

Fill in Reporting Period dates: Beginning Date: 17 21 7	File with: City or Town Clerk or Election Commission
10 01 (00	Ending Date: 4/7/23
Type of Report: (Check one)	
8th day preceding preliminary 5th day preceding election 30 day after	r election  year-end report dissolution
Candidate Full Name (if applicable)  Municipal 6as = Light Commissioner  Office Sough and District  Office Sough and District  Residential Address  E-mail: Jackwarca comcast net  Phone # (optional):  Phone # (optional)	
SUMMARY BALANCE INFORM	ATION:
Line 1: Ending Balance from previous report	# 304.29
Line 2: Total receipts this period (page 3, line 11)	\$ 320.00
Line 3: Subtotal (line 1 plus line 2)	8 624.29
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	@ 624,29
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 at activity, including all contributions, loans, receipts, expenditures, disbursements, in kind contributions and lia finance activity of all persons acting under the authority or on behalf of this committee in accordance with the	bilities for this reporting posied and approved the
Signed under the penalties of perjury:	(Treasurer's signature) Date: 17Apr 2023
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
Cardidate with Committee  certify that I have examined this report including attached schedules and it is, to the best of my knowled activity, of all persons acting under the authority or on behalf of this committee in accordance with the re incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not or	equirements of M.G.L. c. 55. I have not received any contributions
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the best of my knowled finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contribution campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance.  Signed under the penalties of perjury:	ns and liabilities for this reporting period and represents the

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)
			· ·
The second secon			
Line 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)	320	
	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.



TOWN CLERK Office of Campaign and Political Finance WAKEFIELD, MA

Fill in Reporting Period dates: Beginning Date: 1/2/23 Ending Date: 1/5/23
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 Custoes
Office Sought and District  Name of Committee Treasurer
Residential Address  E-mail: SUSA DIROCTOR OF COMMITTEE Mailing Address
Susan wetmore (a gmail, com E-mail:
Phone # (optional): Phone # (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
C   Chang Balance from previous report
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14)
U
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used:
Eine 6. Ivanic of bank(s) used:
Affidavit of Committee Treasurer:  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 ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign inance 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.
igned under the penalties of perjury:(Treasurer's signature) Date:
OR 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 fina 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 contribution incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee <u>OR</u> 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.
gned under the penalties of perjury: Date: 4-18-23



# 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:

	tice as follows:					
CANDIDATE:	Full Name:	Kevin York				
	Residential Address	: 10 Collins Road				
	City / State / Zip:	Wakefield, MA 01880				
	E-Mail Address: yo	rk.kevin@gmail.com		Phone #:	574-361-5599	)
	Party Affiliation:	Democratic Party				If applicable
OFFICE SOUG	HT/PURPOSE:					т аррисавіе
	Title:	Planning Board		District:	N/Δ	
	Candidate without date and file with	ut committee (check if appling a clerk or local election office	cable). If checked, do not complete	e committee or office	r sections: sign as	candidate,
COMMITTEE:	Name of Committee:					
	Committee Mailing Ad	(The name of th	e committee must include the candidat	te's last name)		
	City / State / Zip:			Phone #:	7023	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
OFFICERS:					-5	
Chairperson:			Treasurer*:		70	
Residential Address:			Residential Address:		<u> </u>	
City / State / Zip:			City / State / Zip:			
Phone #:			Phone #:	Email:	<u> </u>	gr .
		Additional offi	*A public employee may not cers may be listed on page two.	serve as treasurer of any	political committee	(see reverse).
keeping detailed accountreasurer of a political Candidate without account or committee subject to certain dutie	unts and records of all committee organized to committee: I hereby on their behalf; 3) ackies and liabilities under	campaign finance activity for my behalf.  1) consent to this filing; 2) un nowledge if I become a public	erstand that a candidate shall not content of the c	the timely filing of can ate of the relevant electors consent to the organ	npaign finance reportion; and 4) may not an and the may not arrive the nization of more the	orts and ot serve as an one
SIGNED UNDER TH	E PENALTIES OF PE	ERJURY: Kevin Candidate's s	York Smature		Date: 04,	/16/2023
and records of all camp	paign finance activity to byee, I must resign this	above-named committee, I a silities under M.G.L. c. 55, in for a period of six years from	affirm that I am not a public emploincluding the timely filing of campanthe date of the relevant election; of my resignation; and 3) a candidate	aign finance reports a	nd keeping detaile	d accounts
SIGNED UNDER THI	PENALTIES OF PE	DILIDA				
	D. D. V. LLIILD OI IL	Treasurer's si	gnature		Date:	
hereby accept the offi		Treasurer's si he above-named committee.			Date:	

# ADDITIONAL OFFICERS: Other Officer/Title: Residential Address: City / State / Zip: 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

# SELECTED EXTRACTS FROM M.G.L C. 55

of any political committee. If you are unsure of your status, please contact OCPF for further guidance.

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 bilis 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 <a href="https://www.ocpf.us">www.ocpf.us</a>



#### Form CPF M109: Statement of Municipal Candidate Not Raising or Expending Campaign Funds

File with: Local Election Of	ficial (City or Town	n Clerk)		
Candidate's Name:	Kevin York			
	Planning B	oard		
Office Sought:	10 Collins I	Road		
Residential Address:				
City / State / Zip:	Wakefield, I	MA 01880		
E-Mail Address:	york.kevin@	gmail.com	Phone Number:	574-361-5599
I submit the following of the Massachusetts G	as my campaig	n report for all bank	reporting periods in this	es of my own funds, or incur liabilities pilities oilities for prior campaign-related activity calendar year as provided for in Chapter 5
	1.	Ending balance from	om previous report	ZERO
		Total receipts for r	eporting period	ZERO
		Subtotal		ZERO
			s for reporting period	ZERO
	٥.	Ending balance		ZERO
After filing this s <b>purpose</b> , I will immed according to the statuto	iately mothly in	v local election off	pt, or expend funds, or icial in writing, and wil	incur liabilities, for a campaign-related file periodic campaign finance reports
Until such notice reporting period, in the	is on file with t calendar year	he local election of in which it is filed	ficial, I certify that the al , required by Chapter 55	pove Zero report will be in effect for each of the Massachusetts General Laws.
This form is valid	d through Deco	ember 31 of the ye	ar in which it was signe	ed.
SIGNED UNDER THE	PENALTIES (	OF PERJURY:		
			<i>(4 - 01 -</i>	
			Kevin York  andidate's signature:	
		C	andidate's signature:	Date: <u>04/16/2023</u>



Eill in Donostin De in I			File with: City	or Town Cler	rk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/2	2/2023	Ending I	)ate: <u>4/1</u>	15/2023	
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	[] 20 days	Ö 1		·	
Something proceeding electron	30 day a	after election	year-e	nd report	dissolution
Mehreen N. Butt	Committee	ee to Elect Meh	-		
Candidate Ful! Name (if applicable)	- Committee	ee to Elect Men	Committee N	Vame	
Wakefield Town Council	Nadia Bu	tt		, ame	
Office Sought and District			ne of Committe		
894 Main Street, Unit 10, Wakefield, MA 01880  Residential Address	894 Main	Street, Unit 10			)
E-mail: mehreennb@gmail.com	E-mail:	Со	mmittee Mailin		
Phone # (optional):		e and the	nadiab26@	agmail.com	1
	Phone # (op	tional):			
SUMMARY BALAN	CE INFOR	MATION:			
Line 1: Ending Balance from previous report				4,805.6	55
Line 2: Total receipts this period (page 3, line 11	1)			6,701	.7
Line 3: Subtotal (line 1 plus line 2)					
Line 4: Total expenditures this period (page 5, li	ine 14)			3,851.4	13
Line 5: Ending Balance (line 3 minus line 4)				7,655.9	92
Line 6: Total in-kind contributions this period (p	page 6)				
Line 7: Total (all) outstanding liabilities (page 7)	)				
Line 8: Name of bank(s) used: Wakefield Savings	Bank				
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the bestetivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind inance activity of all persons acting under the authority or on behalf of this committee in					dl campaign finance
Signed under the penalties of perjury: Nadia Butt		(Treasurer's s	signature)	Date:	4/16/2023
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf during this reporting Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ne best of my know coordance with thing period that are noted best of my know	e requirements of M not otherwise disclo	A.G.L. c. 55. I I sed in this repo	have not rece	t of all campaign
Signed under the penalties of perjury: Mehreen N Butt		(Candidate's	signature)	Date:	4/16/2023

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. Oswiego Ave Portland, OR 97203	240.13	CEO of Rifelion Media
1/19/2023	Katthleen Caln 133 Elm Street, Unit 1 Wakefield, MA 01880	96,05	
1/3/2023	Jonathan Chines 34 Hopkins Street Wakefield, MA 01880	96.05	
1/4/2023	Diane Courtney 448 Main Street Lynnfield, MA 01940	96.05	
L/3/2023	Katherine Cruise 25 Kingmont Street Wakefield, MA 01880	72.04	
L/16/2023	iMohammad Dar 6 Alaric Terrance W. Roxbury, MA 02132	96.05	
/13/2023	Catherine Donaghey 44 Birch Road Winthrop, MA 02151	96.05	
./3/2023	Michael Emery 44 Sawyer Brive Dedham, MA 02025	96.05	
ine 9: Total Rece	pts over \$50 (or listed above)		
ine 10: Total Rece	ripts \$50 and under* (not listed above)		
ine 11: TOTAL H	RECEIPTS IN THE PERIOD		Enter on page 1, line 2
If you have itemized			Enter on page 1, line 2

<sup>\*</sup> 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 112 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	Antnony Guadia   27 Davey Lane   Wakefield, MA 01880	96.05	
3/3/2023	Tarae howell 834 3 Main Street Wakefield, MA 01880	192.1	
./6/2023	Nicole Jacob 120 B Gates Lane Wakefield, MA 01880	96.05	
/2/2023	Maya Jamalacdine 10 Metrose Street Metrose, MA 02176	96.05	
/3/2023	Afroz Khan 85 Prospect Street Newburyport, MA 01950	96.05	
/21/2023	Sarah Khadb 35 Frontierr Drive Walpole, MA 02081	96.05	
/1/2023	Arianne Kidder 115 Pleasant Street Wakefield, MA 01880	96.05	
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL F	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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 Rituai Irvine, CA 92618	96.05	, and an analysis
3/3/2023	Alexander Laytin 1403 Crittenden Street Washinton, 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 Sttret 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 Mariborough 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	
./2/2023	Maria Robinson 560 Edgell Road Framingham, MA 01701	96.05	
/14/2023	Drew Russo 25 Bellvue Road Lynn, MA	144.07	
3/4/2023	Julie Smith Galvin 28 Grafton Street Wakefield, MA 0188096.05	96.05	
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts S50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD receipts of \$50 and under include them in line	<b></b>	Enter on page 1, line 2

<sup>\*</sup> 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	
ine 9: Total Receip	pts over \$50 (or listed above)		
	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD receipts of \$50 and under, include them in line \$100.000.	· ·	Enter on page 1, line 2

<sup>\*</sup> 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

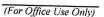
M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, 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	Å ·
	1	7.111111.033	rurpose of Expenditure	Amount
3/18/2023	Dollar Tree	376 Main St, Wakefield, MA 01880	Items for Kick off event	52.3
3/19/2023	House Cali Catering	27 Green St, Wakefield, MA 01880	Food for Kick off event	387.
3/20/2023	Sterling Printing	214 Main St, Stoneham, MA 02180	Lawn Signs	371.8
3/27/2023	Sterling Printing	214 Main St, Stoneham, MA 02180	Campaign Literature	371.8
3/30/2023	Sterling Printing	214 Main St, Stoneham, MA .02180	Campaign Literature	738.4
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
				e e
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	3,802.46
		Line 13: Total Expenditures \$5	() and under* (not listed above)	48.97
	Foreron assal line 4 -	Line 14: TOTAL EXPENDIT	THOUSE OF RAY COLUMN SHOWS A STATE OF	3,851.43

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

Page 4





# Form CPF 101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE

#### Office of Campaign and Political Finance

File with: Director

Office of Campaign and Political Finance

One Ashburton Place, Room 411, Boston, MA 02108

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

Date:

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: Christ	topher		Middle Initial: J	Last Name: Ca	rino	
	Residential Address	: 18 Central St	treet				
	City / State / Zip:	Wakefield, M	A 01880				
	Email Address:	chris@carino	media.com				
	Party Affiliation: (if	applicable)			Phone #: 781-2	66-6928	
OFFICE SOUG	GHT/PURPOSE:				-	# 1 m	702)
	Title:	Town Council					H
	District:	Wakefield, M.	A			*	20 00
							Short
COMMITTEE:	Name of Committee	Comm	ittee to Elect Chri	s Carino		ii Ng	CO
	Committee Mailing		(The name of the conion Street #1	nmittee must include the	candidate's last na	nme)	T. Company
OFFICERS:	City / State / Zip:	Wakefi	ield	MA 01	880	Phone #:	760-607-2578
Chair: (	Chris J Carino			Treasurer*:	Jamie Dean		
Residential Address: 1	18 Central Street			Residential Address	10 Albion Str	reet #1	
City / State / Zip:	Vakefield	М	IA 01880	City / State / Zip:	Wakefield		MA 01880
Email:	hris@carinomedia.	com		Email:	jamiekay23@	amail.com	
Phone #:	781-266-69	28		Phone #:		507-2578	
	* A	public employee	may not serve as tre	asurer of any political	committee (see re	everse).	
the relevant election. SIGNED UNDER TI	HE PENALTIES OF	PERJURY:	Candidate's signa	records of all campa	ign finance activ	ity for a period	han one committee on h d of six years from the d
and records of all car appointed public emp committee organized	mpaign finance activi	ty for a period o	of six years from the	e date of the relevant e y resignation; and 3)	of campaign fin	ance reports an	G.L. c. 55, s. 13. I undered keeping detailed accounce of this office I become easurer of the political
hereby accept the of SIGNED UNDER TH	ffice of Chair of the a TE PENALTIES OF	bove-named cor	mmirtee.	AA			11-17-



Eill in D.							ty or Town Cler	rk or Election Comr	missio
FIII IN K	eporting Period dates:	Beginning Date:	3-10-2	.023	Ending :	Date: 4	-17-23		
Type of	Report: (Check one)	Production of the second of th							
	- '	8th day preceding election     1     1     2     3     4     4     4     4     4     7     7     8     7     8     7     8     8     8     8     8     9     8     9	on [	] 30 day	after election	☐ year-	end report	dissolution	n
Christoph	er J. Carino	20 12 14 5		Commi	ttee to Elect Chr	is Carnio			
Town Cou	Candidate Full Name (	if applicable)				Committee	e Name		
1011111	Office Sought and	District		Jamie I		me of Commi	ttee Trensurar		
18 Centra	l Street Wakefield, MA 01880			10 Albi	on Street #1 - W				
F	Residential Ad					ommittee Mai			
E-mail:	chris@carino	media.com		E-mail:		jamiekay2	3@gmail.co	m	
Phone # (opt	ional):			Phone # (	optional):				
		CHIBARALIZATIO							
		SUMMARY BALA	ANCE	INFO	RMATION:				
	Line 1: Ending Bala	nce from previous report						0	
	Line 2: Total receipt	s this period (page 3, line	e 11)				\$50	30	
	Line 3: Subtotal (line	e 1 plus line 2)					\$50	00	
	Line 4: Total expend	litures this period (page 5	5, line	14)			\$531.2	23	Ž.
	Line 5: Ending Balar	nce (line 3 minus line 4)		·····			(-\$31.2	5)	
	Line 6: Total in-kind	contributions this period	d (page	e 6)	1		65		
		tstanding liabilities (page							
	Line 8: Name of ban	k(s) used: The Savings Bar	nk						
I certify that I activity, included finance activited	committee Treasurer: have examined this report including ding all contributions, loans, receipts y of all persons acting under the autl the penalties of perjury;				ith the requirements	of M.G.L. c. 5	iod and represer 5.	nts the campaign	e
		The state of the s			(Treasurer's	signature)	Date: 4	-17-23	
	DIDATE FILINGS ONLY:	Affidavit of Candidate: (check	c I box o	only)					
I certify t activity, of	te with Committee hat I have examined this report inclu of all persons acting under the author any liabilities nor made any expendit							l of all campaign fir ived any contribution	nance
Candidate   Candid	te without Committee that I have examined this report inclu- ctivity, including contributions, loans finance activity of all persons action	ding attached schedules and it is, t	to the be	st of my kr	nowledge and belief,	a true and con	iplete statement		
	the penalties of perjury:	hiller	_	and the same of th	(Candidate's		Date: 4-		

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 WinshipDrive Wakefield, MA 01880	\$250	Senior Vice President - Epsilon
4-4-23	Paul Murphy 131 Water Street Wakefield,MA 01880	\$100	
ine 9: Total Receipts over \$50 (or listed above)		\$350	
	pts \$50 and under* (not listed above)  ECEIPTS IN THE PERIOD	\$150	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
) i		Line 12: Expenditures over \$	50 (or listed above)	\$531.2
		Line 13: Expenditures \$50 and	L	φ331.2
	Enter on page 1 12-24			
vou have itemiza	ed expenditures of \$50 and under	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD should include only those expenditures	\$531.2

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



Fill in Dangeting Paried dates	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	30 day after election year-end report dissolution
Edward Dombroski, JR	Friends to Elect Ed Dombroski
Candidate Full Name (if applicable)	Committee Name
Town Council	Kimberly Cummings
Office Sought and District	Name of Committee Treasurer
15 Chestnut Street Wakefield MA 01880	PO Box 1628 Wakefield Ma 01880
Residential Address  E-mail: edgmbrocki@hotmail.gom	Committee Mailing Address
edomor dakt@nocman.com	E-mail: Kimberly@edforma.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	TE INCODMATION.
SCHWART BALANC	E 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, lin	c 14) 1,297.04 CO
Line 5: Ending Balance (line 3 minus line 4)	9,330.22
Line 6: Total in-kind contributions this period (pa	
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 activity, including all contributions, loans, receipts, expenditures, dishursements, in kind or	of my knowledge and belief a true and complete state.
finance activity of all persons acting under the authority or on behalf of this committee in a	
Signed under the penalties of perjury:	(Treasurer's signature) Date: 4/17/23
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x oldy)
incurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	
Signed under the penalties of perjury:	(Candidate's signature) Date: 4/14/23



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	(a.phabeticai fishing 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
/3/23	Nazzaro, Carla 64 Lawerence Rd Reading Ma 01867	50	
/3/23	Powers, Benjamin 110 Taylor Ave Madison CT 06443	50	
/6/23	McLaughlin, Doug 535 Boylston St Ste3 Boston Ma 02116	250	Attorney Langer & McLaughlin, Llp
6/23	Santos, Ann 39 Converse Street Wakefield Ma 01880	50	
6/23	Zoubek, Carol 294 Main Street Wakefield Ma 01880	25	
ne 9: Total Receip	ots over \$50 (or listed above)		
ne 10: Total Recei	pts \$50 and under* (not listed above)		
ne 11: TOTAL R	ECEIPTS IN THE PERIOD receipts of \$50 and under, include them in line	4	Enter on page 1, line 2

<sup>\*</sup> 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	( proceed insting required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/7/23	Bacci, Carlo 494 Main Street Reading MA 01867	100	or ozoo or more)
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	
7/7/23	Cresta, Brian 5 Ogden Lane Middleton, 01940	100	
/7/23	Dhingra, Vivek 47 Jordan Ave Wakefield Ma 01880	30	
/7/23	Ensminger, David 8 Oakland Road Reading MA 01867	50	
7/23	Fox, Deborah 12 Allyssa Drive Wakefield Ma 01880	100	
7/23	Hagerty, Alexander 509 Summer Steet Arlington Ma 02474	25	
7/23	Haley, Christopher Tennyson Road ReadingMa 01867	50	
7/23	Lacasse, Jeff 503 Shawmut Ave Boston Ma 02118	25 It/	Self
ne 9: Total Receip	ts over \$50 (or listed above)		
	ots \$50 and under* (not listed above)		
ie 11: TOTAL RI	ECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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	(asparated fishing 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 MA01880	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	
/8/23	Craney, Paul 80 Osgood Street North Andover MA 01845	100	
/16/23	McGrail, Brian 607 North Ave Wakefield MA 01880	50	
/16/23	Samalis, Virgina 23 Yale Ave Wakefield Ma 01880	25	
/22/23	McCorry, Robert 34 Woodland Rd Wakefield MA 01880	50	
ne 9: Total Receip	ots over \$50 (or listed above)		
ne 10: Total Recei	pts \$50 and under* (not listed above)		
ne 11: TOTAL R	ECEIPTS IN THE PERIOD receipts of \$50 and under, include them in line 9	<b>~</b>	Enter on page 1, line 2

<sup>\*</sup> 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 Résidential 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 goverment
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
e 9: Total Receipt	ts over \$50 (or listed above)		
	ts \$50 and under* (not listed above)		
ie 11: TOTAL RE	CEIPTS IN THE PERIOD	3,630	

<sup>\*</sup> 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	\$34.5
1/7/23	Zoom.US	San Jose CA	zoom account for virtual meetings	\$15.9
1/14/23	CANVA*	Camden NE US	design graphic platform	\$12.9
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
1/1/23	Stripe			21.25
		Line 12: Total Expenditure	es over \$50 (or listed above)	
		Line 13: Total Expenditure	s \$50 and under* (not listed above)	

<sup>\*</sup> 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 Pa	id (alphabetical lis	ting)	Address		Purpose of Expenditure	
3/2/23			Wakefield MA		PO BOx Rental	Amount \$216
3/2/23	PAYPAL*SQUARESP		San Jose CA US		paypal service fee	4210
3/2/23	Stripe				Processing Fee	\$0.
	PUBLIC KITCHEN					\$3.;
3/3/23			Wakefield Ma		Campaign kick off event venue food	\$121.3
3/3/23	Stripe				Processing Fee	7 6 6 1 1
3/6/23	Stripe					28.3
	ZOOM.US				Processing Fee	20.08
3/7/23			San Jose CA US		coom account for virtual neetings	415.00
3/8/23	Stripe	F	Processing Fee			\$15.93
3/14/23	CANVA*		amden DE US	4		\$6.20
	Stripe					\$12.99
3/22/23				Pr	ocessing Fee	
1/1/23	MailChimp	At	lanta GA	em	all platform	3.25
/10/22	Stripe	Pro	ocessing Fee			34.53
/10/23			The state of the s			3.25
		Line	e 12: Expenditures over \$5	0(-:		
			e 13: Expenditures \$50 and			1,297.07
Sum be to the	Enter on page 1, line 4	T 2	4.4		S IN THE PERIOD  nelude only those expenditures not it	

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



Fill in Reporting Period dates: Beginning Date:	Janaury 1, 2023 Ending Date: April 16, 2023
Type of Report: (Check one)	
8th day preceding preliminary	on 30 day after election year-end report dissolution
Kevin Scott Piskadlo	Piskadlo Committee
Candidate Full Name (if applicable)	Committee Name
School Committee  Office Squakt and District	Ryan M. Piskadlo
Office Sought and District  2 Crosby Road, Wakefield, MA 01880	Name of Committee Treasurer
Residential Address	2 Crosby Road, Wakefield, MA 01880  Committee Mailing Address
E-mail: kpiskadlo@gmail.com	E-mail: piskadlocommittee@gmail.com
Phone # (optional):	Phone # (optional):
(opening)	Filone # (optional).
SUMMARY BALA	ANCE INFORMATION:
Line 1: Ending Balance from previous report	106.23
Line 2: Total receipts this period (page 3, line	±11) \$499.00
Line 3: Subtotal (line 1 plus line 2)	\$605.29
Line 4: Total expenditures this period (page 5	5, line 14) \$5.90
Line 5: Ending Balance (line 3 minus line 4)	\$599.3
Line 6: Total in-kind contributions this period	l (page 6)
Line 7: Total (all) outstanding liabilities (page	e 7)
Line 8: Name of bank(s) used: The Savings Bar	nk
finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury:	(Treasurer's signature) Date: April 16, 2023
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	: 1 box only)
incurred any liabilities nor made any expenditures on my behalf during this repo	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, orting 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, t finance activity, including contributions, loans, receipts, expenditures, disbursen campaign finance activity of all persons acting under the authority or on behalf of	to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: April 16, 2023

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	
	sts over \$50 (or listed above)	\$400.00	
	ots \$50 and under* (not listed above)	\$99.00	
	ECEIPTS IN THE PERIOD	\$499.00 €	Enter on page 1, line 2



# Form CPF M 102: Campaign Finance Report

**Municipal Form** 

TOWN CLERK

Office of Campaign and Political Finance

WAKEFIELD, MA

Fill in Reporting Per	aiod datas.	D :			File with: City of	PR 13 PA	3: 45 lection Commission
This is reporting 1 et	iod dates:	Beginning Date:		Ending	Date:		THE COMMISSION
Type of Report: (Ch	neck one)						
8th day preceding pro		h day preceding election	on [] 20 t				
		are day preceding election	011 <u></u> 30 da	y after election	year-end	d report	dissolution
Laura Cu	tone God	Win			1.		
Cano	didate Full Name (if appl	icable)		h	Committee Na	ıma	
Library 1	Office Sought and Distri				Committee Na	unie	
	1	Mucheld m	14	Na	me of Committee	Treasurer	
- 10 0	Residential Address	0.000,100	<u> </u>	Co	ommittee Mailing	Add	
	godwin @	gmail. com	E-mail:		Jannie C Harring	Address	
Phone # (optional):		0	Phone #	(optional):			
	St	UMMARY BALA	NCE INFO	RMATION:			
Line 1:	Ending Balance fr	om previous report				C.	
						-0	
Line 2:	I otal receipts this	period (page 3, line	11)			0	
Line 3:	Subtotal (line 1 pl	us line 2)				1	
1						0	
Line 4:	l otal expenditures	s this period (page 5,	, line 14)			1	
Line 5: I	Ending Balance (1	ine 3 minus line 4)					
						0	
Line 6:	otal in-kind contr	ributions this period	(page 6)	531000000000000000000000000000000000000		0	
Line 7: 7	Total (all) outstand	ling liabilities (page	7)				
			')			D	
Line 8: N	Name of bank(s) u	sed:			21	a	
Affidavit of Committee Treasur	er:						
certify that I have examined this activity, including all contribution in ance activity of all persons activity.	report including attachers, loans, receipts, expend	d schedules and it is, to the	best of my knowle	dge and belief, a true	and complete stat	ement of all camr	paign finance
manee activity of all persons acti	ng under the authority or	on behalf of this committee	e in accordance w	nd liabilities for this i th the requirements o	eporting period ar f M.G.L. c. 55.	nd represents the	campaign
nghed under the penalties of pe	rjury:			(Treasurer's s		Date:	
FOR CANDIDATE FILI	NGS ONLY: Affida	wit of Candidate: (check 1	l box only)				
Candidate with Committee						¥	
I certify that I have examined activity, of all persons acting incurred any liabilities nor ma	under the authority or on	ached schedules and it is, to a behalf of this committee in	the best of my kn accordance with	owledge and belief, a	true and complete	statement of all	campaign finance
medired any flabilities flor ma	ide any expenditures on i	my behalf during this report	ting period.	or requirements of tv	i.J.L. C. 33. I hav	ve not received an	y contributions,
Candidate without Committed I certify that I have examined finance activity, including consumption forces	this report including atta	independent activity filing sched schedules and it is. to	g separate report	Wedge and baline	teun au I		
finance activity, including cor campaign finance activity of a	itributions, loans, receipt ill persons acting under t	s, expenditures, disburseme he authority or on behalf of	ents, in-kind contri	butions and liabilities	for this reporting	statement of all of period and repres	eampaign sents the
igned under the penalties of per		Cutme god		accordance with the r	equirements of M	I.G.L. c. 55.	
penanties of per	July// World	XOU	Me	(Candidatele -	Same and the same a	Date: 4112	122



	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)	
	30 day after election year-end report dissolution
Something proceeding proceeding electron	30 day after election year-end report dissolution
candace linehan	
Candidate Full Name (if applicable) board of health	Committee Name
Office Sought and District	Name of Committee Treasurer
51 oak street wakefield ma 01880	
Residential Address	Committee Mailing Address
E-mail: candace.llnehan@gmail.com	E-mail:
Phone # (optional): 6177331618	Phone # (optional):
SUMMARY BALANC	CE 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)	0
Line 4: Total expenditures this period (page 5, lin	
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pa	nge 6)
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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actineurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, a 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 finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority over behalf of this	in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 4/11/2023



or massacitusetts
Fill in Reporting Period dates: Beginning Date: $1 - 1 - 2023$ Ending Date: $4 - 17 - 7023$
サードーんじんう
Type of Report: (Check one)
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Betsy Sheeran Consolted CI P. C.
Candidate Full Name (if applicable)
Office Sought and Division Kichard W. Pozrson
27 Spruce Street, Wakefield 27 S. C. S. S. Control of Committee Treasurer
E-mail: Committee Mailing Address
Phone # (optional):
Phone # (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: The Saving Bank
Fidavit of Committee Treasurer:  ertify 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 civity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign ance 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.  [Treasurer's signature]  Date: 411-2023
Andayn of Candidate: (check I box only)
Candidate with Committee and no activity independent of the committee  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 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.
ed under the penalties of perjury:    Candidate's signature



Office of Campaign and Political Finance IELD, MA

2023 APR JOH 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 Committee to Elect Pete Davis Candidate Full Name (if applicable) Committee Name Wakefield School Committee Jonathan Chines Office Sought and District Name of Committee Treasurer 43 Charles Street, Wakefield, MA 01880 43 Charles Street, Wakefield, MA 01880 Residential Address Committee Mailing Address E-mail: pete@ether.net E-mail: pete@ether.net Phone # (optional): (781) 910-4868 Phone # (optional): (781) 910-4868 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 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. Markan (Chom Signed under the penalties of perjury: Date: Apr 10, 2023 (Treasurer's signature) 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: Date: Apr 10, 2023 (Candidate's signature)

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		
1ar 22, 2023	Natale, Jacqueline 65 Plymouth Road Wakefield, MA 01880	26.34	Administration Tufts University	
1ar 19, 2023	Quinn, Melissa	26.34		
ine 9: Total Recei	pts over \$50 (or listed above)	1,120.69		
ine 10: Total Rece	ipts \$50 and under* (not listed above)	0		
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	1,378.81	← Enter on page 1, line 2	

<sup>\*</sup> 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)**

Name and Residential Address		(00	Occupation & Employer			
Date Received	(alphabetical listing required)	Amount	(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 Receip	ots over \$50 (or listed above)	258.12				
	pts \$50 and under* (not listed above)	0				
	ECEIPTS 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		include only those receipts not itemized characteristics.			

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

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	253.9
Apr 7, 2023	Donorbox	601 King Street, Suite 200 Alexandria, VA 22314	Contribution processing fees (aggregated for reporting period)	51.7
Apr 6, 2023	Sterling Printing	214 Main Street Stoneham, MA 02180	Dear Friend postcards	239.0
Apr 6, 2023	United States Postal Service	321 Main Street Wakefield, MA 01880	Postcard stamps	19
		· s		
J [ I		Line 12: Total Expenditures over	er \$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 EXPENDITU	URES IN THE PERIOD	736.77

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

Page 4

## **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid	TEATENDITURES (		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			Turpose of Expenditure	Amount
		*		
	,		1	
×				
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	nder* (not listed -1	
	T			
	Enter on page 1, line $4 \rightarrow 1$	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	
If you have itemize	zed expenditures of \$50 and under	include them in line 12. Line 12 al-	ould include only those expenditures	

<sup>\*</sup> 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	<b>Description of Contribution</b>	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		0
	Enter on page 1, line $6 \rightarrow$ ribution is received from a person w	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	60

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

#### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
		Ť		
			5	
] [				
		<u>.</u>		
			and the state of t	
	-			
-				
			;	
	Enter on page 1, line $7 \rightarrow 1$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0



Office of Campaign and Political Finance FIELD, MA

Eill in December 2		2023 APRICHH	h: AM A Town Cla	erk or Election Commissi
Fill in Reporting Period dates: Beginning Date:	01-01-2023	Ending Date:	04-17-2	2023
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding ele	ection 30 da	y after election	year-end report	dissolution
DAVID A. LEDONNE		COMMITTEE TO E	ELECT DAVID LE	
Candidate Full Name (if applicable)			mittee Name	DONNE
WAKEFIELD BOARD OF ASSESSORS			Γ W. REED, JR.	
Office Sought and District		Name of Co	ommittee Treasurer	
31 AVON STREET, UNIT 3, WAKEFIELD, MA 01880 Residential Address		31 AVON STREET, UNIT	Γ3, WAKEFIELD,	, MA 01880
E-mail:		Committee	Mailing Address	
Phone # (optional):	E-mail: _	DESIGNIN	NGROB@ICLOUD	.COM
- 10.10 % (optional).	Phone # (	optional):		
SUMMARY BA	LANCE INFO	RMATION:		
Line 1: Ending Balance from previous repo		50.0	0	
Line 2: Total receipts this period (page 3, 1		500.00		
Line 3: Subtotal (line 1 plus line 2)	11)			
		550.00	0	
Line 4: Total expenditures this period (page		550.00	)	
Line 5: Ending Balance (line 3 minus line 4	4)	0.00	)	
Line 6: Total in-kind contributions this peri	iod (page 6)	0.00	)	1
Line 7: Total (all) outstanding liabilities (pa	age 7)	7,375.56		
Line 8: Name of bank(s) used:	WAKEFIELD CO	O-OPERATIVE BANK		]
certify that I have examined this report including attached schedules and it is, to ctivity, including all contributions, loans, receipts, expenditures, disbursements, nance activity of all persons acting under the authority or on behalf of this commigned under the penalties of perjury:  COR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (che Candidate with Committee	nittee in accordance with	h the requirements of M.G.L.  (Treasurer's signature)	c. 55.  Date:	04-14-2023
I certify that I have examined this report including attached schedules and it is activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this re	eporting period that are	not otherwise disclosed in this	report.	ed any contributions,
I certify that I have examined this report including attached schedules and it is finance activity, including contributions, loans, receipts, expenditures, disburs campaign finance activity of all persons acting under the authority or on behal	s, to the best of my kno sements, in-kind contrib If of this candidate in a	wledge and belief, a true and o outions and liabilities for this r ecordance with the requiremen	complete statement of the complete statement	of all campaign represents the
gned under the penalties of perjury: Dariel Le	donne	(Candidate's signature)		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	Please include your committee name and a pa 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
		1,500	
			***
	ts over \$50 (or listed above)	500.00	
	ots \$50 and under* (not listed above)	0.00	
	ECEIPTS IN THE PERIOD eceipts of \$50 and under, include them in line 9.	500.00	← Enter on page 1, line 2

### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.) To Whom Paid **Date Paid** (alphabetical listing) Address Purpose of Expenditure Amount REIMBURSEMENT FOR F.B. ADS DAVID A. LEDONNE 02-01-2023 31 AVON STREET, UNIT 3 FROM 4-21-2020 TO 6-23-2020 550.00 WAKEFIED, MA 01880 & 1-1-2023 TO 3-3-2023 Line 12: Total Expenditures over \$50 (or listed above) 550.00 Line 13: Total Expenditures \$50 and under\* (not listed above) 0.00 Enter on page 1, line  $4 \rightarrow \left| \text{Line 14: TOTAL EXPENDITURES IN THE PERIOD} \right|$ 550.00

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

# 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 Contributio	n Volus
		Description of Contribution	n Value
		Line 15: In-Kind Contributions over \$50 (or listed above)	0.00
		Line 16: In-Kind Contributions \$50 & under (not listed above)	0.00
	_	Line 17: TOTAL IN-KIND CONTRIBUTIONS	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

#### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
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
			,	
	Enter on page 1 line 7 →	Line 18: TOTAL OUTSTANI	OING LIABILITIES (ALL)	7,375.56



# Form CPF M 102: Campaign Finance Report Office of Campaign and Politheal Finance A

le with: ty 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

DILLETTON THE ON THE ON				
Ending balance from previous report:	\$0.00			
Total receipts this period:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
Subtotal:	\$0.00			
Total evenditures this	\$0.00			
Total expenditures this period:				
Ending Balance:	\$0.00			
Total inkind contributions this period:				
	\$0.00			
Total out of pocket spending this period:				
Total outstanding liabilities:				
Name of Bank Used:	\$0.00			

#### ffidavit 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.

igned under the penalties of perjury:

reasurer's signature (in ink)

Date

#### ffidavit 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, 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 MA

2023 APR 14 AM 9: 29

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commissi			
	1 23 Ending Date: H 17 23			
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution			
Peter Vitate				
Candidate Full Name (if applicable)	Committee Name			
3 Cladstones MAKefeld	Name of Committee Treasurer			
E-mail: Peter Vitale Oyaha. com	Committee Mailing Address E-mail:			
Phone # (optional):	Phone # (optional):			
SUMMARY BALANCE	F. INFORMATION.			
Line 1: Ending Balance from previous report	DINTORNATION:			
N v				
Line 2: Total receipts this period (page 3, line 11)	Ø			
Line 3: Subtotal (line 1 plus line 2)	Q			
Line 4: Total expenditures this period (page 5, line	14)			
Line 5: Ending Balance (line 3 minus line 4)	8			
Line 6: Total in-kind contributions this period (page	e 6)			
Line 7: Total (all) outstanding liabilities (page 7)	×Q.			
Line 8: Name of bank(s) used:	D			
Affidavit of Committee Treasurer:				
I certify that I have examined this report including attached schedules and it is, to the best of nactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in according under the penalties of perjury:	cordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 4/17/2-3			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box on	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 activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting periods.	st of my knowledge and belief, a true and complete statement of all campaign finance dance with the requirements of M.G.L. c. 55. I have not received any contributions,			
Candidate without Committee OR Candidate with independent activity filing separate report  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury:	(Candidate's signature) Date: 4/17/33			



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

City or Town of: Wakefield		Please	print or type all information, except signature.
Reporting Period: Beginning:	1 23 WMDD,YYYY)		23 MUDDAYYY)
Type of Report: (Check One)			MM/DD/YYYY)
Pursuant to M.G.L. Chapter 55:	preceding election 30th day follo	wing election (town or special) 20	th day of January (Year-End report)
I. I certify that I am a candidate for or currently hold     I certify that I have not received any contributions,     I certify that I do not have a political committee.	Municipal Office. made any expenditures, or incurred any obj	ligations during this reporting period, and do	not have a campaign fund in existence.
DATE PRINT NAME	SIGNATURE	RESIDENTIAL ADDRESS	
TRUTT WANTE	Signed under the penalties of perjury	(Street and Number)	OFFICE SOUGHT
4/14/03 Peter VITAR	Goth Vitale	3 Gladstone St	Constable



# Form CPF M 102: Campaign Finance Report 10F 6 Municipal Form

Office of Campaign and Political Finance

of Massachusetts	Filourists City of Toronto College
Fill in Reporting Period dates: Beginning 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
Michael J. McLane  Candidate Full Name (if applicable)  Wakefield Town Council  Office Sought and District  I frairmount Ava., Wake Field, MAOISSO  Residential Address  E-mail: SJPCONCESSIONS Q Yahoo. Com	N/A
Candidate Full Name (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
19 tairmount Ava., Wake Field, MADISSO	
Residential Address  E-mail: S) PCONCESS CONS @ Mohan. Com	Committee Mailing Address E-mail:
Phone #:	Dhara H.
	- All Control of the
SUMMARY BALANC	CE INFORMATION:
Line 1. Ending Dalama Communication	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 12)	
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)
Line 7: Total (all) outstanding liabilities (page 7, line 1	9)
Line 8: Total out-of-pocket expenses this period (page 8	3, line 22)
	deral Credit Union
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the second
Signed under the penalties of perjury:	(Treasurer's signature)  Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	
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 cordance with the requirements of M.G.L. c. 55. Lhave not received any contributions
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury: Allahaf Malan	(Candidate's signature) Date: //21/2024

#### 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	P	
DutcTutu	(aiphabeticai listing)	Address	Purpose of Expenditure	Amount
				NONE
	t and the same of			
- 4		) 2 2 4 <u>1</u> 1 1 1		
			*	,
	-9.			
	-			

#### 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
			A	NONE
	. ,			
				1
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# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 01/	01/2023 Ending Date: 12/31/2023
	120112020
Type of Report (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Gregory E. Spry	Spry Committee
Candidate Full Name (it applicable) School Committee	Jacalyn A. Spry
Office Sought and Option: 14 Turnbull Avenue, Wakefield, MA 01880	Name of Committee Treasurer 14 Turnbull Avenue, Wakefield, MA 01880
Residential Address E-mail: Spry01880@gmail.com	Committee Mailing Address E-mail jacalyn.spry@gmail.com
Phone 3	Phone = :
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	276 79
Line 2: Total receipts this period (page 3, line 12)	
Line 3; Subtotal (line 1 plus line 2)	276 79
Line 4: Total expenditures this period (page 5, line 15)	O Barrow
Line 5: Ending Balance (line 3 minus line 4)	276 79
Line 6: Total in-kind contributions this period (page 6.	une 18) O
Line 7: Total (all) outstanding liabilities (page 7, line 13	177.15
Line 8: Total ont-of-pocket expenses this period tpage 8	4
Line 9: Name of bank(s) used The Savings Ba	ank
Affidavit of Committee I reasurer: I cortify that I have examined this report including attached schedules and it is, to the best archery, including all contributions, large receipts, expenditures, dishursements, in-kind or trained activity of all persons acting urster the authority of an helialf of this committee in a Signed under the penulties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Cambidate: (check I has	(Treasurer's sismanns)  Date: (Treasurer's sismanns)
Cambidate with Committee    certify that Have examined the report point	best of my knowledge and belief, a true and complete statement of all company finance ordance with the requirements of MA+1 × 55. There not received may commissions, period that are not otherwise disclosed in this report.
signed under the penalties of perjury:	(Candidate's signature) Date: 1/16/24

# SCHEDULE D: LIABILITIES

 $MGL\ c$  55 requires committees to report 31.1 habilities which have been reported previously and the outstanding balance, as well as those habilities 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	Jacaiyn Spry	14 Turnbull Avenue Wakefield, MA 01880	Postcards: Mailing labels	111.52
	And the second s			The state of the s
The second secon				The state of the s
*	Enter on page 1 line 7 →	Line 19: TOTAL OUTSTAND	INC I IADII ITIES (ALL	177.15



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

of Massachusetts	2024 JAN 16Fil P.With 3: 11
Fill in Reporting Period dates: Beginning Date:	Ending Date: 16124
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election 3	0 day after election  year-end report dissolution
	Committee to Flect Tack Warshol  Committee Name  Anita Longhlin  Name of Committee Dreasurer  3 Sheffield PJ, Wakefield MA  Committee Mailing Address  mail: anital 62 @ avl com  one # (optional):
SUMMARY BALANCE IN	NFORMATION:
Line 1: Ending Balance from previous report	A CONTRACTOR OF THE PARTY OF TH
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	d
Line 4: Total expenditures this period (page 5, line 14)	) A
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)	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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on/behalf of this committee in accord Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only	outions and liabilities for this reporting period and represents the campaign lance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 16 Jaa 2624
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the best of activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period.	ice with the requirements of M.G.L. c. 55. I have not received any contributions.
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-ki campaign finance activity of all persons acting under the authority or on behalf of this cand	nd contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 116 24



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

WAKEFIELD, MA

Fill in Reporting Period dates: Beginning Date: 5/23	Ending Date: Endin				
Type of Report: (Check one)	*				
	30 day after election 💢 year-end report 🗌 dissolution				
	Committee to Field Tack Warchal  Committee Name  Ani, ta Lough Vin  Name of Committee Treasurer  3 Sheffield Rd, Wakefield MA  Committee Mailing Address  mail: anital 62@ aol.com  none # (optional):				
SUMMARY BALANCE II	NFORMATION:				
Line 1: Ending Balance from previous report	6				
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					
Line 5: Ending Balance (line 3 minus line 4)	-				
Line 6: Total in-kind contributions this period (page 6	5)				
Line 7: Total (all) outstanding liabilities (page 7)	A CONTRACTOR OF THE PARTY OF TH				
Line 8: Name of bank(s) used:	NA				
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: [U]av2024					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only	y)				
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 finance activity, including contributions, loans, receipts, expenditures, disbursements, in-king campaign finance activity of all persons acting under the authority or on behalf of this candidate.	ind contributions and liabilities for this reporting period and represents the				
Signed under the penalties of perjury:	(Candidate's signature) Date: 114 2024				



# Form CPF M 102: Campaign Finance Report

Municipal Formown CLERK
Office of Campaign and Political Manager IELD, MA

of Massachusetts	2024 JAN 16 PM 2: 53  File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/1	Ending Date: 12/31/23
Type of Report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election
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	Friends of 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 #:	Phone #:
CTINANA DNI DATANI	CE INFORMATION
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 12)	6,997.26 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	5, line 18) 0
Line 7: Total (all) outstanding liabilities (page 7, line	19) 0
Line 8: Total out-of-pocket expenses this period (page	e 8, line 22) 0
Line 9: Name of bank(s) used: The Savings E	Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	oox only)
incurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the	he best of my knowledge and belief, a true and complete statement of all compains
finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the his candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of periory:	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 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	
//3/23	Megerian, Kristen 9 Wyndham Street Ladera Ranch CA92694	150	Social Worker CHOC
/3/23	Nazzaro, Carla 64 Lawerence Rd Reading Ma 01867	50	
/3/23	Powers, Benjamin 110 Taylor Ave Madison CT 06443	50	
/6/23	McLaughlin, Doug 535 Boylston St Ste3 Boston Ma 02116		Attorney Langer & McLaughlin, Llp
/6/23	Santos, Ann 39 Converse Street Wakefield Ma 01880	50	
6/23	Zoubek, Carol 294 Main Street Wakefield Ma 01880	25	
ne 9: Total Receip	ots over \$50 (or listed above)		
ne 10: Total Recei	pts \$50 and under* (not listed above)		
ne 11: TOTAL R	ECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> 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	or salo or salo or more)
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	
/7/23	Ensminger, David 8 Oakland Road Reading MA 01867	50	
/7/23	Fox, Deborah 12 Allyssa Drive Wakefield Ma 01880	100	
/7/23	Hagerty, Alexander 509 Summer Steet Arlington Ma 02474	25	
/7/23	Haley, Christopher Tennyson Road ReadingMa 01867	50	
/7/23	Lacasse, Jeff 503 Shawmut Ave Boston Ma 02118	25 It/	Self
ine 9: Total Receip	ots over \$50 (or listed above)		
	ots \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD receipts of \$50 and under, include them in line	<b>(</b>	Enter on page 1, line 2

<sup>\*</sup> 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	(101 contributions of \$200 or more)
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 MA01880	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	
//7/23	Wong, Donald 53 Juniper Drive Saugus Ma 01906	100	
/8/23	Craney, Paul 80 Osgood Street North Andover MA 01845	100	
/16/23	McGrail, Brian 607 North Ave Wakefield MA 01880	50	
16/23	Samalis, Virgina 23 Yale Ave Wakefield Ma 01880	25	
/22/23	McCorry, Robert 34 Woodland Rd Wakefield MA 01880	50	
ne 9: Total Recei	pts over \$50 (or listed above)		
	pts \$50 and under* (not listed above)		
ne 11: TOTAL R	ECEIPTS IN THE PERIOD	-	Enter on page 1, line 2

<sup>\*</sup> 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 received 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.

	Name and Residential Address	,	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(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 Fereral Government
2/27/23	Macone, Tom b Macone Circle Stoneham Ma 02180	100	
2/27/23	McCorry, Robert 94 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	Salos 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 Fereral Government
2/27/23	Macone, Tom 6 Macone Circle Stoneham Ma 02180	100	
2/27/23	McCorry, Robert β4 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 p10 Revere Beach BLVD Revere Ma 02151	250	Sales Director
5/4/23	Gindi, Philip 9 Larchment Read Melrose MA 02176	100	
5/8/23	Home Depot Return	34.77	
Line 10: Total Reco	eipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Receipts \$50 and under (not listed above)			should include only those receipts not itemized 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		Line 13: Expenditures over \$3	50 (or listed above)	
should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)				
	Enter on page 1, line 4 →	Line 15: TOTAL EXPEND	ITURES 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)**

Date Paid	To Whom Paid	All	D CD III	
12/14/23	(alphabetical listing) CANVA*	Address Camden DE	Purpose of Expenditure Graphic Design platform	**Amount   \$12.99
12/11/20		Damach BE		#12.99
* If you hav	e itemized expenditures of \$50	L 12 F P	) (== 1; == 1, 1, == 2)	
and under, in	nclude them in line 13. Line 14	Line 13: Expenditures over \$50 (or listed above)		
should inclu	de only those expenditures not itemized above.	Line 14: Expenditures \$50 and	under (not listed above)	
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	TURES IN THE PERIOD	\$6,085.79

#### 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.

Name and Address of Vendor			
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
		TO THE RESIDENCE OF THE PERSON	
Line 20: Total Itemiz	ed Out-Of-Pocket Expanditures Over \$50		
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and			should include only those expenditures not
under (not listed abov			itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8

# 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.

L one	IAG FIVBIFILIES (VFF)	UNATSTUO JATOT :61 sniJ	Enter on page 1, line $7 \rightarrow$	
3 nuo mA	Purpose	Address	до Мурош Вие	Date Incurred

Page 7



# 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: 5/2	4/2023 Ending Date: 1/13/2024			
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	☐ 30 day after election			
Mehreen N. Butt	Committee to Elect Mehreen Butt			
Candidate Full Name (if applicable) Wakefield Town Council	Committee Name			
Office Sought and District	Name of Committee Treasurer			
894 Main Street, Unit 10, Wakefield, MA 01880	894 Main Street, Unit 10, Wakefield, MA 01880			
Residential Address	Committee Mailing Address			
E-mail: mehreennb@gmail.com	E-mail: nadiab26@gmail.com			
Phone #: 7813078710	Phone # :			
SUMMARY BALAN	CE 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)				
Line 4: Total expenditures this period (page 5, line 1:	538.75			
Line 5: Ending Balance (line 3 minus line 4)	7438.57			
Line 6: Total in-kind contributions this period (page 6	5, line 18) 0			
Line 7: Total (all) outstanding liabilities (page 7, line	4.5			
Line 8: Total out-of-pocket expenses this period (page	e 8, line 22) 0			
Line 9: Name of bank(s) used: Wakefield Sav	vings 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)				
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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(mprassion noing required)	7 Killount	(101 CONTINUCIONS OF \$200 OF MORE)

# **SCHEDULE A: RECEIPTS (continued)**

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/13/202	Blue Host	BlueHost.com	Website hosting and protection	336.75
8/31/2023	Sweetser Lecture Series	Sweetser Lecture Series C/o Wakefield Town Hall 1 Lafayette Wakefield, MA 01880	Lecture Sponsorship	100.00
11/30/2023	USPS	USPS 321 Main Street Wakefield, MA 01880	Stamps	102.00

### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(inprinserious risering)	Nutress	Turpose of Expenditure	Amount
* If you have	itemized expenditures of \$50	Line 13: Evpenditures aver 050	(on listed shows)	
and under, include them in line 13. Line 14		Line 13: Expenditures over \$50		
itemized above.  Line 14: Expenditures \$50 and under (not listed above)				
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDIT	URES 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Description of Contribution	Value
* If you have \$50 and under	itemized in-kind contributions of , include them in line 16. Line 17	Line 16: In-Kind Contributions ove	er \$50 (or listed above)	
	ide only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONT	RIBUTIONS IN THE PERIOD	

#### 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
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANI	DING 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		
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
(or listed above)	d Out-Of-Pocket Expenditures Over \$50 ized Out-Of-Pocket Expenditures \$50 and		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
under (not listed above	e)		should include only those expenditures not itemized above.
Line 22: TOTAL OUT-C	OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8



# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

of Massachusetts
Fill in Reporting Period dates:  Beginning Date: Jan 12023 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  Office Sought and District  Name of Committee Treasurer
Phone #: 781-2589197  Committee Mailing Address  E-mail: Kdanchyl Dgmail. com  Phone #: 781-258-9198
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
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)
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:  Candidate with Committee  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)

#### **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)
Date Received	(alphabetical fishing required)	Amount	(for contributions of \$200 or more)
			100

#### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		1	
Line 10: Total Rece	ipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and
	ipts \$50 and under (not listed above)		under, include them in line 10. Line 11 should include only those receipts not
	RECEIPTS IN THE PERIOD		itemized above.
			← 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.

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	The state of the s			
				*

#### **SCHEDULE B: EXPENDITURES (continued)**

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

#### 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 pages.

	r Commutee name and a-page number on			
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	itemized in-kind contributions of	Line 16: In-Kind Contributions over	er \$50 (or listed above)	
	include them in line 16. Line 17 and only those expenditures not	Line 17. In Wind Co. 11. 12. 650		
Total Control of the	itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONT	RIBUTIONS IN THE PERIOD	

#### **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
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANI	DING 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.

	Name and Address of Vendor	2	
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
T. 00 T. 17	10.1000 1.7		
(or listed above)	ed Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Uniter under (not listed abov	nized Out-Of-Pocket Expenditures \$50 and e)		should include only those expenditures not itemized above.
Line 22: TOTAL OUT-0	OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8



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

2024 JAN "9 PM 3: 31

	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				
Thomas Boettcher	Campaign to Support Thomas Boettcher				
Candidate Full Name (if applicable)  Wakefield Municipal Gas and Light Commissioner	Committee Name				
Office Sought and District	Name of Committee Treasurer				
25 Wakefield Ave, Wakefield, MA 01880	25 Wakefield Ave, Wakefield, MA01880				
Residential Address	Committee Mailing Address				
E-mail: Thomas.Boettcher@tboettcher.com	E-mail: Emily.Rivera@tboettcher.com				
Phone #:	Phone # :				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	-196.13				
Line 2: Total receipts this period (page 3, line 12)	107.79				
Line 3: Subtotal (line 1 plus line 2)	-88.34				
Line 4: Total expenditures this period (page 5, line 15	107.79				
Line 5: Ending Balance (line 3 minus line 4)	-196.13				
Line 6: Total in-kind contributions this period (page 6	, line 18) 0.00				
Line 7: Total (all) outstanding liabilities (page 7, line	19) 1440.17				
Line 8: Total out-of-pocket expenses this period (page	8, line 22) 0.00				
Line 9: 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:  Ontice Provided Received  (Treasurer's signature)  Date: 12/31/2023					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)				
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in activity any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, g 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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	S in-kind contributions and liabilities for this reporting period and represents the				
Signed under the penalties of perjury: Thomas Boettche					

#### **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)
1/1/2023	Thomas Boettcher - Loan 25 Wakefield Ave Wakefield, MA 01880	95.04	
12/1/2023	Thomas Boettcher - Loan 25 Wakefield Ave Wakefield, MA 01880	12.75	
		-	

#### **SCHEDULE A: RECEIPTS (continued)**

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

### SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
and under, inc	itemized expenditures of \$50 clude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	107.79
should includ	le only those expenditures not itemized above.	Line 14: Expenditures \$50 and under (not listed above)		0.00
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	107.79

#### 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
* If you have i	itemized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions over	er \$50 (or listed above)	0.00
should inclu	de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50 and under (not listed above)		0.00
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONT	RIBUTIONS 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
ā				
	Enter on page 1, line 7 -	→ Line 19: TOTAL OUTSTAN	DING 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	Durings of Evnanditure
Date Faid	(alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemize	ed Out-Of-Pocket Expenditures Over \$50	0.00	* If you have out-of-pocket expenses of \$50
(or listed above)			and under, include them in line 20. Line 21
under (not listed abov	nized Out-Of-Pocket Expenditures \$50 and re)	0.00	should include only those expenditures not itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD	0.00	← Enter on page 1, line 8
			Page 8



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance 2024 JAN -8 PH 12: 50

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/1/20	The state of the s
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)	Committee to Elect Julie Smith-Galvin  Committee Name
Town Council, Wakefield	Kristina Patt
Office Sought and District	Name of Committee Treasurer
28 Grafton Street, Wakefield, MA 01880  Residential Address	28 Grafton Street, Wakefield, MA 01880
E-mail: julie.smithgalvin87@gmail.com	Committee Mailing Address  E-mail: julie.smithgalvin87@gmail.com
Phone # (optional): (781) 606-1233	Phone # (optional):
(101) 000 1200	Thole # (optional).
SUMMARY BALANC	E 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	e 14) 147.70
Line 5: Ending Balance (line 3 minus line 4)	936.60
Line 6: Total in-kind contributions this period (page	ge 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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:    Kristina M. Patt (Jan 7, 2024 18:25 ESI)	ontributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the scandidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Julis Smith Galvis	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.)

-	Name and Residential Address		Occupation & Employer
<b>Date Received</b>	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	(mprimeeriess noting requires)	Timount	(101 contributions of \$200 of more)
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
			← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### **SCHEDULE A: RECEIPTS (continued)**

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

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid			
Date 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
		Line 12: Total Expenditures  Line 13: Total Expenditures \$	over \$50 (or listed above)  650 and under* (not listed above)	0.00
	Enter on page 1, line 4 →			147.70

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

Page 4

### **SCHEDULE B: EXPENDITURES (continued)**

7000 10 1000 100 10	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
		Eme 13. Experiencies \$30 and	(not fisted above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	
* IC 1 '4	nized expenditures of \$50 and under	' 1 1 d ' 1' 10 I' 12	1 11 1 1 1 1 1 1	

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

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

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

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

#### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
4/4/2018	Julie Smith-Galvin, Candidate	28 Grafton Street, Wakefield, MA 01880	Outstanding from 2018 campaign expenses - marketing, postage, supplies, refreshments	890.72
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	

# 2023 Year End Report\_Smith-Galvin

Final Audit Report 2024-01-07

Created: 2024-01-07

By: Julie Smith Galvin (julie.smithgalvin@jsgcommunications.com)

Status: Signed

Transaction ID: CBJCHBCAABAAK5R7nvjJeYQVCdew0Shhea-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



# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

of Massach	usetts	7	1074 JAN -5 Alle Sith PEtty or Town Cle	
Fill in R	Reporting Period dates: Beginning Date: 05	5-26-202		
Type of	Report: (Check one)		THE TANK OF THE PARTY OF THE PA	
			_	
oth da	y preceding preliminary 8th day preceding election	<b>□</b> 30 day	after election year-end report	dissolution
	DAVID A. LEDONNE	CC	DMMITTEE TO ELECT DAVID	LEDONNE
\	Candidate Full Name (if applicable) WAKEFIELD BOARD OF ASSESSORS		Committee Name ROBERT W. REED, JF	2
	Office Sought and District		Name of Committee Treasurer	ν.
31 /	AVON STREET, UNIT 3, WAKEFIELD MA, 01880	31 /	AVON STREET, UNIT 3, WAKEFIEI	LD, MA 01880
E-mail:	Residential Address DAVELEDONNE@GMAIL.COM	E-mail:	Committee Mailing Address DESIGNINGROB@ICLOUI	D.COM
Phone #:	781-241-3227	Phone #:	617-968-7962	
	SUMMARY BALANC	E INFO	RMATION:	
	Line 1: Ending Balance from previous report		0.00	
	Line 2: Total receipts this period (page 3, line 12)		0.00	
	Line 3: Subtotal (line 1 plus line 2)		0.00	
	<b>Line 4:</b> Total expenditures this period (page 5, line 15)		0.00	
	Line 5: Ending Balance (line 3 minus line 4)		0.00	
	<b>Line 6:</b> Total in-kind contributions this period (page 6,	line 18)	0.00	
	Line 7: Total (all) outstanding liabilities (page 7, line 19	7)	7,419.65	
	Line 8: Total out-of-pocket expenses this period (page 8	, line 22)	0.00	
	Line 9: Name of bank(s) used: WAKEF	IELD CO	O-OPERATIVE BANK	
I certify that I activity, inclu finance activi Signed under	Committee Treasurer: I have examined this report including attached schedules and it is, to the best ading all contributions, loans, receipts, expenditures, disbursements, in-kind on the first of all persons acting under the authority or on behalf of this committee in a reference the penalties of perjury:	accordance wi	and liabilities for this securities 1	all campaign finance onts the campaign 01-03-2023
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)		
I certify activity,	the with Committee that I have examined this report including attached schedules and it is, to the lof all persons acting under the authority or on behalf of this committee in accany liabilities nor made any expenditures on my behalf during this reporting logical contents.	ordance with	the requirements of MCI = FF II	it of all campaign finance sived any contributions,
I certify to	that I have examined this report including attached schedules and it is, to the lactivity, including contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this	in-kind contr	abutions and liabilities for this congetion assist	- d
Signed under	the penalties of perjury: David Led	umme	(Candidate's signature) Date:	01-03-2023

\_(Candidate's signature)

### **SCHEDULE A: RECEIPTS (continued)**

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

### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
*			,	
and under, in	e itemized expenditures of \$50 eclude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	0.00
should inclu	de only those expenditures not itemized above.	Line 14: Expenditures \$50 and	under (not listed above)	0.00
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDIT	TURES 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 iddition, 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 in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions ecceived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please neclude the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$50 (or listed above)		0.00
should include	de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50 and under (not listed above)		0.00
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONTR	RIBUTIONS 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
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
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	DING 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
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)  Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and or (act listed above)			* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not
under (not listed abo	ove)	itemized above.	
Line 22: TOTAL OUT	r-of-pocket expenditures in the perior	0.00	← Enter on page 1, line 8  Page



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	Filourith City of Town Clade File in Commission
Fill in Reporting Period dates: Beginning Date: 01/	File with: City or Town Clerk or Election Commission  /01/2023 Ending Date: 12/31/2023
Type of Report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election
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
CHMM ADV DAT AN	CE INFORMATION:
Line 1: Ending Balance from previous report  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)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7, line  Line 8: Total out-of-pocket expenses this period (page 6)  Line 9: Name of bank(s) used:  The Savings E	1,749  0  1,749  0  1,749  1,749  5, line 18)  0  1,000  2, line 18)  0  1,000  1,000  1,000  1,000
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee is Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 to Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement of the contributions of the contributions, loans, receipts, expenditures, disbursement	contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.  [Treasurer's signature]  Date: 01/01/2024  Dox only  The best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, and period that are not otherwise disclosed in this report.
campaign finance activity of all persons acting under the authority or on behalf of the Signed under the penalties of perjury:	his candidate in accordance with the requirements of M.G.L. c. 55.  (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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

# **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Line 10: Total Receipts	s over \$50 (or listed above)		* If you have itemized receipts of \$50 and
ine 11: Total Receipts \$50 and under (not listed above)			under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL REC	CEIPTS IN THE PERIOD	0	← 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			
Date Faid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				7.05.0000000000000000000000000000000000

# SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	2.1 to 4.0 to 3.0 to 4.0 to 5.0 to 4.0 to 4.			
* If you have	itemized expenditures of \$50	L' 12 D "		
and under, include them in line 13. Line 14		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 0				

# 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.

	or commutee name and a-page number o			
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$50 (or listed above)		
should include only those expenditures not itemized above.		Line 17: In-Kind Contributions \$50 and under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONTR	RIBUTIONS IN THE PERIOD	0

### **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

# 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
(or listed above)	d Out-Of-Pocket Expenditures Over \$50 ized Out-Of-Pocket Expenditures \$50 and		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
under (not listed above	3)	0	should include only those expenditures not itemized above.  ← Enter on page 1, line 8
			Page 8



# 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	Ending Date: 12/31/2023			
Type of Report: (Check one)				
■ 8th day preceding preliminary ■ 8th day preceding	election  30 day after election  vear-end report  dissolution			
our day preceding premining.	election   30 day after election   year-end report   dissolution			
Laurel Skinder Gourville	n/a			
Candidate Full Name (if applicable)	Committee Name			
Board of Health  Office Sought and District	n/a			
33 Reynolds Road, Wakefield, MA 01880	Name of Committee Treasurer			
Residential Address	Committee Mailing Address			
E-mail: laurelgourville@hotmail.com	E-mail:			
Phone #: 781-246-9460	Phone # :			
CIMMADY				
SUMMARY E	BALANCE INFORMATION:			
Line 1: Ending Balance from previous report	0.00			
Line 2: Total receipts this period (page 3, lin	ne 12) 0.00			
Line 3: Subtotal (line 1 plus line 2)	0.00			
Line 4: Total expenditures this period (page 5, line 15)				
Line 5: Ending Balance (line 3 minus line 4	0.00			
Line 6: Total in-kind contributions this period	od (page 6, line 18) 0.00			
Line 7: Total (all) outstanding liabilities (page	ge 7, line 19) 0.00			
Line 8: Total out-of-pocket expenses this per	riod (page 8, line 22) 0.00			
Line 9: Name of bank(s) used:	t no longer active			
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 ents, in-kind contributions and liabilities for this reporting period and represents the campaign committee in accordance with the requirements of M.G.L. a. 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 a activity, of all persons acting under the authority or on behalf of this coincurred any liabilities nor made any expenditures on my behalf during	nd it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance mmittee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 at finance activity, including contributions, loans, receipts, expenditures of	nd it is, to the best of my knowledge and belief, a true and complete statement of all campaign disbursements, in-kind contributions and liabilities for this reporting period and represents the a 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.

Date Received (alphabetical listing required) Amount (for contributions of \$200 or more)		Name and Residential Address		Occupation & Employer
	Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
				-
111				
	-			

#### **SCHEDULE A: RECEIPTS (continued)**

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount

#### **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	e itemized expenditures of \$50 clude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	
	should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)			
		ne 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD		

#### 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
	itemized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions over	er \$50 (or listed above)	
	ade only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	e 6 → Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD		

#### **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
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANI	DING 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	Dumpess of E-man 14
	(uiphabetear niting required)	Amount	Purpose of Expenditure
L. 20 F. 17			
Line 20: Total Itemize (or listed above)	d Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Unitem	ized Out-Of-Pocket Expenditures \$50 and		should include only those expenditures not
under (not listed above			itemized above.
Line 22: TOTAL OUT-C	DF-POCKET EXPENDITURES IN THE PERIOD		Enter on page 1, line 8



Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report Municipal Form

2024 JAN -4 AM 7: 48

Office of Campaign and Political Finance

Commonwealth of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Ma	y 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)	Piskadlo Committee  Committee Name
School Committee	Ryan M. Piskadlo
Office Sought and District 2 Crosby Road, Wakefield, MA 01880	Name of Committee Treasurer  2 Crosby Road, Waekfield, MA 01880
Residential Address E-mail: kpiskadlo@gmail.com	Committee Mailing Address E-mail: piskadlocommittee@gmail.com
Phone #:	Phone # :
SUMMARY BALAN	CE 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 1	5)
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	e 19)
Line 8: Total out-of-pocket expenses this period (pag	
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 lactivity, including all contributions, loans, receipts, expenditures, disbursements, in ki finance activity of all persons acting under the authority or on behalf of this committee.  Signed under the penalties of perjury:	pest of my knowledge and belief, a true and complete statement of all campaign finance and contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 1-3-24
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I	l box only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee is incurred any liabilities nor made any expenditures on my behalf during this report	the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ting 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 finance activity, including contributions, loans, receipts, expenditures, disbursem campaign finance activity of all persons acting under the authority or on behalf of	to the best of my knowledge and belief, a true and complete statement of all campaign tents, in-kind contributions and liabilities for this reporting period and represents the f this candidate in accordance with the requirements of M.G.L. c. 55.  Date: 1-3-24



# Form CPF M 102: Campaign Finance Report, MA Municipal Form Office of Campaign and Political Finance 2024 JAN -2 AM 8: 39

of Massachusetts				
Fill in Reporting Period dates: Beginning Date: May	y 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	Committee to Elect Pete Davis			
Candidate Full Name (if applicable) Wakefield School Committee	Jonathan Chines			
Office Sought and District 43 Charles Street, Wakefield, MA 01880	Name of Committee Treasurer			
Residential Address	43 Charles Street, Wakefield, MA 01880  Committee Mailing Address			
E-mail pete@ether.net	E-mail: pete@ether.net			
Phone # (781) 910-4868	Phone # : (781) 910-4868			
CUING				
SUMMARY BALANC	CE INFORMATION:			
Line 1: Ending Balance from previous report	691.68			
Line 2: Total receipts this period (page 3, line 12)	0.00			
Line 3: Subtotal (line 1 plus line 2) 691.68				
Line 4: Total expenditures this period (page 5, line 15)				
Line 5: Ending Balance (line 3 minus line 4) 691.68				
Line 6: Total in-kind contributions this period (page 6, line 18)				
Line 7: Total (all) outstanding liabilities (page 7, line 1	0.00			
Line 8: Total out-of-pocket expenses this period (page	8, line 22) 0.00			
Line 9: Name of bank(s) used: The Savings B	ank			
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: Thathan (hum (Treasurer's signature) Date: January 1, 2024				
Candidate with Committee  1 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, 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: 1/1/24			

#### SCHEDULE A: RECEIPTS

MGL 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)
			(10) Continuous of 3200 of more)
			·,

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	The second particular and the second		
744 P 144 P			
Line 10: Total Rece	ipts over \$50 (or listed above)	0.00	* If you have itemized receipts of \$50 and
Line 11: Total Rece	ipts \$50 and under (not listed above)	0.00	under, include them in line 10. Line 11 should include only those receipts not
	RECEIPTS IN THE PERIOD		itemized above.
- TOTAL I	ALCENT TO IN THE PERIOD	0.00	Enter on page 1, line 2

#### SCHEDULE B: EXPENDITURES

M.G.L. e. 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
		Address	Turpose of Expenditure	Amount
				COURTED HOLDING
				The state of the s
				7
<u> </u>				

#### SCHEDULE B: EXPENDITURES (continued)

Address Purpose of Expenditure Amount  Amount		To Whom Paid								
and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00	Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount					
and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00										
and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00		And the second s								
and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00				PROPERTY CAN BE SEED OF THE SECOND OF THE SE						
and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00										
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and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00										
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and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00										
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and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00										
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and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00										
and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00				Later Control of the						
and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00										
and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00										
and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00										
and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00										
and under, include them in line 13. Line 14 should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00										
should include only those expenditures not itemized above.  Line 14: Expenditures \$50 and under (not listed above)  0.00	* If you have itemized expenditures of \$50		Line 13: Expenditures over \$50	(or listed above)	0.00					
itemized above.	and under, in should include	de only those expenditures not								
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD 0.00			Line 14: Expenditures \$50 and	under (not listed above)	0.00					
		Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	URES 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 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

ate Received	From Whom Received*	Residential Address	Value	
		manufacture of the second sequence of the second of the se		
				and the second s
	itemized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions	over \$50 (or listed above)	0.00
	de only those expenditures not itemized above.	Line 17: In-Kind Contributions	The state of the s	0.00
	Enter on page 1, line 6 →		NTRIBUTIONS IN THE PERIOD	

#### 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
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANI	DING 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.

	Name and Address of Vendor		
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
		NOTICE OF THE PERSON NAMED AND PARTY	
		Para Maria	
Line 20: Total Itemiz	ed Out-Of-Pocket Expenditures Over \$50	0.00	* If you have out-of-pocket expenses of \$50
(or listed above) Line 21: Total Uniternized Out-Of-Pocket Expenditures \$50 and			and under, include them in line 20. Line 21 should include only those expenditures not
under (not listed above	ve)	0.00	itemized above.
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 Planauce -7 AM 9: 03

Fill in Reporting Period dates: Beginning Date:	Ending Date: 13/30/33							
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election 3	0 day after election year-end report dissolution							
KAthleen M. 166/14  Candidate Full Name (if applicable)	Committee Name							
Office Sought and District  21 BRYAWT ST. WAKPREUD	Name of Committee Treasurer							
Residential Address  Telephone Number (optional): 781-24.5096  Telephone Number (optional): 781-24.5096	Committee Mailing Address  lephone Number (optional):							
SUMMARY BALANCE IN	NFORMATION:							
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: Nathler M. Oll (Candidate's signature) Date: 14/1/23								



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 5.	-12-1013 Ending Date: 12-31- 1013
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)	Committee to Elect Retsy Sheeran
2 Town Clerk-Wakefield	Richard W. Pearson
27 Spruce Street Wakefield 01880 Residential Address	27 Spruce Street, Wakefield 01880
E-mail:	Committee Mailing Address  E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	Ф
Line 2: Total receipts this period (page 3, line 11)	Ø B
Line 3: Subtotal (line 1 plus line 2)	Ø G
Line 4: Total expenditures this period (page 5, lin	e 14)
Line 5: Ending Balance (line 3 minus line 4)	4 1 12
Line 6: Total in-kind contributions this period (pa	ge 6) <b>4</b>
Line 7: Total (all) outstanding liabilities (page 7)	4
Line 8: Name of bank(s) used: The Savin	gs Bank
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contains activity of all persons acting under the authority or on behalf of this committee in a signed under the penalties of perjury:	accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	(conty)
Candidate with Committee and no activity independent of the committee	best of my knowledge and belief, a true and complete statement of all campaign finance
Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the I finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or of pehalf of this	pest of my knowledge and belief, a true and complete statement of all campaign
igned under the penalties of perjury:  Butty Aheera	



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts		1	File with: City or Town Cl	erk or Election Commission
Fill in Reporting Period dates: Beginning Date:	1,/232024	JAN -Linding C	Dafe: $\frac{56}{12/31/22}$	?
Type of Report: (Check one)			3. (2. (2. (2. (2. (2. (2. (2. (2. (2. (2	
8th day preceding preliminary  8th day preceding election	☐ 30 day a	after election	year-end report	dissolution
ROBERT E. VINCENT II  Candidate Full Name (if applicable)		NOME		
Candidate Full Name (if applicable)			Committee Name	
WAKEFIELD TOWN COUNCIL Office Sought and District	_	NON		
			ne of Committee Treasurer	
Residential Address		Non	ommittee Mailing Address	
E-mail: hobandtracy 2000@ yahoo.com	E-mail:	NA	=	
Phone #: (301) 535-9420	Phone #:	NA		
SUMMARY BALAN	ICE INFOR	MATION.		1
SUMMANT BALAN	CE INTOR	AWIATION:		
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 1	5)	0		
Line 5: Ending Balance (line 3 minus line 4)		0		
Line 6: Total in-kind contributions this period (page	6, line 18)	6		
Line 7: Total (all) outstanding liabilities (page 7, line	e 19)	0		
Line 8: Total out-of-pocket expenses this period (page	e 8, line 22)	0		
Line 9: Name of bank(s) used: NAVY F	BOERAL	CRE DIT	UNION	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the b activity, including all contributions, loans, receipts, expenditures, disbursements, in-kir finance activity of all persons acting under the authority or on behalf of this committee	nd contributions ar	nd liabilities for this	reporting period and repre	f all campaign finance sents the campaign
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 activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report.	accordance with t	the requirements of	M.G.L. c. 55. I have not re	ent of all campaign finance eceived any contributions,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority or on behalf of	nts, in-kind contri	butions and liabiliti	es for this reporting period	and represents the
Signed under the penalties of perjury:	1	(Candidate)	Date:	1/2/24



City or Town of:

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

Office of Campaign and Political Finance

Please print or type all information, except signatures.

Reporting Period: Type of Report: (Check One) 8th day preceding preliminary/primary Beginning: MAKE FIELD 8th day preceding election 101 12023 (MM/DD/YYYY) ☐ 30th day following election (town or special) Ending: 12/3/ 20th day of January (Year-End report) 2023 (MM/DD/YYYY)

	-
1 1	Pursuant to M.G.L.
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- 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.

	1	 	7	 	_	-	 _	 	 _		3 2
*1											DATE
										RUBBRT E VINCENT	PRINT NAME
										They sall	Signed under the penalties of perjury
										22 FLANDERS LANE	RESIDENTIAL ADDRESS (Street and Number)
										LOWN COGNCIT	OFFICE SOUGHT