



Municipal Form

Please print or type all information, except signatures.

Medicine

(MM/DD/YYYY)

Ending: 06/08/2022
(MM/DD/YYYY)

☐ 8th day preceding preliminary/primary election
☐ 8th day preceding election
☒ 30th day following election (town or special)
☐ 20th day of January (Year-End report)

3. I certify that I do not have a political committee.

Signed under the penalties of perjury

RESIDENTIAL ADDRESS
(Street and Number)

OFFICE SOUGHT