



Commonwealth  
of Massachusetts

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

Office of Campaign and Political Finance

2024 MAR 12 AM 9:00

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:

<b>CANDIDATE:</b>	Full Name:	<u>Daniel Carl Calore</u>		
	Residential Address:	<u>24 Wave Ave.</u>		
	City / State / Zip:	<u>Wakefield, Ma 01880</u>		
	E-Mail Address:	<u>dan.calore@verizon.net</u>	Phone #:	<u>781-245-3595</u>
	Party Affiliation:	_____ (If applicable)		
<b>OFFICE SOUGHT/PURPOSE:</b>				
	Title:	<u>Library Trustee</u>		District: _____
<input checked="" type="checkbox"/> Candidate without committee (check if applicable). If checked, do not complete committee or officer sections: sign as candidate, date and file with clerk or local election official.				

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

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

Additional officers may be listed on page two.

Check applicable box before signing:

☐ Candidate with committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; and 4) may not serve as treasurer of a political committee organized on my behalf.

☒ Candidate without committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) acknowledge if I become a public employee I must organize a committee and may not serve as treasurer; and 4) am subject to certain duties and liabilities under M.G.L. c. 55 including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Daniel C. Calore  
Candidate's signature

Date: 3.12.24

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on their behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

\_\_\_\_\_  
Treasurer's signature

Date: \_\_\_\_\_

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

SIGNED UNDER THE PENALTIES OF PERJURY:

\_\_\_\_\_  
Chairperson's signature

Date: \_\_\_\_\_

**ADDITIONAL OFFICERS:**

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

**DEFINITION OF A PUBLIC EMPLOYEE**

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

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

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

**Section 2 requires candidates to keep certain records:**

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

**Section 3 requires the director to:**

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

**Section 5 outlines statements of organization of political committees:**

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

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

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

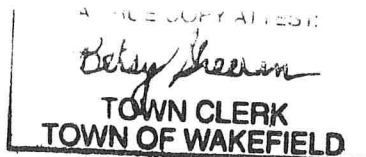
Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities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

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

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

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

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





Commonwealth  
of Massachusetts

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

File with:  
City or Town Clerk or Election Commission

2024 APR 16 AM 7:13

WAKEFIELD, MASS.

Reporting Period: Beginning: 1/19/2024 Ending: 4/12/2024

Type of Report: 2024 Pre-election Report

**Carney, John**

Full Name of Candidate

**Town Council**

Office Sought/ District

**3 Coolidge Park  
Wakefield, MA 01880**

Residential Address

**The Committee to Elect John F Carney**

Committee Name

**Karen Pearl**

Name of Committee Treasurer

**12 Coolidge Park  
Wakefield, MA 01880**

Committee Address

**SUMMARY BALANCE INFORMATION**

Ending balance from previous report:	\$0.00
Total receipts this period:	\$6,719.29
Subtotal:	\$6,719.29
Total expenditures this period:	\$5,704.48
Ending Balance:	\$1,014.81
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$1,330.00

Name of Bank Used: Wakefield Co-operative Bank

**Affidavit of Committee Treasurer:**

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

Signed under the penalties of perjury:

Karen Pearl

4/12/2024

Treasurer's signature (in ink)

Date

**Affidavit of Candidate:**

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.

Signed under the penalties of perjury:

John F Carney

4/12/2024

Candidate's signature (in ink)

Date

## Schedule A: Receipts

*M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.*

<u>Date</u>	<u>Name and Residential Address</u>	<u>Amount</u>	<u>Occupation and Employer</u>
3/22/2024	<b>Binnig, Lee</b> Po Box 342 West Dennis, MA 02670	\$100.00	
3/7/2024	<b>Bizzaro, Robert</b> 24 Houston Street Wakefield, MA 01880	\$1,000.00	Retired Retired
3/7/2024	<b>Boodry, Bill</b> 23 White Circle Wakefield, MA	\$100.00	
3/7/2024	<b>Brown, Mary</b> 11 Fairmont Avenue Wakefield, MA 01880	\$100.00	
1/19/2024	<b>Carney, John</b> 3 Coolidge Park Wakefield, MA 01880	\$1,000.00	
2/22/2024	<b>Carney, John</b> 3 Coolidge Park Wakefield, MA 01880	\$330.00	
3/7/2024	<b>Cruciani, Pat</b> 5 Hopkins Road Wakefield, MA 01880	\$250.00	Retired Retired
4/5/2024	<b>Grilk, Tom</b> 10 Underhill Road Lynnfield, MA 01940	\$100.00	
3/7/2024	<b>Hubbard, Judith</b> 74 Redfield Road Wakefield, MA 01880	\$500.00	Retired Retired

3/7/2024	<b>Leone, Joan</b> 72 Melvin Street Wakefield, MA 01880	\$100.00
3/7/2024	<b>Martello, Michael</b> 43 Sycamore Road Wakefield, MA	\$100.00
3/7/2024	<b>McCoubrey, Brian</b> 82 Elm Street Wakefield, MA 01880	\$100.00
2/18/2024	<b>Post, Robert</b> 25 Gregory Road Wakefield, MA 01880	\$100.00 Retired
3/22/2024	<b>Reilly, Jennie</b> 45 Woodbriar Road Wakefield, MA 01880	\$100.00
3/7/2024	<b>Sullivan, Gene</b> 65 Morrison Road West Wakefield, MA 01880	\$100.00
3/7/2024	<b>Tarr, Christopher</b> 64 Vernon Street Wakefield, MA 01880	\$150.00
3/7/2024	<b>Tarr, Wayne</b> 27 Jackson Lane Wakefield, MA	\$100.00
3/31/2024	<b>The Committee To Elect Shaun Margerison</b> 171 Salem Street Wakefield, MA 01880	\$809.29
3/7/2024	<b>The Committee To Elect Tony Longo</b> 15 Fell Street Wakefield, MA 01880	\$200.00
3/20/2024	<b>Tine, Richard</b> 21 Robin Road Wakefield, MA 01880	\$100.00
3/7/2024	<b>Zagarella, Mary</b> 923 Main Street Wakefield, MA 01880	\$1,000.00 Retired Retired

<b>Total Itemized Receipts:</b>	<b>\$6,439.29</b>
<b>Total Unitemized Receipts:</b>	<b>\$280.00</b>
<b>Total Receipts:</b>	<b><u>\$6,719.29</u></b>

## 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 over \$50 and under may be added together from committee records, and reported on line 13.*

<u>Date</u>	<u>Name and Address</u>	<u>Amount</u>	<u>Purpose</u>
3/26/2024	<b>The Sardella Companies</b> 500 Main Street Wakefield, MA 01880	\$1,381.25	Lawn Signs
4/8/2024	<b>The Sardella Companies</b> 500 Main Street Wakefield, MA 01880	\$233.75	Signs
1/31/2024	<b>Wakefield Cooperative Bank</b> 342 Main Street Wakefield, MA 01880	\$36.75	Checks
1/25/2024	<b>Wakefield Daily Item</b> Albion Street Wakefield, MA 01880	\$472.50	Campaign Ad
2/22/2024	<b>Wakefield Daily Item</b> Albion Street Wakefield, MA 01880	\$648.00	Campaign Ad
3/29/2024	<b>Wakefield Daily Item</b> Albion Street Wakefield, MA 01880	\$300.00	Campaign Ad
4/1/2024	<b>Wakefield Daily Item</b> Albion Street Wakefield, MA 01880	\$486.00	Campaign Ad
4/8/2024	<b>Wakefield Daily Item</b> Albion Street Wakefield, MA 01880	\$513.00	Campaign Ad
4/9/2024	<b>Wakefield Daily Item</b> Albion Street Wakefield, MA 01880	\$486.00	Campaign Ad

4/11/2024 **Wakefield Daily Item**

Albion Street

Wakefield, MA 01880

\$405.00 Campaign Ad

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4/7/2024 **Leone, Francis**

\$179.83

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3/12/2024 **Leone, Frank**

\$541.22

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4/9/2024 **Margerison, Shaun**

\$21.18

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**Total Itemized Expenditures:**

**\$5,704.48**

**Total Unitemized Expenditures:**

**\$0.00**

**Total Expenditures:**

**\$5,704.48**

## 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 the liabilities incurred during this reporting period.

<u>Date</u>	<u>To Whom Due</u>	<u>Reduction</u>	<u>Loan Amount</u>	<u>Purpose</u>
1/19/2024	Carney, John 3 Coolidge Park Wakefield MA, 01880		\$1,000.00	
2/22/2024	Carney, John 3 Coolidge Park Wakefield MA, 01880		\$330.00	
	Outstanding Liabilities:		<u>\$1,330.00</u>	

## Schedule R: Reimbursements

<u>Date</u>	<u>Reimbursee</u>	<u>Total Amount</u>
4/7/2024	Leone, Francis	\$179.83
3/12/2024	Leone, Frank	\$541.22
4/9/2024	Margerison, Shaun	\$21.18



Commonwealth  
of Massachusetts

**Form CPF R1: Itemization of Reimbursements**  
**Office of Campaign and Political Finance**

File with:  
City or Town Clerk or Election Commission

<u>Leone</u> <i>Individual Being Reimbursed</i>	<u>The Committee to Elect John F Carney</u> <i>Committee Name</i>
<u>\$179.83</u> <i>Amount of Reimbursement</i>	<u>4/7/2024</u> <i>Date of Reimbursement</i>

<u>Date</u>	<u>Name And Address</u>	<u>Amount</u>	<u>Purpose</u>
3/28/2024	<b>Harts Hardware</b> 442 Main Street Wakefield, MA 01880	\$75.68	Hardware for Lawn Signs
4/5/2024	<b>Harts Hardware</b> 442 Main Street Wakefield, MA 01880	\$79.92	Hardware For Lawn Signs
3/28/2024	<b>Home Depot</b> 60 Walkers Brook Drive Reading, MA 01867	\$24.23	Hardware for Lawn Signs



Commonwealth  
of Massachusetts

**Form CPF R1: Itemization of Reimbursements**  
**Office of Campaign and Political Finance**

File with:  
City or Town Clerk or Election Commission

<u>Leone</u> <i>Individual Being Reimbursed</i>	<u>The Committee to Elect John F Carney</u> <i>Committee Name</i>
<u>\$541.22</u> <i>Amount of Reimbursement</i>	<u>3/12/2024</u> <i>Date of Reimbursement</i>

<u>Date</u>	<u>Name And Address</u>	<u>Amount</u>	<u>Purpose</u>
3/7/2024	Caporales Liquors 29 Broadway street Wakefield, MA 01880	\$372.79	Fundraiser refreshments
3/7/2024	Commonwealth of Massachusetts	\$100.00	Application fee
3/5/2024	Dollar Tree 376 Main Street Wakefield, MA 01880	\$15.94	Fundraiser supplies
3/25/2024	Town of Wakefield Bafayette Wakefield, MA 01880	\$52.49	One day liquor license



Commonwealth  
of Massachusetts

**Form CPF R1: Itemization of Reimbursements**  
**Office of Campaign and Political Finance**

File with:  
City or Town Clerk or Election Commission

<u>Margerison</u> <i>Individual Being Reimbursed</i>	<u>The Committee to Elect John F Carney</u> <i>Committee Name</i>
<u>\$21.18</u> <i>Amount of Reimbursement</i>	<u>4/9/2024</u> <i>Date of Reimbursement</i>

Date Name And Address  
3/7/2024 CVS  
451 Main Street  
Wakefield, MA 01880

Amount Purpose  
\$21.18 Supplies for fundraiser



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2024 APR 16 AM 10:47

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: March 12, 2024 Ending Date: April 15, 2024

Type of Report: (Check one)

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

Daniel Carl Calore  
Candidate Full Name (if applicable)  
Library Trustee Wakefield, MA  
Office Sought and District  
24 Wave Ave. Wakefield, MA 01880  
Residential Address  
E-mail: dan.calore@verizon.net  
Phone #: 781 245 3595

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

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report 0  
Line 2: Total receipts this period (page 3, line 12) 802.08  
Line 3: Subtotal (line 1 plus line 2) 802.08  
Line 4: Total expenditures this period (page 5, line 15) 802.08  
Line 5: Ending Balance (line 3 minus line 4) 0  
Line 6: Total in-kind contributions this period (page 6, line 18) 0  
Line 7: Total (all) outstanding liabilities (page 7, line 19) 0  
Line 8: Total out-of-pocket expenses this period (page 8, line 22) 0  
Line 9: Name of bank(s) used: Wakefield Co-operative Bank

### Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: \_\_\_\_\_ (Treasurer's signature) Date: \_\_\_\_\_

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

#### Candidate with Committee

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

#### Candidate without Committee

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

Signed under the penalties of perjury: Daniel Calore (Candidate's signature) Date: April 15, 2024

## SCHEDULE A: RECEIPTS

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

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

[illegible]

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)		802.08	<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD		802.08	

←

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

[illegible]

**SCHEDULE B: EXPENDITURES (continued)**[illegible]



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2024 APR 16 AM 7:29

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2024 Ending Date: 4/11/2024

Type of Report: (Check one)

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

Allyson Gael Houghton

Candidate Full Name (if applicable)

Town Council

Office Sought and District

20 Morgan Ave Wakefield, MA 01880

Residential Address

E-mail: ahoughton@comcast.net

Phone #: 617-930-5261

Committee to Elect Allyson Gael Houghton

Committee Name

Paula Pustorino

Name of Committee Treasurer

20 Morgan Ave Wakefield, MA 01880

Committee Mailing Address

E-mail: ahoughton@comcast.net

Phone #: 617-930-5261

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>10.00</u>
Line 2: Total receipts this period (page 3, line 12)	<u>875.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>885.00</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>875.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>10.00</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0.00</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>514.22</u>
Line 9: Name of bank(s) used:	<u>The Savings Bank</u>

### Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Paula Pustorino (Treasurer's signature)

Date: 4/15/2024

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

#### Candidate with Committee

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

#### Candidate without Committee

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

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

Date: 4/15/2024

## 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)
3/20/2024	Jonathan Chines 34 Hopkins St. V	100.00	
4/5/2024	Anthony Guardia 27 Davey Lane V	100.00	
4/4/2024	Ann Hadley 26 Woodland Rd Geo	50.00	
3/20/2024	David Ledonne 31 Avon St. Apt 3 V	50.00	
3/20/2024	James Long 4 Grafton St Wakef	100.00	
3/13/2024	Brian McCoubrey 82 Elm St. Waki	100.00	
3/20/2024	Paula Pustorino 52 Sanborn Stre	50.00	
3/20/2024	Melissa Quinn 753 Main St. Wake	50.00	
4/4/2024	Julie Smith-Galvin 28 Grafton St V	100.00	
3/20/2024	Kristin Weekley 54 Spring St Unit 2	50.00	

Enter receipt totals on Page 3

# **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 Receipts over \$50 (or listed above)		750.00	<p><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p>
Line 11: Total Receipts \$50 and under (not listed above)		125.00	
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>		<b>875.00</b>	

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

[illegible]

**SCHEDULE B: EXPENDITURES (continued)**[illegible]

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

[illegible]

## SCHEDULE D: LIABILITIES

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

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

## 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
3/13/2024	Signs.com 11525 Stonehollow Dr	\$332.03	Lawn Signs
4/11/24	Sterling Printing 214 Main St. Str	182.19	Postcards
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		514.22	<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>  ← Enter on page 1, line 8
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		514.22	



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2024 APR 16 AM 7:29

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2024 Ending Date: 4/15/2024

Type of Report: (Check one)

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

Anthony Del Signore Candidate Full Name (if applicable) Library Trustee, District 4 Office Sought and District 7 Robert St. Wakefield, MA 01880 Residential Address E-mail: <u>tdelsig@gmail.com</u> Phone #: <u>6178166343</u>	N/A Committee Name N/A Name of Committee Treasurer N/A Committee Mailing Address E-mail: <u>N/A</u> Phone #: <u>N/A</u>
--	--

## SUMMARY BALANCE INFORMATION:

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

### Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: \_\_\_\_\_ (Treasurer's signature) Date: \_\_\_\_\_

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

#### Candidate with Committee

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

#### Candidate without Committee

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

Signed under the penalties of perjury: Anthony Del Signore (Candidate's signature) Date: 4/15/2024

## SCHEDULE A: RECEIPTS

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

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

[illegible]

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

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

## 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 E. 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

**SCHEDULE B: EXPENDITURES (continued)**[illegible]

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

Enter on page 1, line 4 →

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

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

**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
<i>* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.</i>		Line 16: In-Kind Contributions over \$50 (or listed above)		
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
Enter on page 1, line 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 →			<b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	

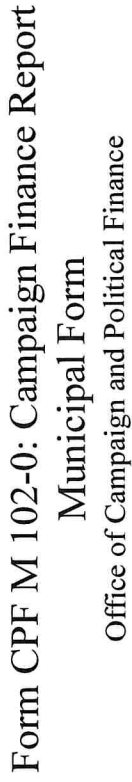
## SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

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)			<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			

← Enter on page 1, line 8

Page 8



*Please print or type all information, except signatures.*

Reporting Period:	Beginning: 01/02/2024	Ending: 04/13/2024
	(MM/DD/YYYY)	(MM/DD/YYYY)

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

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]

[illegible]

Please print or type all information, except signatures.

**CONCLUSIONS**

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

2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.

3. I certify that I do not have a political committee.

OFFICE SOUGHT

Library Trustee



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2024 APR 12 AM 11:02

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

3/4/2024

Ending Date:

4/1/2024

Type of Report: (Check one)

☒ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Catherine A. Fleurant

Candidate Full Name (if applicable)

5yr term - Wakefield Housing Authority

Office Sought and District

24 Hart's Hill Rd, Apt D, Wakefield, MA 01880

Residential Address

E-mail: Maid541978@gmail.com

Phone #: 339-293-7553

Committee to Elect Cathy Fleurant

Committee Name

Arlene M. Estabrook

Name of Committee Treasurer

24 Hart's Hill Rd, Apt D, Wakefield, MA

Committee Mailing Address

E-mail: aestabrook15@gmail.com

Phone #: 781-971-4749

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0.00

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

491.00

Line 3: Subtotal (line 1 plus line 2)

491.00

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

58.15

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

432.85

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

0.00

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

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 Bank, Wakefield, MA 01880

### 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:

Arlene M. Estabrook

(Treasurer's signature)

Date:

4/12/2024

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

#### Candidate with Committee



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

#### Candidate without Committee



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

Signed under the penalties of perjury:

Catherine A. Fleurant

(Candidate's signature)

Date:

4/12/2024

## SCHEDULE A: RECEIPTS

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

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

[illegible]

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)		0.00	<p><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p> <p>← Enter on page 1, line 2</p>
Line 11: Total Receipts \$50 and under (not listed above)		491.00	
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>		491.00	

## SCHEDULE B: EXPENDITURES

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

[illegible]

**SCHEDULE B: EXPENDITURES (continued)**[illegible]

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

Enter on page 1, line 4 →

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

0.00

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

58.15

**Line 15: TOTAL EXPENDITURES IN THE PERIOD**

58.15

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

[illegible]

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

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)	0.00
Line 17: In-Kind Contributions \$50 and under (not listed above)	0.00
<b>Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD</b>	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
Enter on page 1, line 7 → <b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				0.00

**SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES**

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

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
	N/A		a
<b>Line 20:</b> Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		0.00	<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
<b>Line 21:</b> Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		0.00	
<b>Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD</b>		0.80	

Page 8



Commonwealth  
of Massachusetts

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

Office of Campaign and Political Finance

2024 APR 11 PM 2:05

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:

<b>CANDIDATE:</b>	Full Name: <u>Melissa Quinn</u>
	Residential Address: <u>753 Main St</u>
	City / State / Zip: <u>Wakefield, MA 01880</u>
	E-Mail Address: <u>melissa.quinn@gmail.com</u> Phone #: <u>781.526.5246</u>
	Party Affiliation: _____ (If applicable)
<b>OFFICE SOUGHT/PURPOSE:</b>	
	Title: <u>School committee</u> District: <u>Wakefield</u>
	<input checked="" type="checkbox"/> Candidate without committee (check if applicable). If checked, do not complete committee or officer sections: sign as candidate, date and file with clerk or local election official.

<b>COMMITTEE:</b>	Name of Committee: _____ (The name of the committee must include the candidate's last name)
	Committee Mailing Address: _____
	City / State / Zip: _____ Phone #: _____

**OFFICERS:**

<b>Chairperson:</b>	<b>Treasurer*:</b>
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Phone #: _____	Phone #: _____ Email: _____

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

Additional officers may be listed on page two.

Check applicable box before signing:

☐ Candidate with committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; and 4) may not serve as treasurer of a political committee organized on my behalf.

☒ Candidate without committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) acknowledge if I become a public employee I must organize a committee and may not serve as treasurer; and 4) am subject to certain duties and liabilities under M.G.L. c. 55 including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Melissa Quinn  
Candidate's signature

Date: 4-9-24

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on their behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

\_\_\_\_\_  
Treasurer's signature

Date: \_\_\_\_\_

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

SIGNED UNDER THE PENALTIES OF PERJURY:

\_\_\_\_\_  
Chairperson's signature

Date: \_\_\_\_\_

**ADDITIONAL OFFICERS:**

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

**DEFINITION OF A PUBLIC EMPLOYEE**

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

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

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

**Section 2 requires candidates to keep certain records:**

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

**Section 3 requires the director to:**

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

**Section 5 outlines statements of organization of political committees:**

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

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

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

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

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

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

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

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

Type of report: (check one)  
☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Ken Joseph Lopes  
Candidate Full Name (if applicable)  
CONSTABLE MIDDLESEX  
Office Sought and District  
125 OAK ST. WAKEFIELD, MA  
Residential Address  
E-mail: deputylopes@constast.net  
Phone #: 781-315-2408

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

SUMMARY BALANCE INFORMATION:

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

**Affidavit of Committee Treasurer:**  
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  
Signed under the penalties of perjury: \_\_\_\_\_ (Treasurer's signature) Date: \_\_\_\_\_

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

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

2024 APR 10 AM 7:37  
WAKEFIELD, MASS.



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Office of Campaign and Political Finance  
ED:WVA

2024 APR 10 AM 9:58<sup>Please</sup>

Please print or type all information, except signatures.

(MM/DD/YYYY)

(MM/DD/YYYY)

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

3. I certify that I do not have a political committee.

[illegible]



Please print or type all information, except signatures.

Reporting Period:	Beginning: 02/02/2024 (MM/DD/YYYY)	Ending: 04/10/2024 (MM/DD/YYYY)
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☐ 8th day preceding preliminary/primary  
☒ 8th day preceding election  
☐ 30th day following election (town or special)  
☐ 20th day of January (Year-End report)

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

2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.

[illegible]



*Please print or type all information, except signatures.*

Reporting Period: Beginning: 1/1/24

(MM/DD/YYYY)

Ending: 4/10/24

(MM/DD/YYYY)

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

Pursuant to M.G.L. Chapter 55:

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]



*Please print or type all information, except signatures.*

(MM/DD/YYYY)

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]



# The Commonwealth of Massachusetts

## ELECTED CITY, WARD AND TOWN POLITICAL COMMITTEE REPORT

CPF ID #:

(For Office Use Only)

WAKEFIELD, MA

2023 MAR 21 AM 8:05

NAME OF CITY/TOWN: Wakefield

WARD (if applicable): \_\_\_\_\_

PARTY: DemocraticDATE OF REPORT: 3/23/2023

INDICATE THE PURPOSE OF THIS REPORT BY CHECKING THE APPROPRIATE BOX BELOW:

☐ STATEMENT OF ORGANIZATION☒ CHANGE OF OFFICER(S)☐ MEMBERSHIP UPDATE

Submit this report to the four offices listed below. File the original with the Office of Campaign and Political Finance, and file copies of this report with the other three offices listed.

1. Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300 / (800) 462-OCPF (toll free in MA)  
ocpf@cpf.state.ma.us / <http://www.mass.gov/ocpf>

2. Secretary of the Commonwealth, William Francis Galvin  
Elections Division  
One Ashburton Place, Room 1705  
Boston, MA 02108  
(617) 727-2828 / (800) 462-VOTE (toll free in MA)  
elections@sec.state.ma.us / <http://www.sec.state.ma.us/ele/eleidx.htm>

3. State Party Committee Headquarters

4. City / Town Clerk or Election Commission

City Ward Committee secretaries must also file a list of officers and members with the chairman of the city committee of the political party which it represents (Ch. 52, Sec. 5).

**PLEASE LIST BELOW THE NAME, RESIDENTIAL ADDRESS AND ZIP CODE OF THE OFFICERS OF THIS COMMITTEE:****Chairperson:** Don RavanellaResidential Address: 858 Main St Unit 3City / State / Zip: Wakefield MA 01880Email: draven57@verizon.net Phone #: 617-877-9356**Secretary:** Elizabeth LowryResidential Address: 86 Green StyCity / State / Zip: Wakefield MA 01880Email: elizlowry86@gmail.com Phone #: 508-395-8599**Treasurer\*:** Jonathan ChinesResidential Address: 34 Hopkins StCity / State / Zip: Wakefield MA 01880Email: jchines@alumni.tufts.edu Phone #: 617-501-6033*\*A public employee may not serve as treasurer of any political committee.**M.G.L. c. 55, s. 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.*

I hereby submit this list of officers and members (including associate members) of the above-mentioned committee to the Secretary of the Commonwealth in accordance with Ch. 52, Sec. 5 of the Massachusetts General Laws.

Secretary's signature

Date: 3/23/23

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature

Date: 03/23/23

LIST OTHER OFFICER'S &amp; MEMBER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES ON THE REVERSE

NAME OF CITY / TOWN / WARD: Wakefield

**LIST OTHER OFFICER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:**

Other Officer/Title: <u>Vice Chair: Caitriona Fitzgerald</u>	Other Officer/Title: <u>Affirmative Action/Outreach: David Ledonne</u>
Residential Address: <u>14 Emerald St</u>	Residential Address: <u>31 Avon St #3</u>
City / State / Zip: <u>Wakefield</u> <u>MA</u> <u>01880</u>	City / State / Zip: <u>Wakefield</u> <u>MA</u> <u>01880</u>
Other Officer/Title: _____	Other Officer/Title: <u>Affirmative Action/Outreach: Kevin York</u>
Residential Address: _____	Residential Address: <u>10 Collins Rd</u>
City / State / Zip: _____	City / State / Zip: <u>Wakefield</u> <u>MA</u> <u>01880</u>

**MEMBERS:**

Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Member: _____	Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

**ASSOCIATE MEMBERS:**

Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

*(Attach an additional page, if necessary, with other officers, members and associate members.)*



Commonwealth  
of Massachusetts

CPF ID #:

(For Office Use Only)

# Form CPF 101 WTC: STATEMENT OF ORGANIZATION ELECTED CITY, WARD, TOWN POLITICAL COMMITTEE REPORT

2024 APR 19 AM 7:33

NAME OF CITY/TOWN: WAKEFIELD

WARD (if applicable):

PARTY: REPUBLICAN

DATE OF REPORT: 4/10/2024

INDICATE THE PURPOSE OF THIS REPORT BY CHECKING THE APPROPRIATE BOX BELOW:

☒ STATEMENT OF ORGANIZATION

☐ CHANGE OF OFFICER(S)

☐ MEMBERSHIP UPDATE

Submit this report to the four offices listed below. File the original with the Office of Campaign and Political Finance, and file copies of this report with the other three offices listed. City Ward Committee Secretaries must also file this report with the Chairperson of the city committee of the political party which it represents.

1) Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300 / (800) 462-OCPF (toll free in MA)  
ocpf@mass.gov / https://www.ocpf.us

1) Secretary of the Commonwealth, William Francis Galvin  
Elections Division  
One Ashburton Place, Room 1705  
Boston, MA 02108  
(617) 727-2828 / (800) 462-VOTE (toll free in MA)  
elections@sec.state.ma.us / https://www.sec.state.ma.us/elections

2) State Party Committee Headquarters

2) City Clerk / Town Clerk or Election Commission

## PLEASE LIST BELOW THE NAME, RESIDENTIAL ADDRESS AND ZIP CODE OF THE OFFICERS OF THIS COMMITTEE:

Chairperson: SCOT A. MCCAULEY

Secretary: MARCY L. MCCAULEY

Residential Address: 32 WALDEN RD.

Residential Address: 32 WALDEN RD.

City / State / Zip: WAKEFIELD MA 01880

City / State / Zip: WAKEFIELD MA 01880

Email: SCOTAND MARCY @ GMAIL.COM Phone #: 781-245-5682

Email: SCOTAND MARCY @ GMAIL.COM Phone #: 781-245-5682

Treasurer\*: Frank Margherita

\*A public employee may not serve as treasurer of any political committee.

Residential Address: 13 Summer st.

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

City / State / Zip: Wakefield MA 01880

Email: frmm ba13@gmail.com Phone #: 617-838-1138

On behalf of the above-referenced committee, I hereby submit this list of officers, members, and associate members of the committee with their addresses to the Secretary of the Commonwealth, the Director of the Office of Campaign and Political Finance, the City or Town Clerk or Election Commission of our municipality, the Secretary of our State Party Committee, and, in the case of ward committees, the Chairperson of our party's City Committee in our municipality, in accordance with M.G.L. Ch. 52, Sec. 5.

Marcy L McCauley  
Secretary's signature

Date: 4/10/24

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Frank Margherita  
Treasurer's signature

Date: 4/10/2024

LIST OTHER OFFICERS' & MEMBERS' NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES ON THE REVERSE

NAME OF CITY / TOWN / WARD: WAKEFIELD - MASS

**LIST OTHER OFFICERS' NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:**

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

**MEMBERS:**

Member: <u>SCOT A. McCauley</u>	Member: <u>MARCY L. McCauley</u>
Residential Address: <u>32 WALDEN RD</u>	Residential Address: <u>32 WALDEN RD</u>
City / State / Zip: <u>WAKEFIELD MA 01880</u>	City / State / Zip: <u>WAKEFIELD MA 01880</u>
Member: <u>JOHN LOCK</u>	Member: <u>FRANK MARGHERITA</u>
Residential Address: <u>4 GREGORY RD</u>	Residential Address: <u>13 SUMMER ST</u>
City / State / Zip: <u>WAKEFIELD MA 01880</u>	City / State / Zip: <u>WAKEFIELD MA 01880</u>
Member: <u>JEANNE McCorry</u>	Member: <u>ROBERT McCorry</u>
Residential Address: <u>34 WOODLAND RD</u>	Residential Address: <u>34 WOODLAND RD</u>
City / State / Zip: <u>WAKEFIELD MA 01880</u>	City / State / Zip: <u>WAKEFIELD MA 01880</u>
Member: <u>Deborah Fox</u>	Member: <u>GERARD LEE MAN</u>
Residential Address: <u>12 ALYSSA DR</u>	Residential Address: <u>10 FOX RD</u>
City / State / Zip: <u>WAKEFIELD MA 01880</u>	City / State / Zip: <u>WAKEFIELD MA 01880</u>
Member: <u>STEVE NIKITIN</u>	Member: <u>LOIS NIKITIN</u>
Residential Address: <u>56 MAIN ST.</u>	Residential Address: <u>56 MAIN ST.</u>
City / State / Zip: <u>WAKEFIELD MA 01880</u>	City / State / Zip: <u>WAKEFIELD MA 01880</u>
Member: <u>PHILIP GRADY</u>	Member: <u>TERESA GRADY</u>
Residential Address: <u>4 MONTCLARE AVE</u>	Residential Address: <u>4 MONTCLARE AVE</u>
City / State / Zip: <u>WAKEFIELD MA 01880</u>	City / State / Zip: <u>WAKEFIELD MA 01880</u>
Member: <u>JOHN CONFALONE</u>	Member: _____
Residential Address: <u>9 WALDEN RD</u>	Residential Address: _____
City / State / Zip: <u>WAKEFIELD MA 01880</u>	City / State / Zip: _____

**ASSOCIATE MEMBERS:**

Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

(Attach an additional page, if necessary, with other officers, members and associate members.)



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK  
WAKEFIELD, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

2024 APR 19 AM 10:02

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Kathleen M. Kelly

Candidate Full Name (if applicable)

TAX COLLECTOR

Office Sought and District

21 Bryant St

Residential Address

E-mail: Kkelly@Wakefield.MA.US

Phone # (optional): \_\_\_\_\_

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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

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

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

#### Candidate without Committee

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

Signed under the penalties of perjury: \_\_\_\_\_

(Candidate's signature)

Date: 4/18/24



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

***Please print or type all information, except signatures.***

City or Town of: Wakefield

Reporting Period: Beginning: 01/17/2024

Ending: 04/23/2024

(MM/DD/YYYY)

(MM/DD/YYYY)

Type of Report: (Check One)

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

Pursuant to M.G.L. Chapter 55:

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]