



Form CPF M 102-0: Campaign Finance Report

Commonwealth

## **Municipal Form**

Office of Campaign and Political Finances

City or Town of Wallace

City or Town of Wellsville

*Please print or type all information, except signatures.*

|                             |  |                                  |
|-----------------------------|--|----------------------------------|
| Reporting Period:           | Beginning: 01/01/12<br>(MM/DD/YYYY)  | Ending: 12/31/12<br>(MM/DD/YYYY) |
| Type of Report: (Check One) | <input type="checkbox"/> Financial<br><input type="checkbox"/> Operational<br><input type="checkbox"/> Strategic<br><input type="checkbox"/> Compliance<br><input type="checkbox"/> Risk Assessment<br><input type="checkbox"/> Audit Findings |                                  |

Type of Report: (Check One)

Ending: 12/31/22

(MM/DD/YYYY)

1

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.

*John Seaver*  
Seaver, 37 Unit 4

|                  |                                 |  |  |               |
|------------------|---------------------------------|--|--|---------------|
| DATE<br>01/19/92 | PRINT NAME<br>Diana C. Sorenson | SIGNATURE<br>Signed under the penalties of perjury | RESIDENTIAL ADDRESS<br>(Street and Number) | OFFICE SOUGHT |
|------------------|---------------------------------|--|--|---------------|