV	BALANCE INFO	NRA TION.	
	Line 1: Ending Balance from previous		18,347.69	
	Line 2: Total receipts this period (page	e 3, line 11)	53,000.00	
	Line 3: Subtotal (line 1 plus line 2)		71,347.69	
	Line 4: Total expenditures this period	(page 5, line 14)	54,157.02	
	Line 5: Ending Balance (line 3 minus	line 4)	17,190.67	
	Line 6: Total in-kind contributions this	s period (page 6)		
	Line 7: Total (all) outstanding liabilitie	es (page 7)		
	Line 8: Name of bank(s) used:			
I certify that I ha activity, includin finance activity	mmittee Treasurer: nvc examined this report including attached schedules and ng all contributions, loans, receipts, expenditures, disburse of all persons acting under the authority or on behalf of th ne penaltics of perjury:	ments, in-kind contribution		inance ign
FOR CAND	IDATE FILINGS ONLY: Affidavit of Candida	te: (check 1 box only)		
I certify the activity, of incurred an	all persons acting under the authority or on behalf of this or y liabilities nor made any expenditures on my behalf during the second	committee in accordance w	knowledge and belief, a true and complete statement of all campai ith the requirements of M.G.L. c. 55. I have not received any contr are not otherwise disclosed in this report.	
I certify the finance act		s, disbursements, in-kind co	knowledge and belief, a true and complete statement of all campai ntributions and liabilities for this reporting period and represents th in accordance with the requirements of M.G.L. c. 55.	
	he penalties of perjury:		(Candidate's signature) Date:	



Type of R	Candidate Full Name (if applicable) Office Sought and District Residential Address	X 30 day al Committee Kimberly 54 Hopps E-mail: Phone # (opt)	ee for the Martha's Vineyard Housing Bank Committee Name Angell Name of Committee Treasurer s Farm Road, Vineyard Haven, MA 02568 Committee Mailing Address angellkimberly502@gmail.com	solution
E-mail:	preceding preliminary 8th day preceding election Candidate Full Name (if applicable) Office Sought and District Residential Address onal): SUMMARY BALANCE	Committe Kimberly 54 Hopps E-mail: Phone # (opt	ee for the Martha's Vineyard Housing Bank Committee Name Angell Name of Committee Treasurer s Farm Road, Vineyard Haven, MA 02568 Committee Mailing Address angellkimberly502@gmail.com	solution
	Office Sought and District Residential Address onal): SUMMARY BALANCE	Kimberly 54 Hopps E-mail: Phone # (opt	Committee Name Angell Name of Committee Treasurer s Farm Road, Vineyard Haven, MA 02568 Committee Mailing Address angellkimberly502@gmail.com	
	Office Sought and District Residential Address onal): SUMMARY BALANCE	Kimberly 54 Hopps E-mail: Phone # (opt	Committee Name Angell Name of Committee Treasurer s Farm Road, Vineyard Haven, MA 02568 Committee Mailing Address angellkimberly502@gmail.com	
	Residential Address onal): SUMMARY BALANCH	54 Hopps E-mail: Phone # (opt	Name of Committee Treasurer s Farm Road, Vineyard Haven, MA 02568 Committee Mailing Address angellkimberly502@gmail.com tional):	
	Residential Address onal): SUMMARY BALANCH	E-mail: Phone # (opt	Committee Mailing Address angellkimberly502@gmail.com tional):	
	onal):	Phone # (opt	angellkimberly502@gmail.com	
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Phone # (option	SUMMARY BALANCE			
		E INFOR	MATION:	
		e infor	MATION:	
	Line 1: Ending Balance from previous report			
			18,347.69	
	TT A T . 1		53,000.00	
	Line 2: Total receipts this period (page 3, line 11)	L	53,000.00	
	Line 3: Subtotal (line 1 plus line 2)	Γ	71,347.69	
			E4 1E7 02	
	Line 4: Total expenditures this period (page 5, line	14)	54,157.02	
	Line 5: Ending Balance (line 3 minus line 4)		17,190.67	
	Line 6: Total in-kind contributions this period (pag	ge 6)		
	Line 7: Total (all) outstanding liabilities (page 7)			
	Line 8: Name of bank(s) used:			
L				
l certify that I hat I hat it hat it has a ctivity, include	committee Treasurer: have examined this report including attached schedules and it is, to the best of ding all contributions, loans, receipts, expenditures, disbursements, in-kind co y of all persons acting under the authority or on behalf of this committee in a	ontributions and	ad liabilities for this reporting period and represents the cam h the requirements of M.G.L. c. 55.	in finance opaign
Signed under	the penalties of perjury:		(Treasurer's signature) Date:	
FOR CANI	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)		
I certify th activity, or	te with Committee hat I have examined this report including attached schedules and it is, to the b of all persons acting under the authority or on behalf of this committee in accord any liabilities nor made any expenditures on my behalf during this reporting p	ordance with th	he requirements of M.G.L. c. 55. I have not received any c	
Candidat	te without Committee			
	hat I have examined this report including attached schedules and it is, to the b ctivity, including contributions, loans, receipts, expenditures, disbursements,			
	ctivity, including contributions, loans, receipts, expenditures, disbursements, a finance activity of all persons acting under the authority or on behalf of this			ts the

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)
04/26/2022	Martha's Vineyard Community Foundation 4C Cournoyer Road West Tisbury, MA 02575	1,000.00	
04/26/2022	Martha's Vineyard Community Foundation 4C Cournoyer Road West Tisbury, MA 02575	50,000.00	
05/16/2022	Martha's Vineyard Community Foundation 4C Cournoyer Road West Tisbury, MA 02575	2,000.00	
Line 9: Total Rece	ipts over \$50 (or listed above)	53,000.00	
Line 10: Total Reco	eipts \$50 and under* (not listed above)		entertaitui afri
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	53,000.00	← 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: REC	EIPTS (continued)
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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
and days in a sign			
	Carbonal and an and a state of the		
Line 9: Total Receip	ots over \$50 (or listed above)		and the second
Line 10: Total Recei	pts \$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 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 odded together, from committee recards, 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
05/03/2022	John Abrams	PO Box 838 West Tisbury, MA 02575	Print Ads	8,512.00
05/04/2022	Alexandra B Coutts	PO Box 1244 West Tisbury, MA 02575	Social Media	750.00
05/02/2022	EveryAction	655 15th St., NW Suite 650 Washington DC 20005	Email mailings	796.88
04/26/2022	Hayes Design Studios	PO Box 162 Oak Bluffs, MA 02557	Graphic Design	1,500.00
04/26/2022	Krokidas & Bluestein, LLP	600 Atlantic Ave Boston, MA 02210	Legal services	4,887.50
04/28/2022	MVFF	12 Music Street West Tisbury, MA 02575	Educational Film Production	3,280.00
04/30/2022	MV Times	PO Box 518 Vineyard Haven, MA 02568	Advertising	2,943.00
04/30/2022	O'Neill & Associates	18 Tremont Street, Suite 600 Boston, MA 02108	Professional Services - Lobbying	7,500.00
05/03/2022	Laura Silber	PO Box 57 West Tisbury, MA 02575	Campaign Coordinator	21,762.50
04/28/2022	The Tisbury Printer	PO Box 1674 Vineyard Haven, MA 02568	Printing Services	2,225.14
		Line 12: Total Expenditures of	over \$50 (or listed above)	54,157.02
		Line 13: Total Expenditures \$	50 and under* (not listed above)	

Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD

54,157.02

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	[
1.000	Constraint a	Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
				· · · · · · · · · · · · · · · · · · ·

SCHEDULE B: EXPENDITURES (continued)

Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD

* 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
	[]			
	[
J	and the second second second	Line 15: In-Kind Contribution	ns over \$50 (or listed above)	
		Line 16: In-Kind Contribution	s \$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND (CONTRIBUTIONS	

* 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.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	

