

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

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	DELZ		PERRAN

2018 MAY 25 AM 7: 27

Date

File with:

City or Town Clerk or Election Commission

Candidate signature (in ink)

Fill in dates: Month Date Year	
Reporting Period Beginning OH 17 201	Ending OS 24 2018
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	n
FAUL DI NOCCO Full Name of Candidate (if applicable) SEIECHMAN Office Sought and District 17 WILLY ST Residential Address WAKE FICID, 141-7 01880 781-245-8874 Tel. No. (optional)	Committee to Re-clect Paul DI Nocco Committee Name DIANE MILL CALY Name of Committee Treasurer 105 HOPKINS St. #307 Committee Mailing Address WAKE FIELD, MA 01880 781-258-1771 Tel. No. (optional)
Line 1: Ending balance from prevalue 2: Total receipts this period of Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period of Line 5: Ending balance (line 3 minus line 5: Ending balance (line 3 minus line 6: Total in-kind contributions to Line 7: Total (all) outstanding liabilic Line 8: Name of bank(s) used	(page 2, line 11) \$ 50.00 \$ 1553.64 \$riod (page 3, line 14) \$ 1453.64 ine 4) \$ 100.0 this period (page 4) \$
campaign finance activity, including all contributions, loans, receipts, expendit	is, to the best of my knowledge and belief, a true and complete statement of a tures, disbursements, in-kind contributions and liabilities for this reporting perior authority or on behalf of this committee in accordance with the requirements of perjury: 512412018 Date
FOR CANDIDATE FILINGS ONL	Y: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on be have not received any contributions, incurred any liabilities nor made any expe Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it campaign finance activity, including contributions, loans, receipts, expenditure.	is, to the best of my knowledge and belief, a true and complete statement of all thalf of this committee in accordance with the requirements of M.G.L. c. 55. Inditures on my behalf during this reporting period. filing separate report is, to the best of my knowledge and belief, a true and complete statement of all res, disbursements, in-kind contributions and liabilities for this reporting period buthority or on behalf of this committee in accordance with the requirements of

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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
4/16/18	PAUL DI NOCCO	17 WILEY Rd. WAKERED, 14A ash	Stamps	350	00
4/19/18	PAUL DINOCCO	17 WILEY RD WAKEFIELD, MACISSO	Stamps	70	
4/26/18	PAUL DINOCCO	17 WILEY R.B. WOKEFIELD IYA OPER	GRATUHY-		00
5/2/18	PAUL DINOCCO	17 WILEY RD. WAKEFIELD MAGRED	MISC.		21
4/24/18	Public Kitchen	397A MAIN St. WAKEFIELD, MA 188			44
4/20/18	DAILY ITEM	26 ALDION St. Wakefield MA.	4 ARTICLES	418	00
		Line 12: E	expenditures over \$50	1453	64
T.	nter on page 1, line 4		xpenditures \$50 and under*	0	00
	nized expenditures of \$50 and a		OTAL EXPENDITURES	1453	64

and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		/ Line 15:	In-kind over \$50	
		/ Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} 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.

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
	/			
	. 1			
Е	inter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2018 NAT 24 AM 8: 23

File with: City or Town Clerk or Election Commission

III in Reporting Period dates: Beginning Date: Apr	18, 2018	Ending D	ate: May 2	24, 2018	
ype of Report: (Check one)					
8th day preceding preliminary 8th day preceding election		after election	year-end	d report	dissolution
eborah M Butler	Committ	tee to Elect Deb	Butler to the	Board of S	electmen
Candidate Full Name (if applicable)	Douglas	Butler	Committee Na	ime	
Office Sought and District	- Douglas		ne of Committee	Treasurer	
20 Main St Wakefield MA 01880	220 Mair	n St Wakefield M	A 01880		
Residential Address		Co	mmittee Mailing	Address	
mail:	E-mail: Phone # (o	ptional):			
SUMMARY BALANC	CE INFO	RMATION:			
Page 10 = 25 Mg 10 = 20	1				¬
Line 1: Ending Balance from previous report	Į			1,310.4	3
Line 2: Total receipts this period (page 3, line 11)) [22:	2
Line 3: Subtotal (line 1 plus line 2)				1,532.4	3
Line 4: Total expenditures this period (page 5, lin	ne 14)			469	
Line 5: Ending Balance (line 3 minus line 4)				1,063.43	3
Line 6: Total in-kind contributions this period (pa	age 6)]
Line 7: Total (all) outstanding liabilities (page 7)				1,500	
Line 8: Name of bank(s) used: Wakefield Co-Opera	ative Bank				
idavit of Committee Treasurer: rtify that I have examined this report including attached schedules and it is, to the best vity, including all contributions, loans, receipts, expenditures, disbursements, in-kind nce activity of all persons acting under the authority of on behalf of this committee in ned under the penalties of perjury:	contributions ar	nd liabilities for this i	reporting period a of M.G.L. c. 55.	ntement of al and represen Date:	campaign finance is the campaign
PR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ov only)				
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actineurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my kno	owledge and belief, a he requirements of M	true and comple	te statement ave not recei	of all campaign finance wed any contributions,
Candidate without Committee OR Candidate with independent activity filing se I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	e best of my kno s, in-kind contri	butions and liabilities	s for this reportin	g period and	represents the
ned under the penalties of perjury:		(Candidate's	signature)	Date:	3/24/18

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			,
			· · · · · · · · · · · · · · · · · · ·
			The state of the s
ne 9: Total Receipt	ts over \$50 (or listed above)		
ne 10: Total Receip	ets \$50 and under* (not listed above)		
	CCEIPTS IN THE PERIOD	<u> </u>	Finter on page 1. line 2
	eceipts of \$50 and under, include them in line		

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 your committee name and a page number on each page.)

report all expen	ditures. Please include your com	mittee name and a page number or	n each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Apr 20, 2018	Wakefield Daily Item	26 Albion St Wakefield MA 01880	Advertising	240
Apr 23, 2018	Wakefield Daily Item	26 Albion St Wakefield MA 01880	Advertising	120
4/19/2018	USPS	321 Main St Wakefield MA 01880	Postage	80
		Line 12: Total Expenditures over	er \$50 (or listed above)	440
		Line 13: Total Expenditures \$50	and under* (not listed above)	29
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	469
vou have item	ized expenditures of \$50 and under	include them in line 12. Line 13 sh	141 1 1 1 1 1	

^{*} 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				
11				
				7-0
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1 line 4 ->	Line 14: TOTAL EXPENDIT	HDEC IN THE DEDICE	
			hould include only those expenditures	

^{*} 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
	•			
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
. 221 - 102 SW 0	Enter on page 1, line 6 \rightarrow	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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.

Page 6

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
4/1/2018	Deborah Butler	220 Main St Wakefield MA 01880	Campaign Loan	1,500
			1	
	Enter on page 1, line $7 \rightarrow 1$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	



Form CPF M 102: Campaign Finance Report Municipal Form AMEFIELD, MA

Office of Campaign and Political Finance

2018 MAY 23 PM 2: 07

of Massachusetts		File with	h: City or Town Clerk o	r Election Commission
Fill in Reporting Period dates: Beginning Date: Apr 1	.7, 2018	Ending Date:	May 24, 2018	- Ziection Commission
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	⊠ 30 day	after election	year-end report [dissolution
Julie Smith-Galvin	Commit	tee to Elect Julie Smith	n-Galvin	
Candidate Full Name (if applicable)		Com	mittee Name	
Selectman, Town of Wakefield	Kristina	Patt		
Office Sought and District			ommittee Treasurer	
28 Grafton Street, Wakefield, MA 01880	28 Graft	on Street, Wakefield,	7277 1227 17 25 25 25 25 25	
E-mail: Wie. Smith oalving amail. com	E-mail:	Committe	e Mailing Address	
Phone # (optional):	Phone # (c	ptional):		
SUMMARY BALANC	E INFO	RMATION:		
	1		0-11-11-11-11-11-11-11-11-11-11-11-11-11	
Line 1: Ending Balance from previous report			883.32	6
Line 2: Total receipts this period (page 3, line 11))		425	
Line 3: Subtotal (line 1 plus line 2)		1,308.32		
Line 4: Total expenditures this period (page 5, lin	ie 14)	1,243.96		
Line 5: Ending Balance (line 3 minus line 4)			64.36	
Line 6: Total in-kind contributions this period (pa	ige 6)		300	
Line 7: Total (all) outstanding liabilities (page 7)			890.72	
Line 8: Name of bank(s) used: The Savings Bank				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	contributions a accordance w	nd liabilities for this reporti	ng period and represents L. c. 55.	the campaign
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting	cordance with	owledge and belief, a true a the requirements of M.G.L.	nd complete statement o c. 55. I have not receive	f all campaign finance ed any contributions,
Candidate without Committee OR Candidate with independent activity filing se I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	best of my kn i, in-kind contr	owledge and belief, a true a ibutions and liabilities for the	nis reporting period and i	
Signed under the penalties of perjury:	-	(Candidate's signate	Date: May	24, 2018

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)
4/18/2018	Arlene Gomez	100	2150 Knob Hill Road, York, PA 17403
Apr 24, 2018	Lisa Zarek	100	12 Kipling Street, Nashua, NH 03062
Line 9: Total Receipts over \$50 (or listed above)		200	
Line 10: Total Rece	sipts \$50 and under* (not listed above)	225	
	RECEIPTS IN THE PERIOD	425	Enter on page 1, line 2 d include only those receipts not itemized above.

^{*} 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)		
Line 9: Total Receipts over \$50 (or listed above)					
Line 10: Total Rece	ipts \$50 and under* (not listed above)				
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2		

^{*} 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 your committee name and a page number on each page.)

	To Whom Paid		I I	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
thru 5/7/18	Facebook	1601 Willow Road, Menlo Park, CA 94025	Facebook Ads	135.42
May 21, 2018	Massachusetts Democratic Party	11 Beacon Street, 4th Floor, Boston, MA 02108 Votebuilder - List		600
Apr 25, 2018	Shweta Singhvi	894 Main Street, #20, Wakefield, MA 01880	Thank You Cards	100
May 22, 2018	Julie Smith-Galvin (Reimbursement - see CPF.R1)	28 Grafton Street, Wakefield, MA 01880	Printing, Domain Registration	343.93
		Line 12: Total Expenditures over \$50 (or listed above) 1,1		1,179.35
		Line 13: Total Expenditures \$50 and under* (not listed above) 64.6		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1,243.96
			hould include only those expenditures	

^{*} 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(u.p.u.s.u.g)			
Line 12: Expenditures over \$50 (or listed above)				
		Line 13: Expenditures \$50 and u	under* (not listed above)	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				

^{*} 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
May 22, 2018	Regina Martine Design	45 Friend Street, Wakefield, MA 01880	Logo and Mailing Design	300
		Line 15: In-Kind Contributions	over \$50 (or listed above)	300
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	300

^{*} 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.

Page 6

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
Apr 16, 2018	Julie Smith-Galvin, Candidate	28 Grafton Street, Wakefield, MA 01880	Campaign expenses - printing, email marketing, website, postage, supplies, refreshments	890.72
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	890.72



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

the reimbursement form.							
	Date of Reimbursement: 5/22/2018						
Name of Individ	Name of Individual Being Reimbursed: Julie Smith-Galvin						
Committee Nam	Committee Name: Julie Smith-Galvin						
CPF ID Number	(if applicable):		7	Γelephone N	lumber (optional):		
		ITEMIZ	ZE EXPENDITURES I	N EXCESS	S OF \$50		
Date Paid	Vendor Name		Vendor Addr	ess	Purpose of Expend	iture	Amount
May 22, 2018	Julie Smith-Galvin		28 Grafton Street, Wakefield, MA 01880		Facebook Advertising		\$135.42
May 22, 2018	Julie Smith-Galvin		28 Grafton Street, Wakefield, MA 01880		Printing, Website		\$343.93
1	(Include items listed on Pa	age 2)	Line 1: Expenditures in	n excess of S	\$50 (itemized above):		479.35
			Line 2: Expenditures \$	50 or under	(not itemized):		47.81
Line 3: TOTAL AMOUNT REIMBURSED: 527.16							
Signed under the penalties of perjury: Adul Kustuna Matt Signature of Candidate / Treasurer Date: 5/22/2018							

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
		×		
	U			
		Page 2 Total (add to Line 1 on Page	e 1):	



Form CPF M 102-0: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

2018 AFR 17 AM 9: 03

City or Town of: WAK	EFIE	LD				ě.	
	·Pl	ease print or type	all informa	ition, except	signatures.		
Fill in dates: Reporting Period Beginning	Month JAW	Day 2	Year 2018	Ending_	Month 4	Day /(o	Year Jo18
Type of Report: (Check One	:)						
8th day preceding preliminary/primary	8th day	preceding election		th day follow	ving election al)		oth day of January ear-End Report)

Pursuant to M.G.L., Chapter 55:

- 1. I certify that I am a candidate for or 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.

D. mo		<u> </u>	
DATE	I. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
	Signed under the penalties of perjury	(Street and Number)	
4/16/18	Bathler In Dell	-21BRYANT St.	TAX COMPOTOR
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	at the state of th		
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Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance AY -8 AM 7: 20

OI ITANDACAMBELIS					
City or Town of: Wak	efield				
	Please print	or type all info	rmation, except signatures.		
Fill in dates: Reporting Period Beginning_	Month Day	Year	Ending 5	Day 2 4	Year /
Type of Report: (Check One)				
8th day preceding preliminary/primary	8th day preceding	g election 🕒	30th day following election (Town or Special)		20th day of January Year-End Report)
Pursuant to M.G.L., Chapter 1. I certify that I am a car. 2. I certify that I have not reporting period, and d. 3. I certify that I do not here.	ididate for or hold Mur received any contribut o not have a campaign	tions, made any fund in existen- ee.	ce.		
	NATURE		ENTIAL ADDRESS	III.	OFFICE SOUGHT
Signed under the	penalties of perjury	US T	et and Number)	Town	Moderator
1					
	*				

11/97



Form CPF M 102: Campaign Finance Report

Municipal Form TOWN CLERK WAKEFIELD, MA

Commonwealth of Massachusetts	2018 APR 30 AN 8: 27 File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date:	Ending Date:			
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) WM GLD Commissioner Office Sought and District 10 Mosstain Address E-mail: FORE, CEAS & Comcast, wet Phone # (optional): 781-316-1423 (c)	Committee Name Name of Committee Treasurer Committee Mailing Address E-mail: Phone # (optional):			
SUMMARY BALANC	CE INFORMATION:			
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11 Line 3: Subtotal (line 1 plus line 2)	1093.63			
Line 4: Total expenditures this period (page 5, line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 5, line 6: Total in-kind contributions this period (page 5, line 6: Total in-kind contributions this period (page 5, line 6: Total in-kind contributions this period (page 5, line 6: Total in-kind contributions this period (page 5, line 6: Total in-kind contributions this period (page 5, line 6: Total in-kind contributions this period (page 5, line 6: Total in-kind contributions this period (page 5, line 6: Total in-kind contributions this period (page 5, line 6: Total in-kind contributions this period (page 5, line 6: Total in-kind contributions this period (page 5) line 6: Total in-kind contributions this period (page 6: Total in-kind contributions this period in-kind contributions this period in-kind contributions this period (page 6: Total in-kind contributions this period in-kind contributions this period (page 6: Total in-kind contributions this period in-kind contributions this period in-kind contributions this period (page 6: Total in-kind contributions this period in-kind contributions this period in-kind contributions this period (page 6: Total in-kind contributions this period in-kind contributions this period (page 6: Total in-kind contributions this period in-kind contributions this period in-kind contributions this period (page 6: Total in-kind contributions this period in-kind contributions this period in-kind contributions this period (page 6: Total in-kind contributions this period in-kind contributions this period (p	page 6)			
Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used:				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be activity, of all persons acting under the authority or on behalf of this committee. I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in an incurred any liabilities nor made any expenditures on my behalf during this reporting. Candidate without Committee OR Candidate with independent activity filing so I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. The Campaign Date: (Treasurer's signature) Date: (Tr			
gned under the penalties of perjury:(Candidate's signature)				

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	(1144103	Turpose of Expenditure	Timount
	LAWN Signi			2-100
	A HWW SIGHT			371.88
		·		
		L		
	Elect Post and			148.75
.	a a			
VARIOS	Postage			15.00
	6			
	11 1254	.		
	Adventising			
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16 20 63 . 60	250			
4-09-18	"Ifem			9500
			-	
	N			
4-17-18				1050
	11			
4-19-18	w			332.50
		9 .		
				<u> </u>
		Line 12: Expenditures over \$50	(or listed above)	1093.63
				-00.63
		Line 13: Expenditures \$50 and u	nder* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	1093 63
	zed expenditures of \$50 and under			

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Please print or type all information, except signatures.

E:0			
£PW.			
• 1		,	
COMMISSITE WIMEN	7 JUNG CAROLE	116004/15pm/	5/16/18 Robert J. BROOKS JA.
OFFICE SOUGHT	(Street and Number)	Signed ander the penalties of perjury	DATE PRINT NAME
and do not have a campaign fund in existence. こてほとしい。(い) みんごうでしん。) ルイ	ations during this reporting period, and do	micipal Office. ade any expenditutes, or incurred any obligations of the control	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. 3. I certify that I do not have a political committee. 3. I certify that I do not have a political committee.
			Pursuant to M.G.L. Chapter 55:
20th day of January (Year-End report)	or special)	8th day preceding election 30th day following election (town] 8th day preceding preliminary/primary
		: •?	Type of Report: (Check One)
MM/DD/YYYY)	Ending: $0.5 - 34$	7-2018	Reporting Period: Beginning: 04-17-
			City or Town of: WAKEFIELL



Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form CLERK Office of Campaign and Political Finance D. MA

Commonwealth of Massachusetts	2010 MAY 23 AM 10: 48 File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 4	-15-18 Ending Date: 5-22-18
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
WAYNE M. TARR Candidate Full Name (if applicable)	COMMITTEE TO ELECT WAYNE M TARE Committee Name
WALGO COMMISSIONER	CHRISTORHER M. LARR
Office Sought and District	Name of Committee Treasurer
27 JACKSON LN. WAKEFIELD MA	
Residential Address Telephone Number (optional): 781 - 548-1005	Committee Mailing Address 01880 Telephone Number (optional): 617-980-5780
103 3 7	
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	2556.00
Line 2: Total receipts this period (page 3, line 11	1850,00
Line 3: Subtotal (line I plus line 2)	44.06.00
Line 4: Total expenditures this period (page 5, lin	
Line 5: Ending Balance (line 3 minus line 4)	519.69
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: EASTER	IN BANK
Affidavit of Committee Treasurer:	. 7
Artidayit of Committee Treasurer: Certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind in ance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date: 5/23//8
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)
Candidate with Committee	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 accined any liabilities nor made any expenditures on my behalf during this reporting	cordance with the requirements of M.G.L. c. 33. I have not received any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the

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 your committee name and a page number on each page.)

Teport an expension		haine and a page number on each page		
	To Whom Paid	Adduses	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	Tuthose of exheuming.	Autount
	Cafe Italia	water St. wakefreid, MA	Catering	858,00
5-8-18	Printing Solutions	6 Corliste Rd. Wostford, MA	Printing.	347.81
	Wayne M. Tarr	27 Jackson Ln. Waketield, Ma	Loan Reimbursement	250000
5-10-18	Waterield Post Office	Nain St. Watefield MA	Postage	154,00
				(-)
-			· ·	
			-	
		Line 12: Total Expenditures ove	er \$50 (or listed above)	3859,81
		Line 13: Total Expenditures \$50	and under* (not listed above)	26.50
	Pitter on bage 19	Line 14: TOTAL EXPENDITU		3886.31

* 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 3

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 -
	,			8.
contributes more than	ution is received from a person who \$50 in a calendar year, you must report	Line 15: In-Kind Contributions	over \$50 (or listed above)	
	of the contributor; in addition, if the more, you must also report the on and employer.	Line 16: In-Kind Contributions \$	350 & under (not listed above)	A. J
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	-0-

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
		·		
-				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	-0-

Page 4



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

2010 MAY 24 PM 12: 37

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 04/1	Ending Date: 05/23/2018
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	⊠ 30 day after election
Colleen E. Guida	Committee to Elect Colleen Guida
Candidate Full Name (if applicable) School Committee	Committee Name Lucy Skeldon
Office Sought and District	Name of Committee Treasurer
49 Renwick Road, Wakefield, MA	16 Forest Road, Wakefield, MA 01880
E-mail: Colleen 45 chools @g Mail-com	E-mail: vred5keldon Ognal. Com
Phone # (optional): 978-815-7525	Phone # (optional): 781 - 863 - 7486
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$735.47
Line 2: Total receipts this period (page 3, line 11	1) \$189.00
Line 3: Subtotal (line 1 plus line 2)	\$924.47
Line 4: Total expenditures this period (page 5, lin	ine 14) \$687.99
Line 5: Ending Balance (line 3 minus line 4)	\$236.48
Line 6: Total in-kind contributions this period (p	page 6) \$0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$0.00
Line 8: Name of bank(s) used: The Savings Bank	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b)	d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 5/24/18
Candidate with Committee and no activity independent of the committee Candidate with Committee and no activity independent of the committee	he best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. e. 55. I have not received any contributions.
Candidate without Committee OR Candidate with independent activity filing s I certify that I have examined this report including attached schedules and it is, to th finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of th Signed under the penalties of perjury:	he best of my knowledge and belief, a true and complete statement of all campaign arts, in-kind contributions and liabilities for this reporting period and represents the

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1			
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

^{*} 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
-				
- 1			7.2	-
-				
	kë .			
		Line 12: Expenditures over	\$50 (or listed above)	
		Line 13: Expenditures \$50 a	nd under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	DITURES IN THE PERIOD	

^{*} 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 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
	(S) (M) (A)	Line 18: TOTAL OUTSTANI		



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance One Ashburton Place Boston, MA 02108

(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: Committee Name:	Andy Bray Committee to Eketguida CPF ID#:	
Amount of Reimbursement:	\$59.82	
Date of Reimbursement:	5/20/2018	•

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amo	unt
4/24	Facebook 1 Hacker way Menlo Park CA 94025	Social Media Advertising	\$ 59	82
-		*		
¥.	*	*	24	
			•	
				•
		Expenditures in excess of \$50 (listed above)	459	82
		Expenditures \$50 and under (not listed above)		
<u> </u>	ž.	TOTAL AMOUNT REIMBURSED	\$59	82

Signed under the penalties of perjury:	86 %
J. O Skelolou	5/23/2018
Signature of Candidate/Treasurer	Date

Please use a separate sheet for each reimbursement check issued.



Form CPF R 1 : Itemization of Reimbursements Office of Campaign and Political Finance

Commonwealth of Massachusetts

Office of Campaign and Political Finance One Ashburton Place Boston, MA 02108

(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed:	Colleen Quida	
Committee Name:	Committee to Elect Colleen quida CPFID#:	
Amount of Reimbursement:	\$128.70	
Date of Reimbursement:	5/20/2018	•

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address		Purpose of Expenditure	Amount	

*	·				
1	.		8		
	<u> </u>				
i i					
			Expenditures in excess of \$50 (listed above)		
	₹ (2)		Expenditures \$50 and under (not listed above)	#128	70
ži.	*	a ^{re}	TOTAL AMOUNT REIMBURSED	# 128	70

Signed under the penalties of perjury:

Signature of Candidate/Treasurer

May 23, 2018

Date \

Please use a separate sheet for each reimbursement check issued.



Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Municipal Form

TOWN CLERK WAKEFIELD, MA

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission APRIL 17, 2018 Ending Date: Fill in Reporting Period dates: Beginning Date: MAY 24, 2018 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) NONE Committee Name KEFIELD SCHOOL COMMITTEE Office Sought and District Name of Committee Treasurer Residential Address
bobandtracy 2000 @ xahoo con NONF Committee Mailing Address NONE Phone # (optional): (301) 535-9420 Phone # (optional): NONE SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) # 179.11 Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) NA Line 8: Name of bank(s) used: READ ING COOPERA FIVE BANK 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) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the 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. Candidate without Committee OR Candidate with independent activity filing separate report 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 committee in accordance with the requirements of M.G.L. c. 55. (Candidate's signature)

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)
4-23-18	RUBERT E. VINCEM 22 FLANDERS LANE WAKE FIELD, MA 01880	#12,73	
9-27-18	ROBERT E. VINCENT 22 FLAMOERS LAME WARDFIELD, MA 01880	#29,98	
4-27-18	ROBERT E. VINCENT 22 FLANDERS LANE WAKEFIELD, MA 01880	\$12,75	
4-28-18	ROBERT E. VINCENT 22 FLANDERS LANE WAKEFIELD, MA 01880	\$18,33	
4-29-18	ROBERT E. VINCENT RR FLAMERS LAWE VAKEFIELD, MA 01880	\$ 45732	
Line 9: Total Receipts over \$50 (or listed above)		\$119.11	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	A119,11	f Enter on page 1, line 2

^{*} 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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
	ECEIPTS IN THE PERIOD	f Enter on page 1, line 2	
* If you have itemized	receipts of \$50 and under include them in line		f Enter on page 1, line 2

^{*} 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 your committee name and a page number on each page.)

report all expend		nittee name and a page number or	each page.)	
Data D-!-l	To Whom Paid	A.J.J.	Down and CD 12	¥
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	04.0	451 MAIN STREET	THANK TOU	tu
4-23-18	CVS	WAKEFIELD, MA 01880	CARDS	\$12,73
1 10				
	DINO'S .	389 LOWELL STREET	THANK YOU L'UNCH	
4-29-18	BRICK CLEN PIZZERIA CO.	WAKEFIELD, MA 01880	FOR SUPPORTERS-FOOD	\$45,32
	P. Carl	100 ECLIN ST		
	EXCHANGE	100 FLEIN SI	THANK TOU LUNCH	
4-27-18	HANSCOM AFB	HANSCOM AFB, MA 01731	FOR SUPPERTERS-PRIMES	#29,98
	HANSCOM AFB	1709 GRIFFISS ST	THAMK YOU LUNCH	
4-29-18	COMMISSARY	1+ANSCOM AI-B, MA 01731	FOR SUPPLIFIERS - FOOT AND PRINKS	#12.75
		415 MAIN ST	THANK YOU LUNCH	
4-28-18	THE FARALAND			# 10 3 a
125-18		WAKEFIELD, MAU1880	TON SOTTURIERS - THE SSERTS	月18,33
		Line 12: Total Expenditures ov	er \$50 (or listed above)	\$119,11
		Line 13: Total Expenditures \$50	and under* (not listed above)	e
Enter on page 1, line 4 g Line 14: TOTAL EXPENDITURES IN THE PERIOD				
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

^{*} 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
f 1				
		Line 12: Expenditures over \$50	(or listed above)	
		I in 12, Posses I'm 650 1		
		Line 13: Expenditures \$50 and to	under* (not listed above)	
	Enter on page 1, line 4 g	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
	5 5 50 000° CO 27/399		hould include only those expenditure	

^{*} 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
				n N	
		Line 15: In-Kind Contributions	over \$50 (or listed above)		
	Line 16: In-Kind Contributions \$50 & under (not listed above)				
	Enter on page 1, line 6 g	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	D	

^{*} 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.

Page 6

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
	Enter on page 1, line 7 g	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	Ø



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance WAKEFIELD, MA

File with: City or Town Clerk of Election Commission May 24, 2018 **Ending Date:** Fill in Reporting Period dates: Beginning Date: Apr 18, 2018 Type of Report: (Check one) 8th day preceding election □ 30 day after election year-end report dissolution 8th day preceding preliminary Committee to Elect Susan Veilleux for School Committee Susan Veilleux Candidate Full Name (if applicable) Committee Name Arianne Kidder Wakefield Public School Committee Name of Committee Treasurer Office Sought and District 15 Aborn Ave, Wakefield, MA 01880 115 Pleasant St, Wakefield, MA 01880 Committee Mailing Address Residential Address suzyforschoolcommittee@gmail.com arianne.kidder@gmail.com E-mail: E-mail: Phone # (optional): Phone # (optional): **SUMMARY BALANCE INFORMATION:** 2,844 Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) 324 Line 3: Subtotal (line 1 plus line 2) 3,168 Line 4: Total expenditures this period (page 5, line 14) 3,168 Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) 0 Line 7: Total (all) outstanding liabilities (page 7) 0 Line 8: Name of bank(s) used: The Savings Bank 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. Date: May 24, 2018 (Treasurer's signature) Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the 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. Candidate without Committee OR Candidate with independent activity filing separate report 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 committee in accordance with the requirements of M.G.L. c. 55. Date: May 24, 2018 (Candidate's signature) Signed under the penalties of perjury:

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 eport 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)
4/23/2018	Kingsley, Julie, 12 Flanders Lane, Wakefield, MA 01880	199	
Line 9: Total Rece	ipts over \$50 (or listed above)	199	
Line 10: Total Reco	eipts \$50 and under* (not listed above)	125	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	324	← Enter on page 1, line 2

^{*} 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)
Date Neceived	(aiphabenear iisting requireu)	ZMOUIIL	(101 CORELIDATIONS OF \$200 OF MOTE)
,			
	3		
		7.1	
Line 9: Total Receip	pts over \$50 (or listed above)	,	
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} 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 your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
Apr 18, 2018	Suzy Veilleux	15 Aborn Ave, Wakefield MA 01880	repayment of loan - campaign expenses paid for with personal funds	2,844	
May 1, 2018	Suzy Veilleux	15 Aborn Ave, Wakefield MA 01880	Adjustment to previously reported personal campaign contributions	202.93	
Apr 1, 2018	Facebook	www.facebook.com	sponsored Suzy for School Committee page for advertising purposes	75	
,					
		Line 12: Total Expenditures ov	er \$50 (or listed above)	3,121.93	
Line 13: Total Expenditures \$50 and under* (not listed above)				46.07	
		Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	3,168	

^{*} 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(mp.moorom no.mg)			
-				
		parameter and the second secon		
		Λ.		
	-			
		Line 12: Expenditures over \$50) (or listed above)	
		Line 13: Expenditures \$50 and		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD hould include only those expenditure	

^{*} 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value		
	4					
				3		
		Line 15: In-Kind Contributions	s over \$50 (or listed above)			
		Line 16: In-Kind Contributions \$50 & under (not listed above)				
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS			

Figure 16 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.

Page 6

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
	,			
			5	
I	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

City or Town of:	Wakeheld	100	Please print or type all information, except signatures.
Reporting Period:	Beginning:	Beginning: April 16,2018	Ending: May 24, 2018
		(MM/DD/YYYY)	(AAAA/QQIMIW)
Type of Report: (Check One)	k One)		
8th day preceding	preliminary/primary	☐ 8th day preceding election	Sth day preceding preliminary/primary Sth day preceding election (town or special) 20th day of January (Year-End report)
Pursuant to M.G.L. Chapter 55:	apter 55:	suant 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.

		7 VV.	OW AKE	CI FIEL	ERM D, A PM 12	22		5/16/18	DATE
								Himes Cominas	PRINT NAME
								Jagn.	SIGNATURE Signed under the penalties of perjury
								8 Stack Ave	RESIDENTIAL ADDRESS (Street and Number)
							C	Library Trustee	OFFICE SOUGHT



Form CPF M 102-0: Campaign Finance Report FIELD, MA Municipal Form Office of Campaign and Political Finance

. 2018 MAY -2 AM 9: 03

Commonwealth of Massachusetts		
City or Town of: Walafield		
i i		
Please prin	nt or type all information, except signatures.	
Fill in dates: Month Day Reporting Period Beginning April	y Year Month 7018 Ending 5	Day Year 1 20/8
Type of Report: (Check One)		
8th day preceding 8th day preceding preliminary/primary	ng election 30th day following electi (Town or Special)	on
Pursuant to M.G.L., Chapter 55:		
1. I certify that I am a candidate for or hold Mu	unicinal Office	
2. I certify that I have not received any contrib	utions, made any expenditures, or incurred	any obligations during this
reporting period, and do not have a campaig 3. I certify that I do not have a political commit		
5. Tooliny and Too not have a permanent		1.60
DATE I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
12/18/	4 Murrel Are	Library TWotes
Keum Sconlon		
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Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



/ / (MM/DD/YYYY)		(\MMDD/YYYY)	
05/24/208	Ending:	Beginning: JARAHARY 01/01/2018	Reporting Period: B
			A 10 100 100 100 100 100 100 100 100 100
		る人のでは人	City or Town of:
Please print or type all information, except signatu			

Pursu 1 2 3	8t	Type
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 expend 3. I certify that I do not have a political committee.	☐ 8th day preceding preliminary/primary ☐ 8th day preceding election	Type of Report: (Check One)
currently hold Municipal Office. contributions, made any expenditure committee.	8th day preceding election	
suant 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 peri 3. I certify that I do not have a political committee.	30th day following election (town or special)	
is reporting period, and do not have a campaign fund in existence.	20th day of January (Year-End report)	

			1 -				
						5/24/18	DATE
						Cindy A Schatz	PRINT NAME
					0	andy a Schools	SIGNATURE Signed under the penalties of perjury
						8 Cordis St	RESIDENTIAL ADDRESS (Street and Number)
						13d of Ubian instacs	OFFICE SOUGHT



City or Town of:

Fill in dates:

Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Please print or type all information, except signatures.

30th day following election

(Town or Special)

Year

20th day of January

(Year-End Report)

Pursuant to M.G.L., Chapter 55:

Reporting Period Beginning

Type of Report: (Check One)

8th day preceding

preliminary/primary

1. I certify that I am a candidate for or hold Municipal Office.

Wakefilo

Month

4

Day

16

8th day preceding election

- 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.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
5/24/18	Loud Seg	33 Raynolds Rd	Board of Health.
7		<i>y</i>	δ

		8	8
	9		
			11/07



Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

City or To	wn of: Wake	rield					. 3	William.
		¥ 10	nt or type all infor	mation, except sig	natures.		2	
Fill in date Reporting		fonth Da 2	Year 201	Ending N	Month	Day	Year ZO18	
	(Obsels One)			<u>at</u>				10
□ 8th	eport: (Check One) day preceding iminary/primary	8th day preceding	ng election	30th day following (Town or Special)		n 20th (Year	day of January -End Report)	
	M.G.L., Chapter 55	i; «			8		25	
reno	rtify that I am a candi rtify that I have not re orting period, and do rtify that I do not hav I. SIGN	not have a campaigne a political comm	ittee. II. RESID	ENTIAL ADDRE et and Number)		j a a	CE SOUGHT	
-27-19	Signed under the p	Renalties of perjury	3 Bord	2007		Board	of Heal	45
5-23-18	7 40.0.0	1					11	
						· 6		1
		*				. B.	is .	
				.Z .	1			
		, v.		9				
	-				1		٠.	
						ts		

11/97



City or Town of:

Form CPF M 102-0: Campaign Finance Report

Office of Campaign and Political Finance

Reporting Period: Beginning: Wakefield 01/01/2018 (MM/DD/YYYY) Ending: Please print or type all information, except signatures. 05/24/2018

(MM/DD/YYYY)

Type of Report: (Check One)			
☐ 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.

					05/24/2018	DATE
					Jane A. D'Addario	PRINT NAME
					Jene a Nactorio	SIGNATURE Signed under the penalties of perjury
					1 Hope Terrace	RESIDENTIAL ADDRESS (Street and Number)
					Board of Assessors	OFFICE SOUGHT



Form CPF M101 BQ: STATEMENT OF ORGANIZATION BALLOT QUESTION COMMITTEE/N CLERK MUNICIPAL FORM WAKEFIELD, MA

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, of the organization of a ballot question committee as follows:

1.	Name (See note 1):	Wakefield Vote NO on \$8 million							
2.	Committee mailing address	ss: 6 Spaulding Street							
	City/State/Zip: Wakefie	eld							
	E-mail Address: robertw	mitchell@verizon.net		Phone #:	7812454905				
3.	Purpose / specific issues and interests (See note 2):	Oppose passage of June 26,2018 T construction of the Public Safety B	Fown vote to appropriate \$8 n uilding on 1 Union Street in W	nillion dollars /akefield,MA.	for repair and				
4.	Topic of question & question no., if known:	appropriate \$8 million dollars for re Street in Wakefield,MA	epair and construction of the	Public Safety	Building on 1 Union				
5.	This committee is formed to	to (check one): support or oppo	ose the question.						
	OFFICERS	3091-0							
	OFFICERS: airman: Robert W.	Mitchell	Treasurer*: Robert W.	NA:balaall					
	idential Address: 6 Spaulding	There are the second of the se		NAMES OF TAXABLE PARTY.					
	/ State / Zip: Wakefield	MA 01880	Residential Address: 6 Spaulding City / State / Zip: Wakefield	Street	MA 01000				
	ne #: 7812454905			wil robortumite	MA 01880				
Tilo	7012134303		Phone #: 7812454905 E-mail: robertwmitchell@verizon.net						
Othe	*A public employee may not serve as treasurer of any political committee (see reverse) Other Officer/Title: Other Officer/Title:								
	dential Address:	(-5)	Other Officer/Title: Residential Address:						
	/ State / Zip:		_						
Phor	2015 (2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 - 2015 -		City / State / Zip: Phone #:						
		Complete and attach a Form CPF M A 101, if nec		mmittee if any)					
com Cha chai any	mittee shall keep and pre pter 55 also specifies that rman or treasurer, or thei officers, members or asso		eceipts for a period of six years from behalf of, a political committee of a political committee shall be k	om the date of to	he relevant election. Thorization of the				
her	eby accept the office of Tre	asurer of the above-named committee. I affir	rm that I am not a public employee as	defined by M.G.	L. c. 55, s. 13. I understand				

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; and 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature

Date: Jun 14, 2018

f	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Pararting Paried dates: Parietics Pari								
Fill in Reporting Period dates: Beginning Date:	74,2018 Ending Date: 100015,2018							
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)	Vote No Waxeries o Vote No en 8 million							
Candidate Full Name (II applicable)	Robert W. Mitchell							
Office Sought and District	Name of Committee Treasurer							
	6 SPAULOWG ST, WAKEFIELD MA							
Residential Address E-mail:	Committee Mailing Address							
	E-mail: Robert WM itchell@Verizon. NET							
Phone # (optional):	Phone # (optional): 7 81 245 490 5							
SUMMARY BALANC	CE INFORMATION.							
SUMMARY BALANC	LE INFORMATION:							
Line 1: Ending Balance from previous report	0							
Line 2: Total receipts this period (page 3, line 11)								
Line 3: Subtotal (line 1 plus line 2)								
Line 4: Total expenditures this period (page 5, line 14)								
Line 5: Ending Balance (line 3 minus line 4)	- 334.27							
Line 6: Total in-kind contributions this period (pa	age 6) 334.27							
Line 7: Total (all) outstanding liabilities (page 7)	O							
Line 8: Name of bank(s) used: NA, CREDIT	COGRO, check							
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:								
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo								
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the	be best of my knowledge and belief, a true and complete statement of all campaign finance excordance with the requirements of M.G.L. c. 55. I have not received any contributions							
Candidate without Committee OR Candidate with independent activity filing so I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign							
Signed under the penalties of perjury:	(Candidate's signature)							

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.)

eport all receipts. P	lease include your committee name and a pa	ige number on ea	Occupation & Fundamen
Data Bassinad	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(10) Contributions of \$200 or more)
	-		
	A STATE OF THE STA		
			-
		The state of the s	
ine 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
ine 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
		0 1: 10 1	ald include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address			Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
		1 100		
ne 9: Total Receipts	over \$50 (or listed above)			
ne 10: Total Receipts	\$50 and under* (not listed above)			
	CEIPTS IN THE PERIOD		← Enter on page 1, line 2	

^{*} 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 your committee name and a page number on each page.)

срогт ан ехренс	To Whom Paid	nittee name and a page number on		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Paid			Turpose of Experience	
5/24/2018	Phillip Posuza	223 LAWS BROOK ROAD # # 206	LEGAL REVIEW	\$100-
		CUNCORD MA 017 42	aco larri	
6/14/2018	GRAVIS MARKETING	910 Belle AVE #1180	MAKKETN6	\$20000
911/2018		WINTER SAKWGS, FL	MAKKETIOO	9200
5/4/2018	STAPLES	READW 6, MA	Paper 60005	26.27
792.0		27		34.27
8				
			,	
		26		
0				
M				
				-
		Line 12: Total Expenditures over \$50 (or listed above)		
		Line 13: Total Expenditures \$5		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	334.27
			should include only those expenditur	

^{*} 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)

Date Paid (alphabetical listing) Address Property of the property of t			
	urpose of Expenditure Amou	ount	
	-		
	-		
		_	
Line 12: Expenditures over \$50 (or lis	ted above)		
Line 13: Expenditures \$50 and under*	(not listed above)		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES	IN THE PERIOD		

^{*} 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
5/29/2018	PAT BRUND	2 MACKEN ZIECANU WAKEFIELD, MA	Check to LEGAL	\$100-
6/14/2018	Robert Mitchell	6 SPAULANO ST WAKEFIELD, MA	PAY MARKETW 6	\$ 200-
5/4/2018	Robert Mitchell	GSPAULDINGST WAKEFIELD, ALA	Paper Goods	34,27
		2		
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	334.27
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	334.27

^{*} 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.

Page 6

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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	

de.	1 p. 3 m	
	÷	