



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TO: CLERK
WAKEFIELD, MA

2018 MAY 25 AM 7:27

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning

Month

Date

Year

Ending

Month

Date

Year

04

17

2018

05

24

2018

Type of report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☒ 30 day after election

☐ year-end report

☐ dissolution

PAUL D. NOCCO

Full Name of Candidate (if applicable)

SELECTION

Office Sought and District

17 WILEY ST.

Residential Address

WAKEFIELD, MA 01880

781-245-8874

Tel. No. (optional)

Committee to Re-elect Paul Di Nocco

Committee Name

DIANE MULCAHY

Name of Committee Treasurer

105 HOPKINS ST. #307

Committee Mailing Address

WAKEFIELD, MA 01880

781-258-1771

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report

\$ 1503.64

Line 2: Total receipts this period (page 2, line 11)

\$ 50.00

Line 3: Subtotal (line 1 plus line 2)

\$ 1553.64

Line 4: Total expenditures this period (page 3, line 14)

\$ 1453.64

Line 5: Ending balance (line 3 minus line 4)

\$ 100.00

Line 6: Total in-kind contributions this period (page 4)

\$

Line 7: Total (all) outstanding liabilities (page 4)

\$

Line 8: Name of bank(s) used

EASTERN 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 (in ink)

Diane Mulcahy

Date

5/24/2018

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

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 DiNocco	17 WILEY RD. WAKEFIELD, MA 01880	STAMPS	350	00
4/19/18	PAUL DiNocco	17 WILEY RD WAKEFIELD, MA 01880	STAMPS	70	00
4/26/18	PAUL DiNocco	17 WILEY RD. WAKEFIELD, MA 01880	GRATUITY - PUBLIC KITCHEN VICTORY CELEB.	80	00
5/2/18	PAUL DiNocco	17 WILEY RD. WAKEFIELD, MA 01880	MISC. EXPENSES	326	20
4/24/18	PUBLIC KITCHEN	397A MAIN ST. WAKEFIELD, MA 01880	ELECTION VICTORY CELEBRATION	209	44
4/20/18	WAKEFIELD DAILY ITEM	26 ALBION ST. WAKEFIELD, MA	4 ARTICLES RECEIPTS	418	00
Line 12: Expenditures over \$50				1453	64
Line 13: Expenditures \$50 and under*				0	00
Line 14: TOTAL EXPENDITURES				1453	64

Enter on page 1, line 4

*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			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
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

2018 MAY 24 AM 8:23

File with: City or Town Clerk or Election Commission

Reporting Period dates: Beginning Date: Apr 18, 2018 Ending 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

Deborah M Butler

Candidate Full Name (if applicable)

electman

Office Sought and District

20 Main St Wakefield MA 01880

Residential Address

E-mail:

Phone # (optional): (617) 686-6801

Committee to Elect Deb Butler to the Board of Selectmen

Committee Name

Douglas Butler

Name of Committee Treasurer

220 Main St Wakefield MA 01880

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report 1,310.43

Line 2: Total receipts this period (page 3, line 11) 222

Line 3: Subtotal (line 1 plus line 2) 1,532.43

Line 4: Total expenditures this period (page 5, line 14) 469

Line 5: Ending Balance (line 3 minus line 4) 1,063.43

Line 6: Total in-kind contributions this period (page 6)

Line 7: Total (all) outstanding liabilities (page 7) 1,500

Line 8: Name of bank(s) used: Wakefield Co-Operative 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.

Witnessed under the penalties of perjury: [Signature] (Treasurer's signature)

Date: 5/24/18

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.

Witnessed under the penalties of perjury: [Signature] (Candidate's signature)

Date: 5/24/18

SCHEDULE A: RECEIPTS (continued)[illegible]

* 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.)

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 \$50 (or listed above)				440
Line 13: Total Expenditures \$50 and under* (not listed above)				29
Line 14: TOTAL EXPENDITURES IN THE PERIOD				469

Enter on page 1, line 4 →

* 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 B: EXPENDITURES (continued)[illegible]

* 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)	
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

* 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
4/1/2018	Deborah Butler	220 Main St Wakefield MA 01880	Campaign Loan	1,500
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2018 MAY 23 PM 2: 07

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Apr 17, 2018 Ending 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

Julie Smith-Galvin

Candidate Full Name (if applicable)

Selectman, Town of Wakefield

Office Sought and District

28 Grafton Street, Wakefield, MA 01880

Residential Address

E-mail: julie.smithgalvin87@gmail.com

Phone # (optional):

Committee to Elect Julie Smith-Galvin

Committee Name

Kristina Patt

Name of Committee Treasurer

28 Grafton Street, Wakefield, MA 01880

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	883.32
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, line 14)	1,243.96
Line 5: Ending Balance (line 3 minus line 4)	64.36
Line 6: Total in-kind contributions this period (page 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 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: Kristina M. Patt (Treasurer's signature)

Date: May 24, 2018

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.

Signed under the penalties of perjury: Julie Smith-Galvin (Candidate's signature)

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	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		225	
Line 11: TOTAL RECEIPTS IN THE PERIOD		425	

* 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)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

* 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.)

Date Paid	To Whom 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)				1,179.35
Line 13: Total Expenditures \$50 and under* (not listed above)				64.61
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,243.96

Enter on page 1, line 4 →

* 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 B: EXPENDITURES (continued)[illegible]

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 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 →		Line 17: TOTAL IN-KIND CONTRIBUTIONS		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.

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 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				890.72



Commonwealth
of Massachusetts

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.

Date of Reimbursement: 5/22/2018

Name of Individual Being Reimbursed: Julie Smith-Galvin

Committee Name: Julie Smith-Galvin

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	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

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$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:

Julie Smith-Galvin / Kristina McPatt
Signature of Candidate / Treasurer

Date: 5/22/2018

Please prepare a separate report for each reimbursement check issued by the committee.

ITEMIZE EXPENDITURES IN EXCESS OF \$50

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

Office of Campaign and Political Finance

Finance Report

City or Town of:

Wakefield

Please print or type all information, except signatures.

Fill in dates: Month Day Year
Reporting Period Beginning 4 - 16 - 18 Ending 5 - 24 - 18

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 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.

[illegible]

11/97



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK
WAKEFIELD, MA

2018 APR 30 AM 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

Kenneth T Chase Jr.
Candidate Full Name (if applicable)
WMGLD Commissioner
Office Sought and District
10 Mountain Ave
Residential Address
E-mail: FORE.CENS@Comcast.net
Phone # (optional): 781-246-1423 (C)

Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail:
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

1093.63

Line 3: Subtotal (line 1 plus line 2)

1093.63

Line 4: Total expenditures this period (page 5, line 14)

1093.63

Line 5: Ending Balance (line 3 minus line 4)

0

Line 6: Total in-kind contributions this period (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 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: Kenneth T Chase Jr. (Treasurer's signature)

Date: 4-30-18

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.

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

Date:

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	Lawn Signs			371.88
	Elect Post cards			148.75
Various	Postage			105.00
	Advertising			
4-09-18	Item			95.00
4-17-18	"			1050
4-19-18	"			332.50
Line 12: Expenditures over \$50 (or listed above)				1093.63
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1093.63

* 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.

City or Town of: WAKEFIELD

Reporting Period:	Beginning:	04-17-2018
		(MM/DD/YYYY)

Ending: 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.
-  7 JUNE Ciarlo, 10 Alkfeld, WA

SIGNATURE

7 JUNE CIRCLE, 10 ALKFIELD, WTH

Signed under the penalties of perjury

(Street and Number)

OFFICE SOUGHT

DATE _____

PRINT NAME

5/16/18 Robert J. Brooks Jr.

7 Dubs Circle

Commissioner (NMCB)

[illegible]

TOWN CLERK
WAKEFIELD, MA



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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

<u>WAYNE M. TARR</u> Candidate Full Name (if applicable)	<u>COMMITTEE TO ELECT WAYNE M TARR</u> Committee Name
<u>WMLGD COMMISSIONER</u> Office Sought and District	<u>CHRISTOPHER M. TARR</u> Name of Committee Treasurer
<u>27 JACKSON LN. WAKEFIELD MA</u> Residential Address	<u>27 JACKSON AVE WAKEFIELD, MA</u> Committee Mailing Address
Telephone Number (optional): <u>781-548-1005</u> <u>01880</u>	Telephone Number (optional): <u>617-980-5780</u> <u>01880</u>

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2556.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1850.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>4406.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>3886.31</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>519.69</u>
Line 6: Total in-kind contributions this period (page 6)	<u>- 0 -</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>- 0 -</u>
Line 8: Name of bank(s) used:	<u>EASTERN BANK</u>

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: Christopher M. Tarr

(Treasurer's signature)

Date: 5/23/18

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.

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____

(Candidate's signature)

Date: _____

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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4-26-18	Cafe Italia	Water St. Wakefield, MA	Catering	858. ⁰⁰
5-8-18	Printing Solutions	6 Cortisla Rd. Westford, MA	Printing	347. ⁸¹
5-12-18	Wayne M. Tarr	27 Jackson Ln. Wakefield, MA	Loan Reimbursement	2500. ⁰⁰
5-10-18	Wakefield Post Office	Main St. Wakefield, MA	Postage	154. ⁰⁰
Line 12: Total Expenditures over \$50 (or listed above)				3859. ⁸¹
Line 13: Total Expenditures \$50 and under* (not listed above)				26. ⁰⁰
Line 14: TOTAL EXPENDITURES IN THE PERIOD				3886. ⁸¹

Enter on page 1, line 4 →

* 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

* 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.

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 →

Line 17: TOTAL IN-KIND CONTRIBUTIONS

- 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 OUTSTANDING LIABILITIES (ALL)

- 0 -



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK
WAKEFIELD, MA

2018 MAY 24 PM 12:37

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 04/11/2018 Ending Date: 05/23/2018

Type of Report: (Check one)

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

Colleen E. Guida

Candidate Full Name (if applicable)

School Committee

Office Sought and District

49 Renwick Road, Wakefield, MA

Residential Address

E-mail: Colleen4schools@gmail.com

Phone # (optional): 978-815-7525

Committee to Elect Colleen Guida

Committee Name

Lucy Skeldon

Name of Committee Treasurer

16 Forest Road, Wakefield, MA 01880

Committee Mailing Address

E-mail: lredskeldon@gmail.com

Phone # (optional): 781-883-7486

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$735.47
Line 2: Total receipts this period (page 3, line 11)	\$189.00
Line 3: Subtotal (line 1 plus line 2)	\$924.47
Line 4: Total expenditures this period (page 5, line 14)	\$687.99
Line 5: Ending Balance (line 3 minus line 4)	\$236.48
Line 6: Total in-kind contributions this period (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 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: Lucy Skeldon (Treasurer's signature)

Date: 5/24/18

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.

Signed under the penalties of perjury: [Signature] (Candidate's signature)

Date: 5/24/18

SCHEDULE A: RECEIPTS (continued)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL 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)[illegible]

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 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 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.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

Page 7

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

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 Guida CPF ID #: _____

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	
		Expenditures in excess of \$50 (listed above)		
		Expenditures \$50 and under (not listed above)	\$ 128	70
		TOTAL AMOUNT REIMBURSED	\$ 128	70

Signed under the penalties of perjury:

Judy C. Skelton
Signature of Candidate/Treasurer

Date May 23, 2018

Please use a separate sheet for each reimbursement check issued.



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK
WAKEFIELD, MA

File with: 2018 MAY 15 AM 11:26 City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: APRIL 17, 2018 Ending 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

ROBERT E. VINCENT
Candidate Full Name (if applicable)

WAKEFIELD SCHOOL COMMITTEE
Office Sought and District

22 FLANDERS LANE, WAKEFIELD, MA 01880
Residential Address

E-mail: bobandtracy2000@yahoo.com

Phone # (optional): (301) 535-9420

NONE
Committee Name

NONE
Name of Committee Treasurer

NONE
Committee Mailing Address

E-mail: NONE

Phone # (optional): NONE

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$119.11</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$119.11</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$119.11</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>NA</u>
Line 8: Name of bank(s) used:	<u>READING COOPERATIVE BANK / NAVY FEDERAL CREDIT UNION</u>

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 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.

Signed under the penalties of perjury: Robert Vincent (Candidate's signature) Date: May 15, 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)
4-23-18	ROBERT E. VINCENT 22 FLANDERS LANE WAKEFIELD, MA 01880	\$12,73	
4-27-18	ROBERT E. VINCENT 22 FLANDERS LANE WAKEFIELD, 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 22 FLANDERS LANE WAKEFIELD, MA 01880	\$45,32	
Line 9: Total Receipts over \$50 (or listed above)		\$119.11	f Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$119.11	

* 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)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4-23-18	CVS	457 MAIN STREET WAKEFIELD, MA 01880	THANK YOU CARDS	\$12.73
4-29-18	DINO'S BRICK OVEN PIZZERIA CO.	389 LOWELL STREET WAKEFIELD, MA 01880	THANK YOU LUNCH FOR SUPPORTERS-FOOD	\$45.32
4-27-18	EXCHANGE HANSCOM AFB	100 EELIN ST HANSCOM AFB, MA 01731	THANK YOU LUNCH FOR SUPPORTERS-DRINKS	\$29.98
4-27-18	HANSCOM AFB COMMISSARY	1709 GRIFFISS ST HANSCOM AFB, MA 01731	THANK YOU LUNCH FOR SUPPORTERS-FOOD AND DRINKS	\$12.75
4-28-18	THE FARMLAND	415 MAIN ST WAKEFIELD, MA 01880	THANK YOU LUNCH FOR SUPPORTERS-DESSERTS	\$13.33
Line 12: Total Expenditures over \$50 (or listed above)				\$119.11
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$119.11

Enter on page 1, line 4 g

* 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 B: EXPENDITURES (continued)

[illegible]

* 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
			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 CONTRIBUTIONS	\$

* 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
Enter on page 1, line 7 g		Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)		0



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

TOWN CLERK
WAKEFIELD, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Apr 18, 2018 Ending 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

Susan Veilleux

Candidate Full Name (if applicable)

Wakefield Public School Committee

Office Sought and District

15 Aborn Ave, Wakefield, MA 01880

Residential Address

E-mail: suzyforschoolcommittee@gmail.com

Phone # (optional):

Committee to Elect Susan Veilleux for School Committee

Committee Name

Arianne Kidder

Name of Committee Treasurer

115 Pleasant St, Wakefield, MA 01880

Committee Mailing Address

E-mail: arianne.kidder@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2,844
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)	0
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.

Signed under the penalties of perjury:

(Treasurer's signature)

Date: May 24, 2018

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.

Signed under the penalties of perjury:

(Candidate's signature)

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

* 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)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL 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.)

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 over \$50 (or listed above)				3,121.93
Line 13: Total Expenditures \$50 and under* (not listed above)				46.07
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES 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.

SCHEDULE B: EXPENDITURES (continued)[illegible]

* 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
			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 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

* 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.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

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

Please print or type all information, except signatures.

City or Town of:

Wakefield

Reporting Period:

Beginning:

April 16, 2018
(MM/DD/YYYY)

(MM/DD/YYYY)

Ending:

May 24, 2018
(MM/DD/YYYY)

(MM/DD/YYYY)

Type of Report: (Check One)

☐ 8th day preceding preliminary/primary ☐ 8th day preceding election

☐ 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.

[illegible]



Please print or type all information, except signatures.

Wakefield

05/24/2008 (M/M/D)

☐ 20th day of January (Year-End report)

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.

[illegible]



Office of Campaign and Political Finance

Wakefield

Please print or type all information, except signatures.

Fill in dates:

	Month	Day	Year
Reporting Period Beginning	4	16	18
Ending	May	24	2018

☐ 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 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.

[illegible]



2010 MAY 24

Please print or type all information, except signatures.

Wakefield

Ending: 05/24/2018
(MM/DD/YYYY)

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

☐ 20th day of January (Year-End report)

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.

[illegible]



Commonwealth
of Massachusetts

**Form CPF M101 BQ: STATEMENT OF ORGANIZATION
BALLOT QUESTION COMMITTEE
MUNICIPAL FORM**

Office of Campaign and Political Finance

TOWN CLERK
WAKEFIELD, MA
2018 JUN 15 AM 10:36

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:	6 Spaulding Street		
City/State/Zip:	Wakefield	MA	01880
E-mail Address:	robertwmitchell@verizon.net	Phone #:	7812454905
3. Purpose / specific issues and interests (See note 2):	Oppose passage of June 26, 2018 Town vote to appropriate \$8 million dollars for repair and construction of the Public Safety Building on 1 Union Street in Wakefield, MA.		
4. Topic of question & question no., if known:	appropriate \$8 million dollars for repair and construction of the Public Safety Building on 1 Union Street in Wakefield, MA		
5. This committee is formed to (check one):	<input type="checkbox"/> support or <input checked="" type="checkbox"/> oppose the question.		

6. OFFICERS:

Chairman: Robert W. Mitchell	Treasurer*: Robert W. Mitchell
Residential Address: 6 Spaulding Street	Residential Address: 6 Spaulding Street
City / State / Zip: Wakefield MA 01880	City / State / Zip: Wakefield MA 01880
Phone #: 7812454905	Phone #: 7812454905 E-mail: robertwmitchell@verizon.net
*A public employee may not serve as treasurer of any political committee (see reverse)	
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Phone #:	Phone #:

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

The chairman and treasurer of a political committee should be aware that provisions of M.G.L. c. 55 specify that each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts for a period of six years from the date of the relevant election. Chapter 55 also specifies that no expenditures shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents; and, that all funds of a political committee shall be kept separate from any personal funds of any officers, members or associates of such committee.

I hereby accept the office of Chairman of the above-named committee.
SIGNED UNDER THE PENALTIES OF PERJURY:

Robert W. Mitchell
Chairman's signature

Date: Jun 14, 2018

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:

Robert W. Mitchell
Treasurer's signature

Date: Jun 14, 2018



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: MAY 4, 2018 Ending Date: JUNE 15, 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)
Office Sought and District
Residential Address
E-mail:
Phone # (optional):

VOTE NO WAKEFIELD <u>VOTE NO ON 8 MILLION</u>
Committee Name
<u>Robert W. Mitchell</u>
Name of Committee Treasurer
<u>6 SPAULDING ST, WAKEFIELD MA</u>
Committee Mailing Address
E-mail: <u>RobertW.Mitchell@Verizon.NET</u>
Phone # (optional): <u>781 245 4905</u>

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
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)	<u>334.27</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>- 334.27</u>
Line 6: Total in-kind contributions this period (page 6)	<u>334.27</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>N/A, CREDIT CARD, check</u>

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: Robert W. Mitchell (Treasurer's signature) Date: JUNE 15, 2018

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.

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

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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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 A: RECEIPTS (continued)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/29/2018	Phillip POSNER	223 LAWS BROOK ROAD #206 #206 CONCORD MA 01742	LEGAL REVIEW	\$100-
6/14/2018	GRAVIS MARKETING	910 Belle Ave #1180 WINTER SPRINGS, FL	MARKETING	\$20000
5/4/2018	STAPLES	REDFORD, MA	PAPER GOODS	34.27
Line 12: Total Expenditures over \$50 (or listed above)				334.27
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				334.27

* 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 B: EXPENDITURES (continued)[illegible]

* 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 MACKENZIE BLVD WAKEFIELD, MA	CHECK TO LEGAL	\$100-
6/14/2018	Robert Mitchell	6 SPAULDING ST WAKEFIELD, MA	PAY MARKETNG	\$200-
5/4/2018	ROBERT MITCHELL	6 SPAULDING ST WAKEFIELD, MA	PAPER GOODS	34.27
			Line 15: In-Kind Contributions 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 CONTRIBUTIONS	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.

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 OUTSTANDING LIABILITIES (ALL)				

