Commonwealth of Massachusetts - 7

✓ Payment Successful [215052131]

Please, print this page as your receipt and keep it for your records. A copy of the receipt was sent to sherry.lassiter@fabfoundation.org.

Transaction Number	215052131
Base Amount	\$100.00
Expedited Fee	\$10.00
Total Amount	\$110.00
Merchant Name	Commonwealth of Massachusetts 7
Payment Date	February 14, 2023, 11:46 AM EST

Bill Information

MA SOC Transaction	
Invoice Number	Amount
05000040141134536790915	\$100.00

Personal Information		Payment Infor	Payment Information	
Full Name	Sherry Lassiter	Card Number	VISA VISA Credit ending in 2339.	
Address	50 Milk Street Boston, MA, 02109	Full Name	Sherry Lassiter	
	United States	Address	50 Milk Street	
Phone Number	(617) 331-4659		Boston, MA, 02109	
Email Address	sherry.lassiter@fabfoundation.org	Phone Number	(617) 331-4659	

PAYMENT TERMS AND CONDITIONS

EXPEDITED FEE

There is an expedited fee to use this service.

AUTHORIZATION

By checking the "I accept the Terms and Conditions" checkbox below I authorize my bank to debit my specified account for the amount of my payment and for the expedited fee. If my payment cannot be completed for any reason, including insufficient funds or error in the information which I submitted, I will retain the same liability, which is my sole responsibility, for payment as though I had not attempted to make the payment. I also understand that additional fees and penalties may be collected to the extent of applicable law.

RECEIPT

A receipt can be printed after payment is accepted which may serve as evidence of payment. If you provide an email address during the payment process, a receipt will be emailed to you after the payment is processed.

CONTACT

If you have any questions regarding your payment after submission, please contact the Secretary of the Commonwealth of Massachusetts at PaymentInfo@sec.state.ma.us or 617-727-9640 for assistance.

☑ I agree to the Terms and Conditions



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