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

Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/30/26 Ending Date: 5/10/26

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Candidate Full Name (if applicable)	Choose Southampton: Yes On the Override
Office Sought and District	Committee Name: Aaron Simms
Residential Address	Name of Committee Treasurer: 42 Lead Mine Rd
E-mail:	Committee Mailing Address
Phone #:	E-mail: aaron.simms07@gmail.com
	Phone #: 518-530-0803

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 12)	1,590.00
Line 3: Subtotal (line 1 plus line 2)	1,590.00
Line 4: Total expenditures this period (page 5, line 15)	1,000.00
Line 5: Ending Balance (line 3 minus line 4)	590.00
Line 6: Total in-kind contributions this period (page 6, line 18)	883.00
Line 7: Total (all) outstanding liabilities (page 7, line 19)	0.00
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	0.00
Line 9: Name of bank(s) used:	Bank ESB

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: _____ (Treasurer's signature) Date: 5/10/26

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

☐ **Candidate with Committee**
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, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

☐ **Candidate without Committee**
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 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Candidate's signature) Date: _____

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over $50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes $200 or more in a calendar year. Receipts from a contributor of $50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.
Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
3/30	Aaron Simms 42 Lead Mine Rd	$20	
4/1	Ashley McGill Line St	$100	
4/3	Kim Schott	$200	Retired
4/3	Jenn Johnson	$20	
4/3	Ashley McGill Line St	$150	
4/9	Southampton Democratic Town Committee PO Box 53	$300	Committee
4/9	FEPL 30 East St	$300	Library
4/13	Alicee Baecker 3 East St	$50	
4/13	Francine Tishman 83 Glendale Rd	$150	
4/17	Michael Buehler 88 High St	$250	Boston Rare Maps
4/18	Margaret Larson 9 David St	$50	

Enter receipt totals on Page 3

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 10: Total Receipts over $50 (or listed above)	$1,590	** If you have itemized receipts of $50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.*
Line 11: Total Receipts $50 and under (not listed above)		
Line 12: TOTAL RECEIPTS IN THE PERIOD	$1,590	← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/14	Lawn Signs	Dirt Cheap Signs	Lawn Signs	$1,000

** If you have itemized expenditures of $50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Line 13: Expenditures over $50 (or listed above)	$1,000
Line 14: Expenditures $50 and under (not listed above)	
Line 15: TOTAL EXPENDITURES IN THE PERIOD	$1,000

Enter on page 1, line 4 →

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over $50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes $200 or more in a calendar year. Receipts from a contributor of $50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4/30	Massachusetts Teachers Association	2 Heritage Dr Ste 800	Signs Mailers	$893

** If you have itemized in-kind contributions of $50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Line 16: In-Kind Contributions over $50 (or listed above)	$893
Line 17: In-Kind Contributions $50 and under (not listed above)	
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	$893

Enter on page 1, line 6 →

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →		**Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)**		

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure

Line 20: Total Itemized Out-Of-Pocket Expenditures Over $50 (or listed above)	
Line 21: Total Unitemized Out-Of-Pocket Expenditures $50 and under (not listed above)	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD	

** If you have out-of-pocket expenses of $50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.*

← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.