



Commonwealth  
of Massachusetts

Form CPF 102 BQ: Campaign Finance Report  
Ballot Question Committee  
Office of Campaign and Political Finance

File with: Director

Office of Campaign and Political Finance  
One Ashburton Place  
Boston, MA 02108  
(617) 727-8352

CPF ID# \_\_\_\_\_

Please print or type all information, except signatures.

Fill in dates:  
Reporting Period Beginning: 9 12 2024 Ending: 12 17 2024

Type of report: (Check one)  
 Initial Report  60th day preceding election  5th and 20th day of month until election  5th day of month after election if liabilities exist  Year end  Dissolution

Support Sherborn CPA (Community Preservation Act)

Committee Name

Steven Violin

Name of Committee Treasurer

41 Green Lane

Committee Mailing Address

Sherborn, MA 01770

City

State & Zip

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>0 -</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1821.62</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>1821.62</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1821.62</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>0 -</u>

Line 6: Total in-kind contributions this period (page 4) \$ 0 -  
Line 7: Total (all) outstanding liabilities (page 4) \$ 0 -  
Line 8: Name of bank(s) used Middlesex Savings Bank

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:

Steven D. Violin  
Treasurer's signature (in ink)

12/23/24  
Date

## 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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name, CPF ID# 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)
10/2/24	Fiske, Abby 20 Jackson Rd, Sherborn, MA 01770	250 -	N/A
9/25/24	Fiske, George P.O. Box 190, Sherborn, MA 01770	200 -	N/A
9/30/24	Moore, Mary 49 Farm Rd. Sherborn, MA 01770	96 62	
9/27/24	Neutra, Marianne 20 Prospect St., Sherborn, MA 01770	100 -	
9/23/24	Tsai, Steve 41 Green Lane, Sherborn, MA 01770	600 -	Veterinarian MSPCA / Angell
10/28/24	Van Zadelhoff, Christie 8 Abbey Rd, Sherborn, MA 01770	100 -	
9/12/24	Violin, Steven 15 Snow St, Sherborn, MA 01770	100 -	
9/25/24	Wragge, Sara 39 Green Lane, Sherborn, MA 01770	250 -	N/A
9/23/24	Upper Charles Conservation Land Trust P.O. Box 654, Medfield, MA 02052	200 -	N/A
Line 9: Total receipts in excess of \$50 (or listed above)	1696 62		
Line 10: Total receipts \$50 and under* (not listed above)	125 -		
Line 11: TOTAL RECEIPTS IN THE PERIOD	1821 62		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.*

*\*This page may be copied if additional pages are required to report all expenditures. Please include your committee name, CPF ID# and a page number on each page.*

Enter on page 1, line 4

\* If you have itemized expenditures \$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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6				<input type="radio"/> Line 15: In-kind over \$50
				<input type="radio"/> Line 16: In-kind \$50 and under
				<input type="radio"/> Line 17: Total In-kind

\* 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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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				<input type="radio"/> Line 18: OUTSTANDING LIABILITIES (ALL)

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.