

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

NORTHBOROUGH TOWN CLERK

					File with City	or POWIDIZ	POZEMAN ZORMISTO
Fill in R	Reporting Period dates: Beginning Date:	01/01/2	2021	Ending		02/2021	
Type of	Report: (Check one)						
8th da	ay preceding preliminary 🔀 8th day preceding elect	ion [	] 30 day a	fter election	year-e	nd report	dissolution
VIKRAM	VERMA						
SELECTM	Candidate Full Name (if applicable)				Committee N	Vame	
33 TOMA	Office Sought and District			Na	me of Committe	e Treasurer	
33 TOMA	AHAWK DRIVE, NORTHBOROUGH, MA 01532 Residential Address						
E-mail:	VIKVER2000@YAHOO.COM		E-mail	C	ommittee Mailin	g Address	
Phone # (op	508-466-8160		Phone # (opt	ional)			
	SUMMARY BAL	ANCE	INFOR	MATION.			
		TRITCE		WIATION.			
	Line 1: Ending Balance from previous repor	t				0.0	00
	Line 2: Total receipts this period (page 3, lin	ne 11)		lk		675.1	.8
	Line 3: Subtotal (line 1 plus line 2)					675.1	8
	Line 4: Total expenditures this period (page	5, line 1	14)			675.1	8
	Line 5: Ending Balance (line 3 minus line 4)	ļ		it.		0.0	0
	Line 6: Total in-kind contributions this perio	od (page	6)			0.0	0
	Line 7: Total (all) outstanding liabilities (page	ge 7)				0.0	0
	Line 8: Name of bank(s) used: CITIBANK CRE	DIT CAR	D - VIKRAI	M-VERMA			
A fficiently of	Committee Treasurer:						
I certify that activity, inclu	I have examined this report including attached schedules and it is, to the uding all contributions, loans, receipts, expenditures, disbursements, in ity of all persons acting under the authority or on behalf of this commit	n-kind conti	ributions and	liabilities for this	reporting period	tatement of all	ll campaign finance its the campaign
Signed unde	er the penalties of perjury:					Date:	
FOR CAN	NDIDATE FILINGS ONLY: Affidavit of Candidate: (chec	k 1 box on	ıly)				
l certify activity,	ate with Committee that I have examined this report including attached schedules and it is of all persons acting under the authority or on behalf of this committe I any liabilities nor made any expenditures on my behalf during this rep	e in accord	lance with the	requirements of	MGI c 55 11	have not recei	of all campaign finance ved any contributions,
I certify finance a	ate without Committee that I have examined this report including attached schedules and it is, activity, including contributions, loans, receipts, expenditures, disburse in finance activity of all persons acting under the authority or on behalf	ements, in-	kind contribu	tions and liabilitie	s for this reporti	ng period and M.G.L. c. 55.	represents the
Signed under	er the penalties of perjury:			(Condidatala	-E	Date: 05	0/02/2021

#### 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)
03/30/2021	VIKRAM VERMA (SELF FINANCED) 33 TOMAHAWK DRIVE NORTHBOROUGH, MA 01532	626.84	Medical Device Regulatory Affairs BETA BIONICS, INC.
04/05/2021	VIKRAM VERMA (SELF FINANCED) 33 TOMAHAWK DRIVE NORTHBOROUGH, MA 01532	48.34	Medical Device Regulatory Affairs BETA BIONICS, INC.
		7	
Line 9: Total Recei	pts over \$50 (or listed above)	675.18	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0.00	
	RECEIPTS IN THE PERIOD	675.18	← Enter on page 1, line 2

<sup>\*</sup> 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: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			0
			70
ae Q: Total Passins	ts over \$50 (or listed above)		
*	ts \$50 and under* (not listed above)		
	CCEIPTS IN THE PERIOD	<b>←</b>	Enter on page 1, line 2

<sup>\*</sup> 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.

(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 ve

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
03/30/2021	CROSS AND OBERLIE	916 BYRD AVENUE NEENAH, WI 54956	LAWN SIGNS	626.
04/05/2021	FEDEX OFFICE	1 OAK STREET WESTBOROUGH, MA 01581	PHOTOCOPY OF CANDIDATE STATEMENT	48.
	3 1			
		Line 12: Total Expenditures over	er \$50 (or listed above)	675.1
		Line 13: Total Expenditures \$50	and under* (not listed above)	0.0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	675.1

<sup>\*</sup> 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

### SCHEDULE B: EXPENDITURES (continued)

To Whom Paid						
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
1	to a					
		1.0				
			- The state of the			
	41					
		14				
	063					
	8					
	# -					
		4				
		Line 12: Expenditures over \$50	(or listed above)			
		Line 13: Evpanditures CEA and	undon* (not listed share)			
		Line 13: Expenditures \$50 and u	inder (not listed above)			
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD			
10 1 4			ould include only those expenditures			

<sup>\*</sup> 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
	10			
	16			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0.00
		Line 16: In-Kind Contributions \$	550 & under (not listed above)	0.00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0.00

<sup>\*</sup> 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.

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#### 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
	6.			
	N. T.			
		9		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0.00