

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: 12/31/22 Ending Date: 4/17/23

Type of Report: (Check one)

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

John J. Warchol
Candidate Full Name (if applicable)
Municipal Gas & Light Commissioner
Office Sought and District
10 Richardson Ave., Wakefield, MA
Residential Address
E-mail: jackwarc@comcast.net
Phone # (optional): _____

Committee to Elect Jack Warchol
Committee Name
Anita Loughlin
Name of Committee Treasurer
13 Sheffield Rd., Wakefield, MA
Committee Mailing Address
E-mail: anita62@aol.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$ 304.29</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 320.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 624.29</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 624.29</u>
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:	<u>The Savings Bank</u>

2023 APR 19 AM 7:28

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: Anita Loughlin (Treasurer's signature)

Date: 17 Apr 2023

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: John J. Warchol (Candidate's signature)

Date: 4/17/23

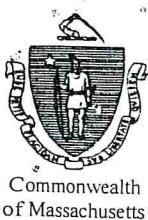
SCHEDULE A: RECEIPTS

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)		\$ 320	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$ 320	← 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.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK
WAKEFIELD, MA

Fill in Reporting Period dates:

Beginning Date:

1/2/23

Ending Date:

4/15/23

2023 APR 18 PM 3:23
File with City or Town Clerk or Election Commission

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Susan M Wetmore

Candidate Full Name (if applicable)

Board of Library Trustees

Office Sought and District

12 Sunset Drive

Residential Address

E-mail: susanwetmore@gmail.com

Phone # (optional):

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)

0

Line 3: Subtotal (line 1 plus line 2)

0

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

0

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)

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:

(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:

Susan M. Wetmore

(Candidate's signature)

Date:

4-18-23



Commonwealth
of Massachusetts

Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE OR CANDIDATE'S COMMITTEE MUNICIPAL FORM

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, as amended, organization of a candidate or candidate's committee as follows:

CANDIDATE:	Full Name:	Kevin York		
	Residential Address:	10 Collins Road		
	City / State / Zip:	Wakefield, MA 01880		
	E-Mail Address:	york.kevin@gmail.com	Phone #:	574-361-5599
	Party Affiliation:	Democratic Party (If applicable)		
OFFICE SOUGHT/PURPOSE:	Title:	Planning Board	District:	N/A
	<input checked="" type="checkbox"/> Candidate without committee (check if applicable). If checked, do not complete committee or officer sections: sign as candidate, date and file with clerk or local election official.			

COMMITTEE:	Name of Committee:			
	Committee Mailing Address:	(The name of the committee must include the candidate's last name)		
	City / State / Zip:		Phone #:	
OFFICERS:				
Chairperson:	Residential Address:	Treasurer*:		
	City / State / Zip:	Residential Address:		
	Phone #:	City / State / Zip:		
		Phone #: Email:		

*A public employee may not serve as treasurer of any political committee (see reverse).

Check applicable box before signing:

☐ Candidate with committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) 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 4) may not serve as treasurer of a political committee organized on my behalf.

☒ Candidate without committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) acknowledge if I become a public employee I must organize a committee and may not serve as treasurer; and 4) 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.

SIGNED UNDER THE PENALTIES OF PERJURY:

Kevin York
Candidate's signature

Date: 04/16/2023

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; 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; and 3) a candidate may not serve as treasurer of the political committee organized on their behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature

Date:

I hereby accept the office of Chairperson of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairperson's signature

Date:

ADDITIONAL OFFICERS:

Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Phone #: _____	Phone #: _____

DEFINITION OF A PUBLIC EMPLOYEE

M.G.L. Chapter 55, Section 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.

SELECTED EXTRACTS FROM M.G.L.C. 55**Section 1 defines a candidate's committee:**

"Candidate's committee", the political committee organized on behalf of a candidate The term "candidate's committee" shall also apply to the campaign fund of a candidate who has not organized a political committee for the purpose of carrying out the election campaign of such candidate or who receives contributions or makes expenditures independently of said committee.

Section 2 requires candidates to keep certain records:

Every candidate shall keep detailed accounts of all contributions received by him, or by a person acting on his behalf and of all expenditures made by him, or by a person acting on his behalf. Said accounts may be kept by an agent duly authorized thereto, but the candidate shall be responsible for said accounts, which shall be kept separate and distinct from all other accounts and shall include contributions made by the candidate The candidate shall preserve all receipted bills and accounts relative to all contributions received, expenditures made and any other campaign finance activity. ... The candidate shall preserve said receipted bills and accounts for six years from the date of the relevant election....

Section 3 requires the director to:

"assess a civil penalty for any [late filed] report ... of twenty-five dollars (\$25) per day ... [up to \$5,000 per report]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate

Section 5 outlines statements of organization of political committees:

Each political committee shall organize by filing with the director or, if organized for the purpose of a city or town election only, with the city or town clerk, a statement of organization.

The statement of organization shall include: (1) the full name of the political committee, which, if organized on behalf of a candidate, shall include the name of the candidate in said name; (2) the address of the political committee; (3) a statement of the purpose for which the political committee is organized (4) the name and residential address of the chairman and the treasurer; (5) the name, residential address, and position of other principal officers, including officers and members of the finance committee, if any, and; (6) the name and address, if known, and party affiliation of each candidate the political committee is supporting; provided, however, that if a candidate is nominated without reference to a political party, the name of his political party shall not be required

Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election

No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents

All funds of a political committee shall be kept separate from any personal funds of officers, members or associates of such committee

IMPORTANT: M.G.L. c. 55, s. 5 requires that any changes in the information provided on this form shall be filed within ten (10) days of said change. Further information can be obtained from OCPF by phone at (617) 979-8300, via e-mail at ocpf@mass.gov or on the web at www.ocpf.us



Commonwealth
of Massachusetts

Form CPF M109:
Statement of Municipal Candidate
Not Raising or Expending Campaign Funds
Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk)

Candidate's Name:	Kevin York		
Office Sought:	Planning Board		
Residential Address:	10 Collins Road		
City / State / Zip:	Wakefield, MA 01880		
E-Mail Address:	york.kevin@gmail.com	Phone Number:	574-361-5599

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, **including expenditures of my own funds**, or incur liabilities for any campaign-related purpose, **nor do I currently have any outstanding liabilities for prior campaign-related activity**. I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

1. Ending balance from previous report	ZERO
2. Total receipts for reporting period	ZERO
3. Subtotal	ZERO
4. Total Expenditures for reporting period	ZERO
5. Ending balance	ZERO

After filing this statement, if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, in the calendar year in which it is filed, required by Chapter 55 of the Massachusetts General Laws.

This form is valid through December 31 of the year in which it was signed.

SIGNED UNDER THE PENALTIES OF PERJURY:

Kevin York

Candidate's signature:

Date: 04/16/2023



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: 1/2/2023

Ending Date: 4/15/2023

Type of Report: (Check one)

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

Mehreen N. Butt

Candidate Full Name (if applicable)

Wakefield Town Council

Office Sought and District

894 Main Street, Unit 10, Wakefield, MA 01880

Residential Address

E-mail: mehreennb@gmail.com

Phone # (optional):

Committee to Elect Mehreen Butt

Committee Name

Nadia Butt

Name of Committee Treasurer

894 Main Street, Unit 10, Wakefield, MA 01880

Committee Mailing Address

E-mail: nadiab26@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	4,805.65
Line 2: Total receipts this period (page 3, line 11)	6,701.7
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	3,851.43
Line 5: Ending Balance (line 3 minus line 4)	7,655.92
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:	Wakefield 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: Nadia Butt (Treasurer's signature)

Date: 4/16/2023

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

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

Date: 4/16/2023

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)
2/6/2023	Anjum Ahsan 11 Harvard Road Billerica, MA 01821	96.05	
4/15/2023	Marsha Badanes 401 S. Magnolia Street Denver, CO 80224	96.05	
4/7/2023	Saadia Baloch 229 Woodcliff Road Newton, MA 02461	96.05	
1/16/2023	Kathleen Beaulieu PO Box 274 Wakefield, MA 01880	96.05	
1/15/2023	Asad Butt 8007 N. Oswego Ave Portland, OR 97203	240.13	CEO of Rifelion Media
1/19/2023	Kathleen Cain 33 Elm Street, Unit 1 Wakefield, MA 01880	96.05	
1/3/2023	Jonathan Chines 34 Hopkins Street Wakefield, MA 01880	96.05	
4/4/2023	Diane Courtney 448 Main Street Lynnfield, MA 01940	96.05	
1/3/2023	Katherine Cruise 25 Kingmont Street Wakefield, MA 01880	72.04	
1/16/2023	Mohammad Dar 6 Alaric Terrace W. Roxbury, MA 02132	96.05	
1/13/2023	Catherine Donaghey 44 Birch Road Winthrop, MA 02151	96.05	
1/3/2023	Michael Emery 44 Sawyer Drive Dedham, MA 02026	96.05	
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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/7/2023	Tina Encarnacao 15 Walton Street Wakefield, MA 01880	50	
4/10/2023	Latoya Gayle 54 Samoset Street Boston, MA 02124	96.05	
3/3/2023	Abdul Gaffar 4 Boardwalk Chelmsford, MA 01824	192.1	
1/3/2023	Rebecca Gilding 12 Hickory Hill Road Wakefield, MA 01880	96.05	
1/19/2023	Sharon Gilley 57 Prospect Street Wakefield, MA 01880	120.07	
3/23/2023	Lauren Goodwin 298 Main Street, Unit 21 Wakefield, MA 01880	96.05	
3/5/2023	Anthony Guacia 27 Davey Lane Wakefield, MA 01880	96.05	
3/3/2023	Tarae Howell 834 B Main Street Wakefield, MA 01880	192.1	
1/6/2023	Nicole Jacob 120 B Gates Lane Wakefield, MA 01880	96.05	
1/2/2023	Maya Jamaalodine 10 Melrose Street Melrose, MA 02176	96.05	
3/3/2023	Afroz Khan 85 Prospect Street Newburyport, MA 01950	96.05	
3/21/2023	Sarah Khadib 35 Frontiers Drive Walpole, MA 02081	96.05	
4/1/2023	Arianne Kidder 115 Pleasant Street Wakefield, MA 01880	96.05	
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

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)
1/6/2023	Meshal Kirmani 118 Ritual Irvine, CA 92618	96.05	
3/3/2023	Alexander Laytin 1403 Crittenden Street Washington, DC 20001	96.05	
4/1/2023	Dean Lennon 68 Setterland Farm Road Hanover, MA 02339	96.05	
4/6/2023	Phuong Luong 59 Howard Street Cambridge, MA 02139	96.05	
1/25/2023	Sarah Mitsch 10416 Tenbrook Drive Silver Spring, MD 20910	100	
4/7/2023	Helen Moon 37 Deerfield Street Pittsfield, MA 01201	96.05	
4/1/2023	Rosie Phillips 38 Spring Street Wakefield, MA 01880	96.05	
1/13/2023	Ameek Ponda 397 Marlborough Street #4 Boston, MA 02115	480.25	Attorney, Sullivan and Worcester
3/21/2023	Saran Lynn Ruel 85 Cedar Street Wakefield, MA 01880	96.05	
1/2/2023	Maria Robinson 560 Edgell Road Framingham, MA 01701	96.05	
3/14/2023	Drew Russo 25 Bellevue Road Lynn, MA	144.07	
3/4/2023	Julie Smith Galvin 28 Grafton Street Wakefield, MA 01880	96.05	
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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/3/2023	Susan Smoller 3 Lowman Circle Peabody, MA 01960	96.05	
1/3/2023	Michelle Syed 364 Park Street N. Reading, MA 01864	144.08	
4/2/2023	Hasan Usami 405 Green Street Boylston, MA 01505	240	Marketing/Oracle
1/13/2023	Theresa Wizemann 4247 Arbor Lane Doylestown, PA 18902	96.05	
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
3/18/2023	Dollar Tree	376 Main St, Wakefield, MA 01880	Items for Kick off event	52.33
3/19/2023	House Call Catering	27 Green St, Wakefield, MA 01880	Food for Kick off event	387.5
3/20/2023	Sterling Printing	214 Main St, Stoneham, MA 02180	Lawn Signs	371.88
3/27/2023	Sterling Printing	214 Main St, Stoneham, MA 02180	Campaign Literature	371.88
3/30/2023	Sterling Printing	214 Main St, Stoneham, MA 02180	Campaign Literature	738.44
4/7/2023	Sterling Printing	214 Main St, Stoneham, MA 02180	Campaign Mailer	1,799.43
3/15/2023	Town of Wakefield	1 Lafayette Street, Wakefield, MA 01880	Room Rental	80
Line 12: Total Expenditures over \$50 (or listed above)				3,802.46
Line 13: Total Expenditures \$50 and under* (not listed above)				48.97
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				3,851.43

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



Commonwealth
of Massachusetts

File with: Director
Office of Campaign and Political Finance
One Ashburton Place, Room 411, Boston, MA 02108

CPF ID #:

(For Office Use Only)

**Form CPF 101: STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
Office of Campaign and Political Finance**

(617) 979-8300 / (800) 462-OCPF

ocpf@mass.gov

www.mass.gov/ocpf

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE:	First Name: <u>Christopher</u>	Middle Initial: <u>J</u>	Last Name: <u>Carino</u>
	Residential Address: <u>18 Central Street</u>		
	City / State / Zip: <u>Wakefield, MA 01880</u>		
	Email Address: <u>chris@carinomedia.com</u>		
	Party Affiliation: (if applicable) _____		Phone #: <u>781-266-6928</u>
OFFICE SOUGHT/PURPOSE:			
	Title: <u>Town Council</u>		
	District: <u>Wakefield, MA</u>		

COMMITTEE:	Name of Committee: <u>Committee to Elect Chris Carino</u>
	(The name of the committee must include the candidate's last name)
	Committee Mailing Address: <u>10 Albion Street #1</u>
	City / State / Zip: <u>Wakefield MA 01880</u>
	Phone #: <u>760-607-2578</u>

OFFICERS:	
Chair:	<u>Chris J Carino</u>
Residential Address:	<u>18 Central Street</u>
City / State / Zip:	<u>Wakefield MA 01880</u>
Email:	<u>chris@carinomedia.com</u>
Phone #:	<u>781-266-6928</u>
Treasurer*:	<u>Jamie Dean</u>
Residential Address:	<u>10 Albion Street #1</u>
City / State / Zip:	<u>Wakefield MA 01880</u>
Email:	<u>jamiekay23@gmail.com</u>
Phone #:	<u>760-607-2578</u>

* A public employee may not serve as treasurer of any political committee (see reverse).

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Chris Carino
Candidate's signature

4-17-23
Date:

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; 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; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Jamie Dean
Treasurer's signature

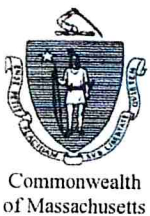
4/17/23
Date:

I hereby accept the office of Chair of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Chris Carino
Chair's signature

4-17-23
Date:



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: 3-10-2023 Ending Date: 4-17-23

Type of Report: (Check one)

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

Christopher J. Carino

Candidate Full Name (if applicable)

Town Councillor

Office Sought and District

18 Central Street Wakefield, MA 01880

Residential Address

E-mail: chris@carinomedia.com

Phone # (optional):

Committee to Elect Chris Carnio

Committee Name

Jamie Dean

Name of Committee Treasurer

10 Albion Street #1 - Wakefield, MA 01880

Committee Mailing Address

E-mail: jamiekay23@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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

\$500

Line 3: Subtotal (line 1 plus line 2)

\$500

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

\$531.25

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

(-\$31.25)

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: 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: 4-17-23

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: 4-17-23

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)
4-6-23	George Carino 19 Winship Drive Wakefield, MA 01880	\$250	Senior Vice President - Epsilon
4-4-23	Paul Murphy 131 Water Street Wakefield, MA 01880	\$100	
Line 9: Total Receipts over \$50 (or listed above)		\$350	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		\$150	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$500	

* 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]

* 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: 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: 1/1/23

Ending Date: 4/11/23

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Edward Dombroski, JR

Candidate Full Name (if applicable)

Town Council

Office Sought and District

15 Chestnut Street Wakefield MA 01880

Residential Address

E-mail: edombroski@hotmail.com

Phone # (optional):

Friends to Elect Ed Dombroski

Committee Name

Kimberly Cummings

Name of Committee Treasurer

PO Box 1628 Wakefield Ma 01880

Committee Mailing Address

E-mail: Kimberly@edforma.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

6,997.26

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

3,630

Line 3: Subtotal (line 1 plus line 2)

10,627.26

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

1,297.04

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

9,330.22

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

2023 APR 18 AM 8:06

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:

Kimberly Cummings

(Treasurer's signature)

Date: 4/12/23

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Edward Dombroski, JR

(Candidate's signature)

Date: 4/14/23

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)
3/1/23	Nakamoto, Daniel 238 Highland Street Winchester MA 01890	100	
3/1/23	Tiro, Robert 1504 Farrington Way Apt K Colombia SC 29210	250	Law Clery HSB
3/2/23	McCoubrey, Brian 82 Elm Street Wakefield Ma 01880	50	
3/3/23	Guardia, Anthony 14 Mackenzie Lane Wakefield Ma 01880	100	
3/3/23	Ledonne, David 31 Avon Street Apt 3 Wakefield Ma 01880	50	
3/3/23	Lopilato, Marites 50 Vokes Terrace Lynnfield Ma 01940	50	
3/3/23	Megerian, Kristen 9 Wyndham Street Ladera Ranch CA92694	150	Social Worker CHOC
3/3/23	Nazzaro, Carla 64 Lawrence Rd Reading Ma 01867	50	
3/3/23	Powers, Benjamin 110 Taylor Ave Madison CT 06443	50	
3/6/23	McLaughlin, Doug 535 Boylston St Ste3 Boston Ma 02116	250	Attorney Langer & McLaughlin, LLP
3/6/23	Santos, Ann 39 Converse Street Wakefield Ma 01880	50	
3/6/23	Zoubek, Carol 294 Main Street Wakefield Ma 01880	25	
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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/7/23	Bacci, Carlo 494 Main Street Reading MA 01867	100	
3/7/23	Boudreau, Micheal Po Box 3325 Wakefield MA 01880	100	
3/7/23	Butler, Douglas 236 Main Stret Wakefield MA 01880	50	
3/7/23	Cancellere, Paul 71 Myrtle Ave Wakefield MA 01880	50	
3/7/23	Conte, Francesco 11 second Street Wakefield Ma 01880	25	
3/7/23	Courcy, Philip 4 Pinehill Circle Wakefield MA 01880	100	
3/7/23	Cresta, Brian 5 Ogden Lane Middleton, 01940	100	
3/7/23	Dhingra, Vivek 47 Jordan Ave Wakefield Ma 01880	30	
3/7/23	Ensminger, David 8 Oakland Road Reading MA 01867	50	
3/7/23	Fox, Deborah 12 Allyssa Drive Wakefield Ma 01880	100	
3/7/23	Hagerty, Alexander 509 Summer Steet Arlington Ma 02474	25	
3/7/23	Haley, Christopher Tennyson Road ReadingMa 01867	50	
3/7/23	Lacasse, Jeff 503 Shawmut Ave Boston Ma 02118	25	It/ Self
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

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)
3/7/23	Maio, Stephen 30 Preston Street Wakefield	50	
3/7/23	McCarthy, Jacqueline 36 Beacon Street Reading MA 01867	100	
3/7/23	Solano, Monica 3 Bay State Road Melrose MA 02176	25	
3/7/23	Tarr, Christopher 64 Vernon Street Wakefield MA 01880	100	
3/7/23	Thompson, Beverly 18 Mt Pleasant Ave Wakefield Ma 01880	50	
3/7/23	Vincet, Robert 26 Fosters Lane Wakefield MA 01880	25	
3/7/23	Vitale, Peter J 3 Gladstone Street Wakefield Ma 01880	50	
3/7/23	Wong, Donald 53 Juniper Drive Saugus Ma 01906	100	
3/8/23	Craney, Paul 80 Osgood Street North Andover MA 01845	100	
3/16/23	McGrail, Brian 607 North Ave Wakefield MA 01880	50	
3/16/23	Samalis, Virginia 23 Yale Ave Wakefield Ma 01880	25	
3/22/23	McCorry, Robert 34 Woodland Rd Wakefield MA 01880	50	
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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/10/23	McCoubrey, Brian 82 Elm Street Wakefield MA 01880	50	Self Self
2/27/23	Law Gregory 874 Broadway Haverhill MA 01830	500	Project Manager Federal government
2/27/23	Macone, Tom 6 Macone Circle Stoneham MA 02180	100	
2/27/23	McCorry, Robert 34 Woodland Rd Wakefield MA 01880	50	retired
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		3,630	← Enter on page 1, line 2

* If you have items listed below \$50, they must also be included here.

* 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
1/3/23	MailChimp	Atlanta GA	email platform	\$34.53
1/7/23	Zoom.US	San Jose CA	zoom account for virtual meetings	\$15.93
1/14/23	CANVA*	Camden NE US	design graphic platform	\$12.99
2/1/23	MailChimp	Atlanta GA	email platform	\$34.53
2/7/23	ZOOM.US	SAN JOSE CA US	zoom account for virtual meetings	\$15.93
2/14/23	CANVA*	CAMDEN DE US	Graphic design platform	\$12.99
2/27/23	Stripe		Processing Fee	39.25
2/27/2023	BLUEHOST.COM	UT US	Website hosting service	\$290.75
3/1/23	DOLLAR TREE	SAUGUS MA	Supplied for town council kickoff event	\$25.23
3/1/23	MailChimp	Atlanta GA	email platform	\$34.53
3/1/23	SQUARESPACE INC NEW YORK		Credit card process service for donations	\$293.25
3/1/23	Stripe			21.25
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
<div style="display: flex; justify-content: space-between; align-items: center;"> Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD </div>				

* 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/2/23	USPS	Wakefield MA	PO BOX Rental	\$216.00
3/2/23	PAYPAL*SQUARESP	San Jose CA US	paypal service fee	\$0.75
3/2/23	Stripe		Processing Fee	\$3.25
3/3/23	PUBLIC KITCHEN	Wakefield Ma	Campaign kick off event venue food	\$121.30
3/3/23	Stripe		Processing Fee	28.35
3/6/23	Stripe		Processing Fee	20.08
3/7/23	ZOOM.US	San Jose CA US	zoom account for virtual meetings	\$15.93
3/8/23	Stripe	Processing Fee		\$6.20
3/14/23	CANVA*	Camden DE US		\$12.99
3/22/23	Stripe		Processing Fee	3.25
4/1/23	MailChimp	Atlanta GA	email platform	34.53
4/10/23	Stripe	Processing Fee		3.25
Line 12: Expenditures over \$50 (or listed above)				1,297.07
Line 13: Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,297.04

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.



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: January 1, 2023 Ending Date: April 16, 2023

Type of Report: (Check one)

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

Kevin Scott Piskadlo
Candidate Full Name (if applicable)
School Committee
Office Sought and District
2 Crosby Road, Wakefield, MA 01880
Residential Address
E-mail: <u>kpiskadlo@gmail.com</u>
Phone # (optional):

Piskadlo Committee
Committee Name
Ryan M. Piskadlo
Name of Committee Treasurer
2 Crosby Road, Wakefield, MA 01880
Committee Mailing Address
E-mail: <u>piskadlocommittee@gmail.com</u>
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>106.23</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$499.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$605.23</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$5.90</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$599.33</u>
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: <u>The Savings 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: [Signature] (Treasurer's signature)

Date: April 16, 2023

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

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

Date: April 16, 2023

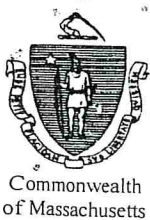
SCHEDULE A: RECEIPTS

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)
3/10/23	Brian McCoubrey 82 Elm Street Wakefield, MA 01880	\$100.00	
3/13/23	Kevin Piskadlo 2 Crosby Road Wakefield, MA 01880	\$100.00	
3/24/23	Jacqueline Elcik 31 Annie Street Providence, RI 02908	\$100.00	
4/5/23	Florence Martin 58 Lynde Avenue Melrose, MA	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		\$400.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$99.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$499.00	← 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.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK
WAKEFIELD, MA

2023 APR 13 PM 3:45

Fill in Reporting Period dates:

Beginning Date:

Ending Date:

File with: City or Town Clerk or Election Commission

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Laura Cutone Godwin

Candidate Full Name (if applicable)

Library Trustee

Office Sought and District

298 Main St #21 Wakefield, MA

Residential Address

E-mail: Laura.Cgodwin@gmail.com

Phone # (optional):

n/a

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)

0

Line 3: Subtotal (line 1 plus line 2)

0

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

0

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:

n/a

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.

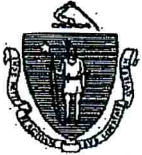
Signed under the penalties of perjury:

Laura Cutone Godwin

(Candidate's signature)

Date:

4/13/23



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: 2/1/2023

Ending Date: 4/17/2023

Type of Report: (Check one)

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

candace linehan	
Candidate Full Name (if applicable)	
board of health	
Office Sought and District	
51 oak street wakefield ma 01880	
Residential Address	
E-mail:	candace.linehan@gmail.com
Phone # (optional):	6177331618

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

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</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>0</u>
Line 8: Name of bank(s) used:	

2023 APR 12 AM 7:45

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

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

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

Date: 4/11/2023



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 1-1-2023 Ending Date: 4-17-2023 File with: City or Town Clerk or Election Commission

Type of Report: (Check one)

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

<p><u>Betsy Sheeran</u> Candidate Full Name (if applicable)</p> <p><u>Town Clerk</u> Office Sought and District</p> <p><u>27 Spruce Street, Wakefield</u> Residential Address</p> <p>E-mail: _____</p> <p>Phone # (optional): _____</p>	<p><u>Committee to Elect Betsy Sheeran</u> Committee Name</p> <p><u>Richard W. Pearson</u> Name of Committee Treasurer</p> <p><u>27 Spruce Street, Wakefield 01880</u> Committee Mailing Address</p> <p>E-mail: _____</p> <p>Phone # (optional): _____</p>
---	--

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</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>0</u>
Line 8: Name of bank(s) used:	<u>The Saving 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: Richard W. Pearson

(Treasurer's signature)

Date: 4-11-2023

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

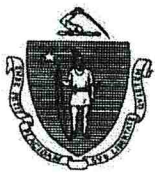
☒ **Candidate with Committee and no activity independent of the committee**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority 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: Betsy Sheeran

(Candidate's signature)

Date: 4-11-2023



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

2023 APR 10 AM 11:04

File With: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date: Mar 8, 2023

Ending Date: Apr 7, 2023

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Peter Davis

Candidate Full Name (if applicable)

Wakefield School Committee

Office Sought and District

43 Charles Street, Wakefield, MA 01880

Residential Address

E-mail: pete@ether.net

Phone # (optional): (781) 910-4868

Committee to Elect Pete Davis

Committee Name

Jonathan Chines

Name of Committee Treasurer

43 Charles Street, Wakefield, MA 01880

Committee Mailing Address

E-mail: pete@ether.net

Phone # (optional): (781) 910-4868

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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

1,378.81

Line 3: Subtotal (line 1 plus line 2)

1,378.81

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

736.77

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

642.04

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

60

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: Apr 10, 2023

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: Apr 10, 2023

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)
Mar 19, 2023	Blackmon, Jennifer 595 South Bermont Drive Lafayette, CO 80026	52.37	Teacher Mackintosh Academy
Mar 24, 2023	Bradley, Robert 4 Cedar Place Wakefield, MA 01880	250	Research Takeda
Mar 14, 2023	Butt, Mehreen 984 Main Street #10 Wakefield, MA 01880	50	Attorney Northeastern University
Mar 10, 2023	Chines, Jonathan 34 Hopkins Street Wakefield, MA 01880	100	Health Care Executive Optum
Mar 30, 2023	Cioffi, Gwendolyn 252 Albion Street #7 Wakefield, MA 01880	200	Retired
Apr 3, 2023	Cruise, Katherine 25 Kingmont Street Wakefield, MA 01880	26.34	Director of Communications Empower Success Corps
Mar 12, 2023	Fitzgerald, Caitriona 14 Emerald Street Wakefield, MA 01880	50	Deputy Director Electronic Privacy Information Center
Mar 25, 2023	Gervasi, Christipher 30 Pearl Street Wakefield, MA 01880	260.59	Technology Management Vestmark
Mar 28, 2023	Kelley, Alyssa 46 Lawrence Street Wakefield, MA 01880	26.34	
Mar 25, 2023	Merlin, Christopher 49 Converse Street Wakefield, MA 01880	52.37	
Mar 22, 2023	Natale, Jacqueline 65 Plymouth Road Wakefield, MA 01880	26.34	Administration Tufts University
Mar 19, 2023	Quinn, Melissa	26.34	
Line 9: Total Receipts over \$50 (or listed above)		1,120.69	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,378.81	← 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)
Apr 4, 2023	Scharf, Kathleen 69 Pleasant Street Wakefield, MA 01880	52.37	
Mar 24, 2023	Scollo, Michael 7 Swain Place Wakefield, MA 01880	51.33	Sales Amazon Web Services
Mar 19, 2023	Veilleux, Susan 15 Aborn Svenue Wakefield, MA 01880	104.42	Consultant Self Employed
Mar 14, 2023	Weekley, Kristin 7 Robert Street Wakefield, MA 01880	50	Realtor Leading Edge
Line 9: Total Receipts over \$50 (or listed above)		258.12	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,378.81	

* 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
Mar 28, 2023	Connolly Printing	17B Gill Street Woburn, MA 01801	Lawn signs	253.94
Apr 7, 2023	Donorbox	601 King Street, Suite 200 Alexandria, VA 22314	Contribution processing fees (aggregated for reporting period)	51.76
Apr 6, 2023	Sterling Printing	214 Main Street Stoneham, MA 02180	Dear Friend postcards	239.07
Apr 6, 2023	United States Postal Service	321 Main Street Wakefield, MA 01880	Postcard stamps	192
Line 12: Total Expenditures over \$50 (or listed above)				736.77
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				736.77

* 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]

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
Apr 1, 2023	Peter Davis	43 Charles Street Wakefield, MA 01880	Website domain and hosting for March/April 2023	60
			Line 15: In-Kind Contributions over \$50 (or listed above)	60
			Line 16: In-Kind Contributions \$50 & under (not listed above)	0
			Line 17: TOTAL IN-KIND CONTRIBUTIONS	60

* If an in-kind contribution is received from a person other than your spouse or partner, enter their name.

* 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)	0



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2023 APR 14 AM 10:14
TOWN CLERK
WAKEFIELD, MA

Fill in Reporting Period dates: Beginning Date: 01-01-2023 Ending Date: 04-17-2023
File with: City or Town Clerk or Election Commission

Type of Report: (Check one)

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

DAVID A. LEDONNE

Candidate Full Name (if applicable)

WAKEFIELD BOARD OF ASSESSORS

Office Sought and District

31 AVON STREET, UNIT 3, WAKEFIELD, MA 01880

Residential Address

E-mail:

Phone # (optional):

COMMITTEE TO ELECT DAVID LEDONNE

Committee Name

ROBERT W. REED, JR.

Name of Committee Treasurer

31 AVON STREET, UNIT 3, WAKEFIELD, MA 01880

Committee Mailing Address

E-mail:

DESIGNINGROB@ICLOUD.COM

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

50.00

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

500.00

Line 3: Subtotal (line 1 plus line 2)

550.00

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

550.00

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

0.00

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

0.00

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

7,375.56

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.

Signed under the penalties of perjury:

Robert Reed

(Treasurer's signature)

Date: 04-14-2023

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

David Ledonne

(Candidate's signature)

Date: 04-14-2023

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)
01-27-2023	NATIONAL ASSOCIATION OF GOVERNMENT EMPLOYEES (NAGE) 159 BURGIN PKWY, QUINCY, MA 02169	500.00	LABOR UNION
Line 9: Total Receipts over \$50 (or listed above)		500.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		500.00	

← 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
02-01-2023	DAVID A. LEDONNE	31 AVON STREET, UNIT 3 WAKEFIELD, MA 01880	REIMBURSEMENT FOR F.B. ADS FROM 4-21-2020 TO 6-23-2020 & 1-1-2023 TO 3-3-2023	550.00
			Line 12: Total Expenditures over \$50 (or listed above)	550.00
			Line 13: Total Expenditures \$50 and under* (not listed above)	0.00
			Line 14: TOTAL EXPENDITURES IN THE PERIOD	550.00

* 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.

[illegible]

* 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.

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

M.G.L.

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|---------------------------|------------------|---|--|----------|
| 02-03-2020 | DAVID A. LEDONNE | 31 AVON STREET, UNIT 3
WAKEFIELD, MA 01880 | LOAN TO COMMITTEE | 2,000.00 |
| 06-03-2020 | DAVID A. LEDONNE | 31 AVON STREET, UNIT 3
WAKEFIELD, MA 01880 | LOAN TO COMMITTEE | 5,000.00 |
| 06-23-2020 | DAVID A. LEDONNE | 31 AVON STREET, UNIT 3
WAKEFIELD, MA 01880 | FACEBOOK AD EXPENSES
INCURRED BETWEEN
04-21-2020 TO 06-23-2020 | 375.56 |
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| Enter on page 1, line 7 → | | Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | | 7,375.56 |



Commonwealth
Massachusetts

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

File with:
County or Town Clerk or Election Commission

2023 APR 20 PM 3:36

Reporting Period: Beginning: 1/1/2023 Ending: 4/18/2023

Type of Report: 2023 Pre-election Report

CARROLL, William

Full Name of Candidate

N/A, No office

Office Sought/ District

48 Forest street
WAKEFIELD, MA 01880

Residential Address

Committee to Elect William Harbison Carroll

Committee Name

Nancy Delaney

Name of Committee Treasurer

48 Forest street
Wakefield, MA 01880

Committee Address

SUMMARY BALANCE INFORMATION

| | |
|---|--------|
| Ending balance from previous report: | \$0.00 |
| Total receipts this period: | \$0.00 |
| Subtotal: | \$0.00 |
| Total expenditures this period: | \$0.00 |
| Ending Balance: | \$0.00 |
| Total inkind contributions this period: | \$0.00 |
| Total out of pocket spending this period: | \$0.00 |
| Total outstanding liabilities: | \$0.00 |
| Name of Bank 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, inkind 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:

Nancy Delaney
Treasurer's signature (in ink)

4.19.23
Date

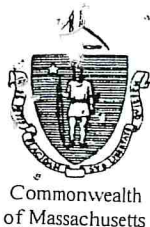
Affidavit of Candidate (check 1 box only) :

☐ Candidate with Committee and no activity independent of the committee

I certify that I have examined this report, and 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 and 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, inkind 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.



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

2023 APR 14 AM 9:29

Fill in Reporting Period dates:

Beginning Date:

1/1/23

Ending Date:

4/17/23

File with: City or Town Clerk or Election Commission

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Peter Vitale

Candidate Full Name (if applicable)

Constable

Office Sought and District

3 Gladstone St Wakefield MA

Residential Address

E-mail: Peter_Vitale@yahoo.com

Phone # (optional):

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)

0

Line 3: Subtotal (line 1 plus line 2)

0

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

0

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:

0

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:

Peter Vitale

(Treasurer's signature)

Date: 4/17/23

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

☒

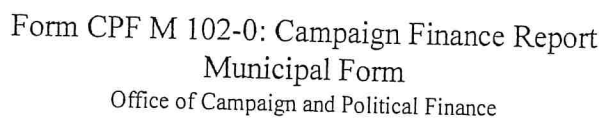
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this 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:

Peter Vitale

(Candidate's signature)

Date: 4/17/23



Please print or type all information, except signatures.

Ending: 4/17/23
(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)

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 M 102: Campaign Finance Report 1 OF 6 Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2023 Ending Date: 12/31/2023

Type of Report: (Check one)

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

Michael J. McLane
Candidate Full Name (if applicable)
Wakefield Town Council
Office Sought and District
19 Fairmont Ave., Wakefield, MA 01880
Residential Address
E-mail: sjpconcessions@yahoo.com
Phone #: _____

N/A
Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail: _____
Phone #: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report 0
Line 2: Total receipts this period (page 3, line 12) 0
Line 3: Subtotal (line 1 plus line 2) 0
Line 4: Total expenditures this period (page 5, line 15) 0
Line 5: Ending Balance (line 3 minus line 4) 0
Line 6: Total in-kind contributions this period (page 6, line 18) 0
Line 7: Total (all) outstanding liabilities (page 7, line 19) 0
Line 8: Total out-of-pocket expenses this period (page 8, line 22) 0
Line 9: Name of bank(s) used: Hanscom Federal Credit Union

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

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Michael J. McLane (Candidate's signature) Date: 1/21/2024

SCHEDULE D: LIABILITIES

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

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|---|-------------|---------|---------|--------|
| | | | | NONE |
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| Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL) | | | | 0 |



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: 01/01/2023 Ending Date: 12/31/2023

Type of Report (Check one)

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

Gregory E. Spry

Candidate Full Name (if applicable)

School Committee

Office Sought and District

14 Turnbull Avenue, Wakefield, MA 01880

Residential Address

E-mail: gspry01880@gmail.com

Phone: _____

Spry Committee

Committee Name

Jacalyn A. Spry

Name of Committee Treasurer

14 Turnbull Avenue, Wakefield, MA 01880

Committee Mailing Address

E-mail: jacalyn.spry@gmail.com

Phone: _____

SUMMARY BALANCE INFORMATION:

| | |
|--|-------------------------|
| Line 1: Ending Balance from previous report | <u>276.79</u> |
| Line 2: Total receipts this period (page 3, line 12) | <u>0</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>276.79</u> |
| Line 4: Total expenditures this period (page 5, line 15) | <u>0</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>276.79</u> |
| Line 6: Total in-kind contributions this period (page 6, line 18) | <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 7, line 19) | <u>177.15</u> |
| Line 8: Total out-of-pocket expenses this period (page 8, line 22) | <u>0</u> |
| Line 9: Name of bank(s) used | <u>The Savings Bank</u> |

2024 JAN 17 AM 11:50

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: 1/16/24

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, 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. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____

(Candidate's signature)

Date: 1/16/24

SCHEDULE D: LIABILITIES

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

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|---|--------------|---|------------------------------|--------|
| 03/31/2022 | Jacalyn Spry | 14 Turnbull Avenue
Wakefield, MA 01880 | Lawn signs | 65.63 |
| 04/22/2022 | Jacalyn Spry | 14 Turnbull Avenue
Wakefield, MA 01880 | Postcards, Mailing
labels | 111.52 |
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| | | | | |
| Enter on page 1 line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL) | | | | 177.15 |



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2024 JAN 16 PM 3:11
FILED WITH: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/24 Ending Date: 1/16/24

Type of Report: (Check one)

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

John J. Warchol
Candidate Full Name (if applicable)
Municipal Gas & Light Commissioner
Office Sought and District
10 Richardson Ave, Wakefield MA
Residential Address
E-mail: jackwarc@comcast.net
Phone # (optional): _____

Committee to Elect Jack Warchol
Committee Name
Anita Loughlin
Name of Committee Treasurer
13 Sheffield Rd, Wakefield MA
Committee Mailing Address
E-mail: anita62@aol.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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

0

Line 3: Subtotal (line 1 plus line 2)

0

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

0

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: _____

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: Anita Loughlin (Treasurer's signature)

Date: 16 Jan 2024

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

Candidate with Committee

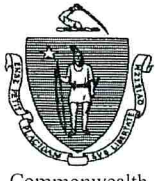
☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: John J. Warchol (Candidate's signature)

Date: 1/16/24



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2024 JAN 16 PM 3:11
WAKEFIELD, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

5/23/23

Ending Date:

12/31/23

Type of Report: (Check one)

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

John J. Warchol

Candidate Full Name (if applicable)

Municipal Gas & Light Commissioner

Office Sought and District

10 Richardson Ave., Wakefield, MA

Residential Address

E-mail: jackwarc@comcast.net

Phone # (optional):

Committee to Elect Jack Warchol

Committee Name

Anita Loughlin

Name of Committee Treasurer

13 Sheffield Rd., Wakefield, MA

Committee Mailing Address

E-mail: anital62@aol.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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

0

Line 3: Subtotal (line 1 plus line 2)

0

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

0

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:

N/A

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:

Anita Loughlin

(Treasurer's signature)

Date: 14 Jan 2024

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

John J. Warchol

(Candidate's signature)

Date: 1/14/2024



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

2024 JAN 16 PM 2:53

File with: City or Town Clerk or Election Commission

File in Reporting Period dates:

Beginning Date: 1/1/23

Ending Date: 12/31/23

Type of Report: (Check one)

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

Edward Dombroski, JR

Candidate Full Name (if applicable)

Town Council

Office Sought and District

15 Chestnut Street Wakefield MA 01880

Residential Address

E-mail: edombroski@hotmail.com

Phone #:

Friends of Ed Dombroski

Committee Name

Kimberly Cummings

Name of Committee Treasurer

Po Box 1628 Wakefield Ma 01880

Committee Mailing Address

E-mail: Kimberiy@edforma.com

Phone #:

SUMMARY BALANCE INFORMATION:

| | |
|--|------------------|
| Line 1: Ending Balance from previous report | 6,997.26 |
| Line 2: Total receipts this period (page 3, line 12) | 4,250.44 |
| Line 3: Subtotal (line 1 plus line 2) | 11,247.70 |
| Line 4: Total expenditures this period (page 5, line 15) | 6,085.79 |
| Line 5: Ending Balance (line 3 minus line 4) | 5,161.91 |
| Line 6: Total in-kind contributions this period (page 6, line 18) | 0 |
| Line 7: Total (all) outstanding liabilities (page 7, line 19) | 0 |
| Line 8: Total out-of-pocket expenses this period (page 8, line 22) | 0 |
| Line 9: 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: Kimberly Cummings (Treasurer's signature)

Date: 1/8/24

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

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

Date: 1/12/2024

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) |
|---------------|---|--------|---|
| 3/1/23 | Nakamoto, Daniel
238 Highland Street
Winchester MA 01890 | 100 | |
| 3/1/23 | Tiro, Robert
1504 Farrington Way Apt K
Columbia SC 29210 | 250 | Law Clerly HSB |
| 3/2/23 | McCoubrey, Brian
82 Elm Street
Wakefield Ma 01880 | 50 | |
| 3/3/23 | Guardia, Anthony
14 Mackenzie Lane
Wakefield Ma 01880 | 100 | |
| 3/3/23 | Ledonne, David
31 Avon Street Apt 3
Wakefield Ma 01880 | 50 | |
| 3/3/23 | Lopilato, Marites
50 Vokes Terrace
Lynnfield Ma 01940 | 50 | |
| 3/3/23 | Megerian, Kristen
9 Wyndham Street
Ladera Ranch CA92694 | 150 | Social Worker
CHOC |
| 3/3/23 | Nazzaro, Carla
64 Lawrence Rd
Reading Ma 01867 | 50 | |
| 3/3/23 | Powers, Benjamin
110 Taylor Ave
Madison CT 06443 | 50 | |
| 3/6/23 | McLaughlin, Doug
535 Boylston St Ste3
Boston Ma 02116 | 250 | Attorney
Langer & McLaughlin, LLP |
| 3/6/23 | Santos, Ann
39 Converse Street
Wakefield Ma 01880 | 50 | |
| 3/6/23 | Zoubek, Carol
294 Main Street
Wakefield Ma 01880 | 25 | |

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)

| Date Received | Name and Residential Address
(alphabetical listing required) | Amount | Occupation & Employer
(for contributions of \$200 or more) |
|--|---|--------|---|
| 3/7/23 | Bacci, Carlo
494 Main Street
Reading MA 01867 | 100 | |
| 3/7/23 | Boudreau, Micheal
Po Box 3325
Wakefield MA 01880 | 100 | |
| 3/7/23 | Butler, Douglas
236 Main Stret
Wakefield MA 01880 | 50 | |
| 3/7/23 | Canceillere, Paul
71 Myrtle Ave
Wakefield MA 01880 | 50 | |
| 3/7/23 | Conte, Francesco
11 second Street
Wakefield Ma 01880 | 25 | |
| 3/7/23 | Courcy, Philip
4 Pinehill Circle
Wakefield MA 01880 | 100 | |
| 3/7/23 | Cresta, Brian
5 Ogden Lane
Middleton, 01940 | 100 | |
| 3/7/23 | Dhingra, Vivek
47 Jordan Ave
Wakefield Ma 01880 | 30 | |
| 3/7/23 | Ensminger, David
8 Oakland Road
Reading MA 01867 | 50 | |
| 3/7/23 | Fox, Deborah
12 Allyssa Drive
Wakefield Ma 01880 | 100 | |
| 3/7/23 | Hagerty, Alexander
509 Summer Steet
Arlington Ma 02474 | 25 | |
| 3/7/23 | Haley, Christopher
Tennyson Road
ReadingMa 01867 | 50 | |
| 3/7/23 | Lacasse, Jeff
503 Shawmut Ave
Boston Ma 02118 | 25 | It/ Self |
| Line 9: Total Receipts over \$50 (or listed above) | | | ← Enter on page 1, line 2 |
| 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 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) |
|--|---|--------|---|
| 3/7/23 | Maio, Stephen
30 Preston Street
Wakefield | 50 | |
| 3/7/23 | McCarthy, Jacqueline
36 Beacon Street
Reading MA 01867 | 100 | |
| 3/7/23 | Solano, Monica
3 Bay State Road
Melrose MA 02176 | 25 | |
| 3/7/23 | Tarr, Christopher
64 Vernon Street
Wakefield MA 01880 | 100 | |
| 3/7/23 | Thompson, Beverly
18 Mt Pleasant Ave
Wakefield Ma 01880 | 50 | |
| 3/7/23 | Vincet, Robert
26 Fosters Lane
Wakefield MA 01880 | 25 | |
| 3/7/23 | Vitale, Peter J
3 Gladstone Street
Wakefield Ma 01880 | 50 | |
| 3/7/23 | Wong, Donald
53 Juniper Drive
Saugus Ma 01906 | 100 | |
| 3/8/23 | Craney, Paul
80 Osgood Street
North Andover MA 01845 | 100 | |
| 3/16/23 | McGrail, Brian
607 North Ave
Wakefield MA 01880 | 50 | |
| 3/16/23 | Samalis, Virginia
23 Yale Ave
Wakefield Ma 01880 | 25 | |
| 3/22/23 | McCorry, Robert
34 Woodland Rd
Wakefield MA 01880 | 50 | |
| 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

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

| Date Received | Name and Residential Address
(alphabetical listing required) | Amount | Occupation & Employer
(for contributions of \$200 or more) |
|---------------|---|--------|---|
| 4/10/23 | McCoubrey, Brian
82 Elm Street
Wakefield MA 01880 | 50 | Self |
| 2/27/23 | Law, Gregory
874 Broadway
Haverhill Ma 01830 | 500 | Project Manager Federal Government |
| 2/27/23 | Macone, Tom
6 Macone Circle
Stoneham Ma 02180 | 100 | |
| 2/27/23 | McCorry, Robert
34 Woodland Rd
Wakefield Ma 01880 | 50 | Retired |
| 4/20/23 | Dombroski, Linda
17 Toronado Drive
Latham NY 12110 | 50 | Retired |
| 4/21/23 | Beane, Scott
4 Nick Vedder Road
Buzzards Bay Ma 02532 | 100 | |
| 4/21/23 | Carroll, William
599 North Ave Ste 6
Wakefield Ma 01880 | 100 | |
| 4/21/23 | O'Brien, Kevin
51 Crescent Street #C
Wakefield Ma 01880 | 20 | |
| 5/2/23 | Stinson, Richard
4 Norway Street
Wakefield Ma 01880 | 100 | |
| 5/4/23 | Curry Mark
510 Revere Beach BLVD
Revere Ma 02151 | 250 | Sales Director |
| 5/4/23 | Gindi, Philip
9 Larchmont Road
Melrose MA 02176 | 100 | |
| 5/8/23 | Home Depot Return | 34.77 | |
| | | | |

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address
(alphabetical listing required) | Amount | Occupation & Employer
(for contributions of \$200 or more) |
|---|---|-----------------|---|
| 4/10/23 | McCoubrey, Brian
82 Elm Street
Wakefield MA 01880 | 50 | Self |
| 2/27/23 | Law, Gregory
374 Broadway
Haverhill Ma 01830 | 500 | Project Manager Feral Government |
| 2/27/23 | Macone, Tom
6 Macone Circle
Stoneham Ma 02180 | 100 | |
| 2/27/23 | McCorry, Robert
34 Woodland Rd
Wakefield Ma 01880 | 50 | retired |
| 4/20/23 | Dombroski, Linda
17 Toronado Drive
Latham NY 12110 | 50 | retired |
| 4/21/23 | Beane, Scott
4 Nick Vedder Road
Buzzards Bay Ma 02532 | 100 | |
| 4/21/23 | Carroll, William
599 North Ave Ste 6
Wakefield Ma 01880 | 100 | |
| 4/21/23 | O'Brien, Kevin
51 Cresent Street #C
Wakefield Ma 01880 | 20 | |
| 5/2/23 | Stinson, Richard
4 Norway Street
Wakefield Ma 01880 | 100 | |
| 5/4/23 | Curry Mark
510 Revere Beach BLVD
Revere Ma 02151 | 250 | Sales Director |
| 5/4/23 | Gindi, Philip
9 Larchmont Road
Melrose MA 02176 | 100 | |
| 5/8/23 | Home Depot Return | 34.77 | |
| | | | |
| Line 10: Total Receipts over \$50 (or listed above) | | | <i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i> |
| Line 11: Total Receipts \$50 and under (not listed above) | | | |
| Line 12: TOTAL RECEIPTS IN THE PERIOD | | 4,250.44 | |

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

| Date Paid | To Whom Paid
(alphabetical listing) | Address | Purpose of Expenditure | Amount |
|-----------|--|----------------|-------------------------------------|----------|
| 3/2/23 | USPS | Wakefield MA | PO BOx Rental | \$216.00 |
| 3/2/23 | PayPal*SQUARSP | San Jose CA US | Paypal service fee | \$0.75 |
| 3/2/23 | Stripe | | Processing fee | \$3.25 |
| 3/3/23 | Public Kitchen | Wakefield Ma | Campaign Kickoff event, venue, food | \$121.30 |
| 3/3/23 | Stripe | | Processing Fee | \$28.35 |
| 3/6/23 | Stripe | | Processing Fee | \$20.08 |
| 3/7/23 | Zoom.US | San Jose CA US | Zoom Account for Virtual Meetings | \$15.93 |
| 3/8/23 | Stripe | Processing Fee | | \$6.20 |
| 3/14/23 | Canva* | Camden DE US | | \$12.99 |
| 3/22/23 | Stripe | | Processing Fee | \$3.25 |
| 4/1/23 | MailChimp | Atlanta GA | email platform | \$34.53 |
| 4/10/23 | Stripe Processing Fee | | | \$3.25 |
| 4/20/23 | Stripe Processing Fee | | | \$3.25 |

SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid
(alphabetical listing) | Address | Purpose of Expenditure | Amount |
|-----------|--|--------------|-----------------------------|------------|
| 4/21/23 | Stripe | | Processing Fee | \$6.20 |
| 4/12/23 | Dollar Tree | | supplies for sign holding | \$21.25 |
| 4/14/23 | CANVA | | Graphic Design platform | \$12.99 |
| 4/17/23 | FSP*BOYDS DIRECT | Stoneham Ma | Printing Palm Cards | \$302.82 |
| 4/18/23 | The home depot | reading MA | Supplies for sign holding | \$56.33 |
| 4/18/23 | Connolly Printing | Woburn Ma | printing signs | \$472.44 |
| 4/18/23 | FSP*BOYDS DIRECT | Stoneham Ma | Printing election mailer | \$2,851.66 |
| 4/26/23 | Wakefield Daily Item | Wakefield Ma | Ad in Wakefield Daily Item | \$500 |
| 4/26/23 | Public Kitchen | Wakefield Ma | election night party | \$121.65 |
| 5/1/23 | Mail Chimp | | email platform | \$34.53 |
| 5/9/23 | Connolly Printing | | Printing signs and stickers | \$42.39 |
| 5/15/23 | CANVA | Camden DE | Graphic design | \$12.99 |
| 6/1/23 | MAilchimp | | email platform | \$34.53 |

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

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)

Line 14: Expenditures \$50 and under (not listed above)

Line 15: TOTAL EXPENDITURES IN THE PERIOD

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

| Date Paid | To Whom Paid
(alphabetical listing) | Address | Purpose of Expenditure | Amount |
|-----------|--|----------------|-------------------------|----------|
| 6/14/23 | CANVA* | Camden DE | Graphic design platform | \$12.99 |
| 6/19/23 | FSP*BOYDS DIRECT | Stoneham Ma | Printing | \$151.94 |
| 7/1/23 | Mailchimp | email platform | | \$34.53 |
| 7/14/23 | CANVA* | Camden DE | Graphic Design Platform | \$12.99 |
| 8/1/23 | Mailchimp | atlanta GA | Email platform | \$34.53 |
| 8/14/23 | CANVA* | Camden DE | Graphic Design Platform | \$12.99 |
| 9/1/23 | MailChimp | Atlanta Ga | Email Platform | \$34.53 |
| 9/14/23 | CANVA* | Camden DE | Graphic design platform | \$12.99 |
| 10/2/23 | MAilChimp | Atlanta Ga | Email platform | \$34.53 |
| 10/16/23 | CANVA* | Camden DE | Graphic Design Plaform | \$12.99 |
| 11/1/23 | MailChimp | Atlanta Ga | email platform | \$34.53 |
| 11/14/23 | CANVA* | Camden DE | Graphic Design plaform | \$12.99 |
| 12/1/23 | Mailchimp | Atlanta GA | Email Platform | \$34.53 |

SCHEDULE B: EXPENDITURES (continued)[illegible]

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

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

| Date Paid | Name and Address of Vendor
(alphabetical listing required) | Amount | Purpose of Expenditure |
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| Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50
(or listed above) | | | <i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i> |
| Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above) | | | |
| Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD | | | |

← Enter on page 1, line 8

SCHEDULE D: LIABILITIES

those liabilities incurred during this reporting period.

[illegible]



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: 5/24/2023 Ending Date: 1/13/2024

Type of Report: (Check one)

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

Mehreen N. Butt

Candidate Full Name (if applicable)

Wakefield Town Council

Office Sought and District

894 Main Street, Unit 10, Wakefield, MA 01880

Residential Address

E-mail: mehreennb@gmail.com

Phone #: 7813078710

Committee to Elect Mehreen Butt

Committee Name

Nadia Butt

Name of Committee Treasurer

894 Main Street, Unit 10, Wakefield, MA 01880

Committee Mailing Address

E-mail: nadiab26@gmail.com

Phone #: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

7354.69

Line 2: Total receipts this period (page 3, line 12)

622.63

Line 3: Subtotal (line 1 plus line 2)

7977.32

Line 4: Total expenditures this period (page 5, line 15)

538.75

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

7438.57

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

0

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

0

Line 9: Name of bank(s) used:

Wakefield 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: Nadia N Butt

(Treasurer's signature)

Date: 1.15.2024

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Mehreen N Butt

(Candidate's signature)

Date: 1.15.2024

SCHEDULE A: RECEIPTS

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

[illegible]

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address
(alphabetical listing required) | Amount | Occupation & Employer
(for contributions of \$200 or more) |
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| Line 10: Total Receipts over \$50 (or listed above) | | | <i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i> |
| Line 11: Total Receipts \$50 and under (not listed above) | | 622.63 | |
| Line 12: TOTAL RECEIPTS IN THE PERIOD | | 622.63 | |

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

[illegible]

SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid
(alphabetical listing) | Address | Purpose of Expenditure | Amount |
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| * If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above. | | | Line 13: Expenditures over \$50 (or listed above) | |
| | | | Line 14: Expenditures \$50 and under (not listed above) | |
| Enter on page 1, line 4 → | | | Line 15: TOTAL EXPENDITURES IN THE PERIOD | 538.75 |

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

[illegible]

SCHEDULE D: LIABILITIES

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

[illegible]

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

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

| Date Paid | Name and Address of Vendor
(alphabetical listing required) | Amount | Purpose of Expenditure |
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| Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50
(or listed above) | | | <i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i> |
| Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above) | | | |
| Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD | | | |

← Enter on page 1, line 8

Page 2



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2024 JAN 13 AM 8:54

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2023 Ending Date: Dec. 31, 2023

Type of Report: (Check one)

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

Anne Danchy
Candidate Full Name (if applicable)
Town Council
Office Sought and District
9 Overlook Rd Wakefield,
Residential Address
E-mail: danchy.anne@gmail.com MA
Phone #: 781-258-9197

Committee To Elect Anne Danchy
Committee Name
Kevin Danchy
Name of Committee Treasurer
Committee Mailing Address
E-mail: Kdanchy1@gmail.com
Phone #: 781-258-9198

SUMMARY BALANCE INFORMATION:

| | |
|--|-------------------------|
| Line 1: Ending Balance from previous report | <u>337.98</u> |
| Line 2: Total receipts this period (page 3, line 12) | <u>0</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>337.98</u> |
| Line 4: Total expenditures this period (page 5, line 15) | <u>0</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>337.98</u> |
| Line 6: Total in-kind contributions this period (page 6, line 18) | <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 7, line 19) | <u>0</u> |
| Line 8: Total out-of-pocket expenses this period (page 8, line 22) | <u>0</u> |
| Line 9: Name of bank(s) used: | <u>The Savings 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: Katherine Danchy K Dm (Treasurer's signature)

Date: Jan. 12, 2024

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Anne P. Danchy (Candidate's signature)

Date: Jan 12, 2024

SCHEDULE A: RECEIPTS

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

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

[illegible]

SCHEDULE A: RECEIPTS (continued)[illegible]

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

| Date Paid | To Whom Paid
(alphabetical listing) | Address | Purpose of Expenditure | Amount |
|-----------|--|---------|------------------------|--------|
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SCHEDULE B: EXPENDITURES (continued)[illegible]

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value | |
|---|---------------------|---------------------|--|-------|--|
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| <p>* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.</p> <p>Enter on page 1, line 6 →</p> | | | Line 16: In-Kind Contributions over \$50 (or listed above) | | |
| | | | Line 17: In-Kind Contributions \$50 and under (not listed above) | | |
| | | | Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD | | |
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SCHEDULE D: LIABILITIES

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

[illegible]

Enter on page 1, line 7 →

Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

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

| Date Paid | Name and Address of Vendor
(alphabetical listing required) | Amount | Purpose of Expenditure |
|--|---|--------|--|
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| Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50
(or listed above) | | | <i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i> |
| Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above) | | | |
| Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD | | | |

← Enter on page 1, line 8

Page 8

SCHEDULE A: RECEIPTS

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

[illegible]

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address
(alphabetical listing required) | Amount | Occupation & Employer
(for contributions of \$200 or more) |
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| Line 10: Total Receipts over \$50 (or listed above) | | 107.79 | <i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i> |
| Line 11: Total Receipts \$50 and under (not listed above) | | 0.00 | |
| Line 12: TOTAL RECEIPTS IN THE PERIOD | | 107.79 | |

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

| Date Paid | To Whom Paid
(alphabetical listing) | Address | Purpose of Expenditure | Amount |
|-----------|--|----------------|--|--------|
| Jan 2023 | Google | Online Payment | Email / Domain
2023 Year Subscription | 95.04 |
| Dec 2023 | Zoho | Online Payment | Email / Domain
2024 Year Subscription | 12.75 |
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SCHEDULE B: EXPENDITURES (continued)[illegible]

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

Enter on page 1, line 4 →

| | |
|---|--------|
| Line 13: Expenditures over \$50 (or listed above) | 107.79 |
| Line 14: Expenditures \$50 and under (not listed above) | 0.00 |
| Line 15: TOTAL EXPENDITURES IN THE PERIOD | 107.79 |

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

[illegible]

Enter on page 1, line 6 →

| | |
|--|-------------|
| Line 16: In-Kind Contributions over \$50 (or listed above) | 0.00 |
| Line 17: In-Kind Contributions \$50 and under (not listed above) | 0.00 |
| Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD | 0.00 |

SCHEDULE D: LIABILITIES

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

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|---|-------------------|---|---|---------|
| 1/25/2019 | Boettcher, Thomas | 25 Wakefield Ave
Wakefield, MA 01880 | Staples 5x7 Cards
(Partial Reimbursement Made) | 48.19 |
| 2/04/2019 | Boettcher, Thomas | 25 Wakefield Ave
Wakefield, MA 01880 | Campaign Kick Off
Public Kitchen Tip | 82.00 |
| 1/16/2020 | Boettcher, Thomas | 25 Wakefield Ave
Wakefield, MA 01880 | Wakefield Item
Subscription | 216.00 |
| 1/3/2020 | Boettcher, Thomas | 25 Wakefield Ave
Wakefield, MA 01880 | Wix Website 1 yr | 204.00 |
| 12/29/2020 | Boettcher, Thomas | 25 Wakefield Ave
Wakefield, MA 01880 | Wix Website 2 yr | 161.43 |
| 1/19/2021 | Boettcher, Thomas | 25 Wakefield Ave
Wakefield, MA 01880 | Wakefield Item
Subscription | 216.00 |
| 12/6/2022 | Boettcher, Thomas | 25 Wakefield Ave
Wakefield, MA 01880 | Go Daddy
Domain Name | 60.51 |
| 12/15/
2022 | Boettcher, Thomas | 25 Wakefield Ave
Wakefield, MA 01880 | Wix Website 2 year | 344.25 |
| 1/1/2023 | Boettcher, Thomas | 25 Wakefield Ave
Wakefield, MA 01880 | Email / Domain | 95.04 |
| 12/1/2023 | Boettcher, Thomas | 25 Wakefield Ave
Wakefield, MA 01880 | Email / Domain | 12.75 |
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| Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL) | | | | 1440.17 |

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

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

| Date Paid | Name and Address of Vendor
(alphabetical listing required) | Amount | Purpose of Expenditure |
|--|---|--------|--|
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| Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50
(or listed above) | | 0.00 | <i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i> |
| Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above) | | 0.00 | |
| Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD | | 0.00 | |

← Enter on page 1, line 8



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2024 JAN -8 PM 12:50

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2023 Ending Date: 12/31/2023

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)
Town Council, Wakefield
Office Sought and District
28 Grafton Street, Wakefield, MA 01880
Residential Address
E-mail: <u>julie.smithgalvin87@gmail.com</u>
Phone # (optional): <u>(781) 606-1233</u> | 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: <u>julie.smithgalvin87@gmail.com</u>
Phone # (optional): |
|--|---|

SUMMARY BALANCE INFORMATION:

| | |
|--|------------------|
| Line 1: Ending Balance from previous report | 1084.30 |
| Line 2: Total receipts this period (page 3, line 11) | 0.00 |
| Line 3: Subtotal (line 1 plus line 2) | 1084.30 |
| Line 4: Total expenditures this period (page 5, line 14) | 147.70 |
| Line 5: Ending Balance (line 3 minus line 4) | 936.60 |
| Line 6: Total in-kind contributions this period (page 6) | 0.00 |
| 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: 1/7/2024

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Julie Smith Galvin (Candidate's signature) Date: 1/7/2024

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.)

[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 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 |
|---------------------------|--|---|------------------------|--------|
| 2023-10-31 | Wix | WIX.com LTD
Yunitsman 5 Tel Aviv, Israel | Domain Renewal | 47.70 |
| Dec 16, 2023 | Hartshorne House Association | Hartshorne House Association
41 Church Street
Wakefield, MA 01880 | Fundraiser | 100.00 |
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| | | Line 12: Total Expenditures over \$50 (or listed above) | | 147.70 |
| | | Line 13: Total Expenditures \$50 and under* (not listed above) | | 0.00 |
| Enter on page 1, line 4 → | | Line 14: TOTAL EXPENDITURES IN THE PERIOD | | 147.70 |

* 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 |
|---------------------------|---------------------|--|-----------------------------|-------|
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| | | 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 |
|---|-------------------------------|--|--|--------|
| 4/4/2018 | Julie Smith-Galvin, Candidate | 28 Grafton Street, Wakefield, MA 01880 | Outstanding from 2018 campaign expenses - marketing, postage, supplies, refreshments | 890.72 |
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| Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | | | | |







2023 Year End Report_Smith-Galvin

Final Audit Report

2024-01-07

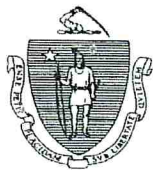
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| Created: | 2024-01-07 |
| By: | Julie Smith Galvin (julie.smithgalvin@jsgcommunications.com) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABA5R7nvjJeYQVCdew0Shhea-HdWmwqrOE |

"2023 Year End Report_Smith-Galvin" History

-  Document created by Julie Smith Galvin (julie.smithgalvin@jsgcommunications.com)
2024-01-07 - 10:40:09 PM GMT- IP address: 146.115.113.97
-  Document emailed to kristinapatt7@gmail.com for signature
2024-01-07 - 10:40:52 PM GMT
-  Email viewed by kristinapatt7@gmail.com
2024-01-07 - 11:23:17 PM GMT- IP address: 104.28.39.131
-  Signer kristinapatt7@gmail.com entered name at signing as Kristina M. Patt
2024-01-07 - 11:25:07 PM GMT- IP address: 73.218.116.168
-  Document e-signed by Kristina M. Patt (kristinapatt7@gmail.com)
Signature Date: 2024-01-07 - 11:25:09 PM GMT - Time Source: server- IP address: 73.218.116.168
-  Agreement completed.
2024-01-07 - 11:25:09 PM GMT



Adobe Acrobat Sign



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2024 JAN -5 AM 8:02

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 05-26-2023 Ending Date: 12-31-2023

Type of Report: (Check one)

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

DAVID A. LEDONNE

Candidate Full Name (if applicable)

WAKEFIELD BOARD OF ASSESSORS

Office Sought and District

31 AVON STREET, UNIT 3, WAKEFIELD MA, 01880

Residential Address

E-mail: DAVELEDONNE@GMAIL.COM

Phone #: 781-241-3227

COMMITTEE TO ELECT DAVID LEDONNE

Committee Name

ROBERT W. REED, JR.

Name of Committee Treasurer

31 AVON STREET, UNIT 3, WAKEFIELD, MA 01880

Committee Mailing Address

E-mail: DESIGNINGROB@ICLOUD.COM

Phone #: 617-968-7962

SUMMARY BALANCE INFORMATION:

| | |
|--|------------------------------------|
| Line 1: Ending Balance from previous report | <u>0.00</u> |
| Line 2: Total receipts this period (page 3, line 12) | <u>0.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>0.00</u> |
| Line 4: Total expenditures this period (page 5, line 15) | <u>0.00</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>0.00</u> |
| Line 6: Total in-kind contributions this period (page 6, line 18) | <u>0.00</u> |
| Line 7: Total (all) outstanding liabilities (page 7, line 19) | <u>7,419.65</u> |
| Line 8: Total out-of-pocket expenses this period (page 8, line 22) | <u>0.00</u> |
| Line 9: Name of bank(s) used: | <u>WAKEFIELD CO-OPERATIVE 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: Robert Reed (Treasurer's signature)

Date: 01-03-2023

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

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

Date: 01-03-2023

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address
(alphabetical listing required) | Amount | Occupation & Employer
(for contributions of \$200 or more) |
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| Line 10: Total Receipts over \$50 (or listed above) | | 0.00 | <i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>

← Enter on page 1, line 2 |
| Line 11: Total Receipts \$50 and under (not listed above) | | 0.00 | |
| Line 12: TOTAL RECEIPTS IN THE PERIOD | | 0.00 | |

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)

0.00

Line 14: Expenditures \$50 and under (not listed above)

0.00

Line 15: TOTAL EXPENDITURES IN THE PERIOD

0.00

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

[illegible]

SCHEDULE D: LIABILITIES

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

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|---|------------------|--|--|-----------------|
| 02-03-2020 | DAVID A. LEDONNE | 31 AVON STREET, UNIT 3,
WAKEFIELD, MA 01880 | LOAN TO COMMITTEE | 2,000.00 |
| 06-03-2020 | DAVID A. LEDONNE | 31 AVON STREET, UNIT 3,
WAKEFIELD, MA 01880 | LOAN TO COMMITTEE | 5,000.00 |
| 06-23-2020 | DAVID A. LEDONNE | 31 AVON STREET, UNIT 3,
WAKEFIELD, MA 01880 | FACEBOOK AD EXPENSES
INCURRED BETWEEN
04-21-2020 TO 06-23-2020 | 375.56 |
| 04-25-2023 | DAVID A. LEDONNE | 31 AVON STREET, UNIT 3,
WAKEFIELD, MA 01880 | FACEBOOK AD EXPENSES
INCURRED BETWEEN
04-18-2023 TO 04-25-2023 | 44.09 |
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| Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL) | | | | 7,419.65 |

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

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

| Date Paid | Name and Address of Vendor
(alphabetical listing required) | Amount | Purpose of Expenditure |
|--|---|--------|---|
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| Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50
(or listed above) | | 0.00 | <i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>

← Enter on page 1, line 8 |
| Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above) | | 0.00 | |
| Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD | | 0.00 | |

Page 8



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: 01/01/2023 Ending Date: 12/31/2023

Type of Report: (Check one)

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

Jonathan Chines

Candidate Full Name (if applicable)

Wakefield Town Council

Office Sought and District

34 Hopkins Street, Wakefield, MA 01880

Residential Address

E-mail: jchines@alumni.tufts.edu

Phone #: (781) 245-1454

Committee to Elect Jonathan Chines

Committee Name

Michelle Estrada

Name of Committee Treasurer

34 Hopkins Street, Wakefield, MA 01880

Committee Mailing Address

E-mail: jchines@alumni.tufts.edu

Phone #: (781) 245-1454

SUMMARY BALANCE INFORMATION:

| | |
|--|-------------------------|
| Line 1: Ending Balance from previous report | <u>1,749</u> |
| Line 2: Total receipts this period (page 3, line 12) | <u>0</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>1,749</u> |
| Line 4: Total expenditures this period (page 5, line 15) | <u>0</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>1,749</u> |
| Line 6: Total in-kind contributions this period (page 6, line 18) | <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 7, line 19) | <u>1,000</u> |
| Line 8: Total out-of-pocket expenses this period (page 8, line 22) | <u>0</u> |
| Line 9: Name of bank(s) used: | <u>The Savings Bank</u> |

TOWN CLERK
WAKEFIELD, MA

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: Michelle Estrada (Treasurer's signature) Date: 01/01/2024

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Jonathan Chines (Candidate's signature) Date: 01/01/2024

SCHEDULE A: RECEIPTS

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

[illegible]

SCHEDULE A: RECEIPTS (continued)[illegible]

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

[illegible]

SCHEDULE B: EXPENDITURES (continued)[illegible]

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

[illegible]

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

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)

Line 17: In-Kind Contributions \$50 and under (not listed above)

Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD

C

SCHEDULE D: LIABILITIES

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

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|---|-----------------|--|---------------------------------|--------|
| 01/12/2019 | Jonathan Chines | 34 Hopkins Street
Wakefield, MA 01880 | Initial funding for
campaign | 1,000 |
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| Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL) | | | | 1,000 |

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

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

[illegible]



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2024 JAN -3 AM 7:26

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2023 Ending Date: 12/31/2023

Type of Report: (Check one)

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

Laurel Skinder Gourville

Candidate Full Name (if applicable)

Board of Health

Office Sought and District

33 Reynolds Road, Wakefield, MA 01880

Residential Address

E-mail: laurelgourville@hotmail.com

Phone #: 781-246-9460

n/a

Committee Name

n/a

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # :

SUMMARY BALANCE INFORMATION:

| | |
|--|---------------------------------|
| Line 1: Ending Balance from previous report | <u>0.00</u> |
| Line 2: Total receipts this period (page 3, line 12) | <u>0.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>0.00</u> |
| Line 4: Total expenditures this period (page 5, line 15) | <u>0.00</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>0.00</u> |
| Line 6: Total in-kind contributions this period (page 6, line 18) | <u>0.00</u> |
| Line 7: Total (all) outstanding liabilities (page 7, line 19) | <u>0.00</u> |
| Line 8: Total out-of-pocket expenses this period (page 8, line 22) | <u>0.00</u> |
| Line 9: Name of bank(s) used: | <u>account no longer active</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

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

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

Date: 1/2/2024

SCHEDULE A: RECEIPTS

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

[illegible]

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address
(alphabetical listing required) | Amount | Occupation & Employer
(for contributions of \$200 or more) |
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| Line 10: Total Receipts over \$50 (or listed above) | | | <p><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p> <p>← Enter on page 1, line 2</p> |
| Line 11: Total Receipts \$50 and under (not listed above) | | | |
| Line 12: TOTAL RECEIPTS IN THE PERIOD | | | |

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

[illegible]

SCHEDULE B: EXPENDITURES (continued)[illegible]

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

[illegible]

SCHEDULE D: LIABILITIES

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

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

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

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

| Date Paid | Name and Address of Vendor
(alphabetical listing required) | Amount | Purpose of Expenditure |
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| Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50
(or listed above) | | | <i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i> |
| Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above) | | | |
| Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD | | | |

← Enter on page 1, line 8

Page 8 of 8



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2024 JAN -4 AM 7:40

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: May 26, 2023 Ending Date: December 31, 2023

Type of Report: (Check one)

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

Kevin Scott Piskadlo

Candidate Full Name (if applicable)

School Committee

Office Sought and District

2 Crosby Road, Wakefield, MA 01880

Residential Address

E-mail: kpiskadlo@gmail.com

Phone #: _____

Piskadlo Committee

Committee Name

Ryan M. Piskadlo

Name of Committee Treasurer

2 Crosby Road, Wakefield, MA 01880

Committee Mailing Address

E-mail: piskadlocommittee@gmail.com

Phone #: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

546.61

Line 2: Total receipts this period (page 3, line 12)

Line 3: Subtotal (line 1 plus line 2)

Line 4: Total expenditures this period (page 5, line 15)

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

546.61

Line 6: Total in-kind contributions this period (page 6, line 18)

Line 7: Total (all) outstanding liabilities (page 7, line 19)

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

Line 9: 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: 1-3-24

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____

(Candidate's signature)

Date: 1-3-24



Commonwealth
of Massachusetts

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

2024 JAN -2 AM 8:39

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: May 16, 2023 Ending Date: December 31, 2023

Type of Report: (Check one)

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

Peter Davis

Candidate Full Name (if applicable)

Wakefield School Committee

Office Sought and District

43 Charles Street, Wakefield, MA 01880

Residential Address

E-mail: pete@ether.net

Phone #: (781) 910-4868

Committee to Elect Pete Davis

Committee Name

Jonathan Chines

Name of Committee Treasurer

43 Charles Street, Wakefield, MA 01880

Committee Mailing Address

E-mail: pete@ether.net

Phone #: (781) 910-4868

SUMMARY BALANCE INFORMATION:

| | |
|--|-------------------------|
| Line 1: Ending Balance from previous report | <u>691.68</u> |
| Line 2: Total receipts this period (page 3, line 12) | <u>0.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>691.68</u> |
| Line 4: Total expenditures this period (page 5, line 15) | <u>0.00</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>691.68</u> |
| Line 6: Total in-kind contributions this period (page 6, line 18) | <u>0.00</u> |
| Line 7: Total (all) outstanding liabilities (page 7, line 19) | <u>0.00</u> |
| Line 8: Total out-of-pocket expenses this period (page 8, line 22) | <u>0.00</u> |
| Line 9: Name of bank(s) used: | <u>The Savings 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:

Jonathan Chines

(Treasurer's signature)

Date: January 1, 2024

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

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Pete Davis

(Candidate's signature)

Date: 1/1/24

SCHEDULE A: RECEIPTS

MG 1-55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

[illegible]

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address
(alphabetical listing required) | Amount | Occupation & Employer
(for contributions of \$200 or more) |
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| Line 10: Total Receipts over \$50 (or listed above) | | 0.00 | <p><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p> <p>← Enter on page 1, line 2</p> |
| Line 11: Total Receipts \$50 and under (not listed above) | | 0.00 | |
| Line 12: TOTAL RECEIPTS IN THE PERIOD | | 0.00 | |

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

[illegible]

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)

0.00

Line 14: Expenditures \$50 and under (not listed above)

0.00

Line 15: TOTAL EXPENDITURES IN THE PERIOD

0.00

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

[illegible]

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

Enter on page 1, line 6 →

| | |
|--|-------------|
| Line 16: In-Kind Contributions over \$50 (or listed above) | 0.00 |
| Line 17: In-Kind Contributions \$50 and under (not listed above) | 0.00 |
| Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD | 0.00 |

SCHEDULE D: LIABILITIES

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

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|---------------------------|-------------|---------|---|-------------|
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| Enter on page 1, line 7 → | | | Line 19: TOTAL OUTSTANDING LIABILITIES (ALL) | 0.00 |

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

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

| Date Paid | Name and Address of Vendor
(alphabetical listing required) | Amount | Purpose of Expenditure |
|--|---|--------|---|
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| | | | |
| Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50
(or listed above) | | 0.00 | <i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>

← Enter on page 1, line 8 |
| Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above) | | 0.00 | |
| Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD | | 0.00 | |



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2023 DEC -7 AM 9:03

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date: 12/30/23

Type of Report: (Check one)

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

Kathleen M. Kelly
Candidate Full Name (if applicable)
TAX COLLECTOR
Office Sought and District
21 BRYANT ST. WAKEFIELD
Residential Address
Telephone Number (optional): 781-224-5096
WORK

Committee Name
Name of Committee Treasurer
Committee Mailing Address
Telephone Number (optional):

SUMMARY BALANCE 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) 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: (Treasurer's signature) Date:

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

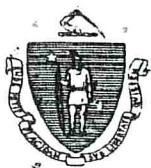
Candidate with Committee and no activity independent of the committee

☐ 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: Kathleen M. Kelly (Candidate's signature) Date: 12/17/23



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:

5-22-2023

Ending Date:

12-31-2023

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☒ dissolution

Betsy Sheeran

Candidate Full Name (if applicable)

Town Clerk - Wakefield

Office Sought and District

27 Spruce Street, Wakefield 01880

Residential Address

E-mail:

Phone # (optional):

Committee to Elect Betsy Sheeran

Committee Name

Richard W. Pearson

Name of Committee Treasurer

27 Spruce Street, Wakefield 01880

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)

0

Line 3: Subtotal (line 1 plus line 2)

0

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

0

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:

Richard W. Pearson

(Treasurer's signature)

Date: 12-29-2023

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:

Betsy Sheeran

(Candidate's signature)

Date: 12-29-2023



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:

11/1/23

Ending Date:

12/31/23

Type of Report: (Check one)

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

ROBERT E. VINCENT II

Candidate Full Name (if applicable)

WAKEFIELD TOWN COUNCIL

Office Sought and District

22 FLANNERS LANE, WAKEFIELD, MA 01880

Residential Address

E-mail: bobandtracy2000@yahoo.com

Phone #: (301) 535-9420

NONE

Committee Name

NONE

Name of Committee Treasurer

NONE

Committee Mailing Address

E-mail: NA

Phone #: NA

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 12)

0

Line 3: Subtotal (line 1 plus line 2)

0

Line 4: Total expenditures this period (page 5, line 15)

0

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

0

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

0

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

0

Line 9: Name of bank(s) used:

NAVY FEDERAL CREDIT UNION

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

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Candidate without Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

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

Date: 1/2/24



Municipal Form

Office of Campaign and Political Finance

Please print or type all information, except signatures.

City or Town of: WILFILD

Reporting Period: Beginning: 01/01/2023 Ending: 12/31/2023

(MM/DD/YYYY)

(MM/DD/YYYY)

Type of Report: (Check One)

☐ 8th day preceding preliminary/primary 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]