

Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE OR CANDIDATE'S COMMITTEED, MA MUNICIPAL FORM

Office of Campaign and Political Finance AR 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:

CANDIDATE:	Full Name:	Daniel	Car	1 Cal	are			
	Residential Address:	24 W	ave A	ve.				
	City / State / Zip:	Makel	ield	Ma	018	30		
	E-Mail Address:	dan d	alordo	DUENI	ZOW W	pt P	hone #: 75	01-245-2595
	Party Affiliation:	()		3 4 0.1	2011-1	1	10	(If applicable
OFFICE SOUG	HT/PURPOSE:			i				(ii applicable
	Title:	Libra	ry Tr	ustee		D	istrict:	
	Candidate without co	ommittee (check rk or local election	if applicable).	0100	ot complete	committee o	r officer sect	ions: sign as candidate,
COMMITTEE:	Name of Committee:							
	Committee Mailing Address	(The na	me of the commi	ttee must include	the candidate's	s last name)		<u>-</u>
	City / State / Zip:					Pl	none #:	
OFFICERS:				1 (1			-	
Chairperson:				Treasurer*:				
Residential Address:				Residential Addr	ress:			
City / State / Zip:				City / State / Zip	:			
Phone #:				Phone #:		Email:		
		۸ ۵۵:۰:	anal afficient was	*A public employ	yee may not se	erve as treasu	er of any polit	ical committee (see reverse).
Check applicable box	before signing:	Additi	onai officers ma	y be listed on page	e two.			
keeping detailed acco	ommittee: I hereby 1) cons behalf; 3) am subject to co unts and records of all car I committee organized on r	ertain duties and apaign finance ac	liabilities unde	r M.G.L. c. 55.	including the	timely filir	o of campaid	in finance reports and
subject to certain duti	at committee: I hereby 1) co on their behalf; 3) acknow es and liabilities under M.0 activity for a period of six	rledge if I becom G.L. c. 55 includ	ie a public emp	loyee I must org	anize a com	mittee and r	nay not cerve	as transurar and 1) am
SIGNED UNDER TH	HE PENALTIES OF PERJ	URY: Cano	ague lidate's signatu	re	alo	10/		Date: 3-12-2
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 TH	HE PENALTIES OF PERJ	URY: Trea	surer's signatur	re				Date:
I hereby accept the of	fice of Chairperson of the	above-named con	mmittee.					
SIGNED UNDER TH	IE PENALTIES OF PERЛ	The second secon	rnerson's signa	trumo.				Date:

ADDITIONAL OFFICERS: Other Officer/Title: Other Officer/Title:

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

<u>Section 5</u> outlines statements of organization of political committees:

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

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

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

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

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

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

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

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



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

File with: City or Town Clerk or Election Commission 7074 APR 16 AH 7: 18

WALE PARTY

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 Wakefield Co-operative Bank Name of Bank Used:

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

Treasurer's signature (in ink)

4/12/2024

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:

Candidate's signature (in ink)

4/12/2024

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.

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

3/7/2024 Leone, Joan		\$100.00	
72 Melvin Street			
Wakefield, MA 01880			
3/7/2024 Martello, Michael		\$100.00	
43 Sycamore Road			
Wakefield, MA			
3/7/2024 McCoubrey, Brian		\$100.00	
82 Elm Street			
Wakefield, MA 01880			
2/18/2024 Post, Robert		\$100.00 R	etired
25 Gregory Road			
Wakefield, MA 01880			
3/22/2024 Reilly, Jennie		\$100.00	
45 Woodbriar Road		3 7 7	
Wakefield, MA 01880			
3/7/2024 Sullivan, Gene		\$100.00	
65 Morrison Road West			
Wakefield, MA 01880			
3/7/2024 Tarr, Christopher		\$150.00	
64 Vernon Street		·C	
Wakefield, MA 01880			la
3/7/2024 Tarr, Wayne		\$100.00	
27 Jackson Lane			1 1 = x1 ⁸⁰ (
Wakefield, MA			3 V 1
3/31/2024 The Committee To Elect Sh	aun Margerison	\$809.29	
171 Salem Street			. 5 3 3 7 7
Wakefield, MA 01880			
3/7/2024 The Committee To Elect To	ny Longo	\$200.00	
15 Fell Street			
Wakefield, MA 01880			= 1
3/20/2024 Tine, Richard		\$100.00	
21 Robin Road			i.
Wakefield, MA 01880			1 2
3/7/2024 Zagarella, Mary		\$1,000.00 R	etired
923 Main Street		R	etired
Wakefield, MA 01880			
	Total Itemized Receipts:	\$6,439.29	
	Total Unitemized Receipts:	\$280.00	

Total Receipts:

\$6,719.29

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.

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

4/11/2024 Wakefield Daily Item Albion Street	rem i	\$405.00 Campaign Ad	
Wakefield, MA 01880			
4/7/2024 Leone, Francis	9	\$179.83	
3/12/2024 Leone, Frank		\$541.22	
4/9/2024 Margerison, Shaun		\$21.18	
	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.

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

Schedule R: Reimbursements

Date Reimbursee	Total Amount
1/11/2024 Leone. Francis	\$179.83
3/h2/2024 Leone. Frank	\$541.22
4/9/2024 Margerison, Shaun	\$21.18



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

File with: City or Town Clerk or Election Commission

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

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



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

File with: City or Town Clerk or Election Commission

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

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



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

File with: City or Town Clerk or Election Commission

Margerison

Individual Being Reimbursed

\$21.18

Amount of Reimbursement

The Committee to Elect John F Carney

Committee Name

4/9/2024

Date of Reimbursement

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 WAKEFIELD, MA Office of Campaign and Political Finance 2024 APR 16 AM 10: 47

4/	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	122024 Ending Date: Arril 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, Wakelield Ma	Committee Name
24 Wave Ave. Wake jed Ma 0500	Name of Committee Treasurer
E-mail: dan Calore (a Ver 170) Net E-mail	Committee Mailing Address
Phone #: 781 245 3595	e#:
SUMMARY BALANCE IN	FORMATION:
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	
Line 7: Total (all) outstanding liabilities (page 7, line 19)	\bigcirc
Line 8: Total out-of-pocket expenses this period (page 8, line 2	22)
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 k activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribut finance activity of all persons acting under the authority or on behalf of this committee in accordance.	ions and liabilities for this reporting period and represents the server.
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 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 to	with the requirements of M.G.I. 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-kind campaign finance activity of all persons acting under the authority of on behalf of this candid	contributions and liabilities for this reporting period and
Signed under the penalties of perjury:	(Candidate's signature) Date: Hery 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)
Mar 12,2024	Deniel C. Calore 24 Wore Avenue Walefield, Ma 01880	802.08	
	Ü		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(inputs estat using required)	Amount	(101 Contributions of \$200 or more)
] [
Line 10: Total Recei	pts over \$50 (or listed above)	802.08	* If you have itemized receipts of \$50 and
Line 11: Total Recei	pts \$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	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.

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
4-9-24	U.S. Postal Service	321 Main St. Walkedield Mac	Postage	159,00
3.20 24	Hakefiel Daily Item	26 Albion St. Wakefield Maoio	Political Do Advertising	52500

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			Turpose of Expenditure	Amount
	0			
				1
				<u> </u>
* If vou have	e itemized expenditures of \$50	Line 12: Evnenditure	(1:-+-1-1)	68400
and under, in	clude them in line 13. Line 14	Line 13: Expenditures over \$50 (or listed above)		
should include	de only those expenditures not	Line 14. Francisco Con 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	itemized above.	Line 14: Expenditures \$50 and under (not listed above)		
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	TIDES IN THE DEDICE	000 00
	Emer on page 1, time 4	EATENDII	CRES III THE FERIOD	802.08



Form CPF M 102: Campaign Finance Report Municipal Form

2024 APR 16 AM 7: 29

Office of Campaign and Political Finance

A STATE OF THE STA	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	Committee to Elect Allyson Gael Houghton
Candidate Full Name (if applicable) Town Council	Paula Pustorino
Office Sought and District 20 Morgan Ave Wakefield, MA 01880	Name of Committee Treasurer 20 Morgan Ave Wakefield, MA 01880
Residential Address E-mail: ahoughton@comcast.net	Committee Mailing Address
Phone #: 617-930-5261	E-mail: ahoughton@comcast.net Phone #: 617-930-5261
Thole #. 017-000 0201	Phone # : 017-330-3201
SUMMARY BALANO	CE INFORMATION:
Line 1: Ending Balance from previous report	10.00
Line 2: Total receipts this period (page 3, line 12)	875.00
Line 3: Subtotal (line 1 plus line 2)	885.00
Line 4: Total expenditures this period (page 5, line 15	875.00
Line 5: Ending Balance (line 3 minus line 4)	10.00
Line 6: Total in-kind contributions this period (page 6	(i, 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) 514.22
Line 9: Name of bank(s) used: The Savings E	Bank
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 committee I certify that I have examined this report including attached schedules and it is, to the committee I certify that I have examined this report including attached schedules and it is, to the committee I certify that I have examined this report including attached schedules and it is, to the committee I certify that I have examined this report including attached schedules and it is, to the certification of the certifica	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: 4/15/2024 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. 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.
finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the contributions.	his 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 Date Received (alphabetical listing required)		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	100.00	
4/4/2024	Ann Hadley 26 Woodland Rd Geo	50.00	
3/20/2024	David Ledonne 31 Avon St. Apt 3	50.00	
3/20/2024	James Long 4 Grafton St Wakef	100.00	
3/13/2024	Brian McCoubrey 82 Elm St. Wak	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	

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 Rece	eipts over \$50 (or listed above)	750.00	* If you have itemized receipts of \$50 and
Line 11: Total Rece	eipts \$50 and under (not listed above)	125.00	under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL 1	RECEIPTS IN THE PERIOD	875.00	← 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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/20/2024	Paypal	P.O. Box 45950, Omaha	Fees	\$12.86
4/11/2024	Sterling Printing	214 Main St. Stoneham, N	Post Cards	\$862.14

SCHEDULE B: EXPENDITURES (continued)

Data Daid	To Whom Paid	4.13	D 45	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
* If you have and under, in	e itemized expenditures of \$50 oclude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	875.00
should include	include only those expenditures not 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	\$875.00

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
* If you have	itemized in-kind contributions of	Line 16: In-Kind Contributions over	er \$50 (or listed above)	
	r, include them in line 16. Line 17 ude only those expenditures not itemized above.	Line 17: In-Kind Contributions \$5	0 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 (alphabetical listing required)	Amount	Purpose of Expenditure
3/13/2024	Signs.com 11525 Stonehollow Dı	\$332.03	Lawn Signs
4/11/24	Sterling Printing 214 Main St. Sto	182.19	Postcards
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above) Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and		514.22	* 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.
under (not listed abov	OF-POCKET EXPENDITURES IN THE PERIOD	514.22	Hemized above. ← Enter on page 1, line 8 Page 8



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI Mussuchusetts	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)				
2 8th day preceding preliminary 2 8th day preceding election	n □ 30 day after election □ year-end report □ dissolution			
Anthony Del Signore	N/A			
Candidate Full Name (if applicable) Library Trustee, District 4	Committee Name			
Office Sought and District	Name of Committee Treasurer			
7 Robert St. Wakefield, MA 01880	N/A			
Residential Address E-mail: tdelsig@gmail.com	Committee Mailing Address E-mail: N/A			
Phone #: 6178166343	Phone # : N/A			
SUMMARY BALA	NCE INFORMATION:			
Line 1: Ending Balance from previous report	N/A			
Line 2: Total receipts this period (page 3, line 12)	N/A			
Line 3: Subtotal (line 1 plus line 2)	N/A			
Line 4: Total expenditures this period (page 5, line	15) N/A			
Line 5: Ending Balance (line 3 minus line 4)	N/A			
Line 6: Total in-kind contributions this period (page 6, line 18)				
Line 7: Total (all) outstanding liabilities (page 7, lin	ne 19) N/A			
Line 8: Total out-of-pocket expenses this period (pa	age 8, line 22) N/A			
Line 9: Name of bank(s) used:				
Affidavit of Committee Treasurer:				
	e best of my knowledge and belief, a true and complete statement of all campaign finance kind contributions and liabilities for this reporting period and represents the campaign see 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.				
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.

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		1		

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
* If you have itemized expenditures of \$50 and under, include 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 $4 \rightarrow$	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 condidate are committee pages and a page number on each additional page.

lude the candidate o	r 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)		
	ude only those expenditures not	Line 17: In-Kind Contributions \$5	50 and under (not listed above)	
	itemized above.	Eme 17. In-Kind Contributions 5.	o and under (not nated above)	
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CON	TRIBUTIONS 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 OUTSTAN	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		
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemiz	ed Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50
(or listed above)			and under, include them in line 20. Line 21
	nized Out-Of-Pocket Expenditures \$50 and		should include only those expenditures not
under (not listed above	ve)		itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8

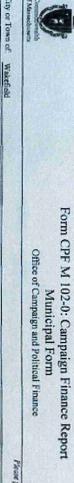


Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

T. C.	WAVEELEID		-		Please print or type all information, except signature.
Owli OI	. WANEFIELD Ad. Reginning: 01/02/2024			Ending: 04/13/2024	
reporting reriou.		(MM/DD/YYYY)			(MM/DD/YYYY)
Report:	Type of Report: (Check One)	■ 8th day preceding election	30th day followi	30th day following election (town or special)	20th day of January (Year-End report)
t to M.G certify the certification of the certificatio	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal 2. I certify that I have not received any contributions, made any 3. I certify that I do not have a political committee.		s, or incurred any oblig	gations during this reporting period	Office. expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
DATE	PRINT NAME	Signed under the	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	S OFFICE SOUGHT
04/13/2024	EL TON PRIFTI	Then f	rift	18 PARTRIDGE LN	WMLGD COMMISSIONER
					± 8
					PR I
					6 4
					7:
					26

2024 APR 11 PM 12: 14





Reporting Period: City or Town of: Wakefield Type of Report: (Check One) Beginning: 01/01/2024 TOLKOGNA Ending: 04/15/2024 Please print or type all information, except signatures. GALLOGINGO

DATE 4/10/24 Scott Stairs Signed under the penalties of perjury
Scott Staitt A - A -RESIDENTIAL ADDRESS
(Street and Number)
29 Preston Street Library Trustee OFFICE SOUGHT



Form CPF M 102: Campaign Finance Report TOWN GLERK WAKEFIELD, MA Office of Campaign and Political Finance

Commonwealth of Massachusetts 2024 APR 12 AM II: UZ				
Fill in Reporting Period dates: Beginning Date: 34	File with: City or Town Clerk or Election Commission 2024 Ending Date: 4/1/2024			
Type of Report: (Check one)				
8th day preceding preliminary	☐ 30 day after election ☐ year-end report ☐ dissolution			
Catherine A. Fleurant	Committee to Elect Cathy Fleurant			
Syrterm - Wake Gie Hausing Lathonity Office Sought and District	Arlene M. Estabrook			
24 Hart's Hill Rd, Apt D. Wake Gield, MA 01880 Residential Address	Name of Committee Treasurer Name of Committee Treasurer			
E-mail: Maid 5 7 1978 C grail. cm	E-mail: aestabrook 15 Cgmail. com			
Phone #: 339-293-7553	Phone #: 781-971-4749			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	0,00			
Line 2: Total receipts this period (page 3, line 12)	1.00			
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	3, line 22) Ø.50			
Line 9: Name of bank(s) used: The Saving	5 Bank, Workefield, 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: Output O				
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 Signed under the penalties of perjury:	, in-kind contributions and liabilities for this reporting period and represents the s candidate in accordance with the requirements of M.G.L. c. 55.			
Signed under the penalties of perjury: (////////////////////////////////////	(Candidate's signature)			

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 ear. 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 excords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions exceived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

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

	Name and Residential Address		name and a page number on each additional page. Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
			1
			$ c \rangle$
	,		
	And the second s		

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 Rece	ipts over \$50 (or listed above)	0.60	* If you have itemized receipts of \$50 and
Line 11: Total Rece	ipts \$50 and under (not listed above)	491.00	under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL F	RECEIPTS IN THE PERIOD	491.00	← 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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Durings of Ermondia	1
	Amazon Prime	Address	Purpose of Expenditure	Amount
" 1/24				30.95
3/21/24	MainSt. Water Stell	Main Street Walkefield, MA 01880	One (1) Large Shoet -Stamps	27-20
7-1			Giret Storing	

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 12, Francisco	(-1:4-1-1-)	
and under, inc should includ	clude them in line 13. Line 14 de only those expenditures not	Line 13: Expenditures over \$50 Line 14: Expenditures \$50 and u		0.00
	itemized above. Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDIT		58.15
	Enter on page 1, fine 4	TO THE EXI ENDIT	ORES IN THE LEMOS	3 0.73

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

A.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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. 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 pages.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				The state of the s
		14		
	/			
* If you have it	emized in-kind contributions of	Line 16: In-Kind Contributions o	ver \$50 (or listed above)	0.00
\$50 and under, is should include	nclude them in line 16. Line 17 e 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 CON	TRIBUTIONS 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
				2
				l.
	,			
				The second secon
		Line 19: TOTAL OUTSTANI		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
	,		
Line 20. Tetal Itani	ad Out Of Paglet Francisco		
(or listed above)	ed Out-Of-Pocket Expenditures Over \$50	0.00	* If you have out-of-pocket expenses of \$50
Line 21: Total Uniter	nized Out-Of-Pocket Expenditures \$50 and	0.00	and under, include them in line 20. Line 21 should include only those expenditures not
under (not listed above	ve)		itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD	0.80	← Enter on page 1, line 8
	*Calandala F : C		Page 8



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

Tarrata D Committe	ice as follows.				
CANDIDATE:	Full Name: Meli	sca Qui	Do	9.	
	Residential Address: 75	3 Main			
	City / State / Zip:	tefield.	MAO	1880	
			mailacom		7815265246
	Party Affiliation:				(If applicable)
OFFICE SOUG	HT/PURPOSE:				
	Title: Scho	ol committ	ee	District:	Wakefield
	Candidate without committee (date and file with clerk or local	check if applicable). l election official.	If checked, do not con	nplete committee or officer	sections: sign as candidate,
COMMITTEE:	Name of Committee:				
	Committee Mailing Address:	(The name of the comm	nittee must include the car	ndidate's last name)	
	City / State / Zip:			Phone #:	
OFFICERS:				_	
Chairperson:			Treasurer*:		
Residential Address:			Residential Address:		
City / State / Zip:			City / State / Zip:		
Phone #:			Phone #:	Email:	
77777.1 777. U.S. 177		Additional officers ma	*A public employee may be listed on page two.	y not serve as treasurer of any	political committee (see reverse).
Check applicable box	before signing:		, , ,		
or committee on their keeping detailed acco	ommittee: I hereby 1) consent to this behalf; 3) am subject to certain duti unts and records of all campaign fin committee organized on my behalf	es and liabilities und ance activity for a pe	er M.G.L. c. 55, includ	ing the timely filing of cam	paign finance reports and
Candidate withou account or committee subject to certain dutie	on their behalf; 3) acknowledge if I es and liabilities under M.G.L. c. 55 activity for a period of six years from	this filing; 2) underst become a public em including the timely	ployee I must organize filing of campaign fin	a committee and may not s	erve as treasurer; and 4) am
SIGNED UNDER TH	IE PENALTIES OF PERJURY:	Candidate's signatu	na Chr.	2-	Date: 4-9-2
that: 1) I am subject to and records of all cam	fice of Treasurer of the above-name of certain duties and liabilities under upaign finance activity for a period of loyee, I must resign this position and on their behalf.	M.G.L. c. 55, including six years from the control of six years from the control of the control	ing the timely filing of date of the relevant ele	campaign finance reports a ction; 2) if after my accepta	nd keeping detailed accounts
SIGNED UNDER TH	E PENALTIES OF PERJURY:	Treasurer's signatu	ıre		Date:
I hereby accept the of	fice of Chairperson of the above-nar	ned committee.			
SIGNED UNDER TH	E PENALTIES OF PERJURY:	Chairperson's signa	ature		Date:

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

<u>Section 1</u> defines a candidate's committee:

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

Section 2 requires candidates to keep certain records:

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

Section 3 requires the director to:

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

Section 5 outlines statements of organization of political committees:

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

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

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

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

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

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

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

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

FOR CANDIDATE FILINGS	Affidavit of Committee Treasurer: I certify that I have examined this repactivity, including all contributions. I finance activity of all persons acting	Line 9:		Line Line		Line	Line	Line	Line		Keyn Jose CONSTABLE 125 OAK
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box only) Candidate with Committee	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 sactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period 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. Treasurer's signature.	9: Name of bank(s) used:	Line 8: Total out-of-pocket expenses this period (page 8, line 22)	Line 6: Total in-kind contributions this period (page 6, line 18) Line 7: Total (all) outstanding liabilities (page 7, line 19)	Line 5: Ending Balance (line 3 minus line 4)	Line 4: Total expenditures this period (page 5, line 15)	Line 3: Subtotal (line 1 plus line 2)	Line 2: Total receipts this period (page 3, line 12)	Line 1: Ending Balance from previous report	SUMMARY BALANCE INFORMATION:	Keyn Joseph Lopes Constable Middless 25 OAK ST. WAKE FIELD MA Residential Address 181-315-2408
	Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Date:	N/A	8, line 22)	9)		0	0		0	E INFORMATION:	N/A Committee Name Name of Committee Treasurer N/A Name of Committee Treasurer N/A Committee Mailing Address E-mail: N/A Phone #: N/A



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

Municipal Form TOWN CLERK Office of Campaign and Political FMance STELD, MA

	Type of Report: (Check One)
(MM/DD/YYYY)	/ (MM/DD/YYYY)
Ending: 1-poe; / 14 acod	Reporting Period: Beginning: Kahaway 15, 3034
	City of Town of Complete + 1x 100) 1911
2024 APR 10 AM 9:658 print or type all information, except signatures.	The or Town of the second of t

Type of Report: (Check One)			
8th day preceding preliminary/primary 8th day preceding election	8th day preceding election	30th day following election (town or special)	20th day of January (Year-End report)
Pursuant to M.G.L. Chapter 55:			

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

					The state of the s	Hlighoot	DATE	5. I certify th
						Trapen N. De Joix	PRINT NAME	5. I certify that I do not have a political committee.
					0	The Man	SIGNATURE Signed under the penalties of perjury	
						22 Hacerson Ave	RESIDENTIAL ADDRESS (Street and Number)	
						WHA Brosed of Commissionias	OFFICE SOUGHT	



Reporting Period:

City or Town of:

Wakefield, MA

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

Beginning: 02/02/2024 (MM/DD/YYYY) Office of Campaign and Political Finance Ending: 04/10/2024 Please print or type all information, except signatures. (MM/DD/YYYY)

	(11111111111111111111111111111111111111		
Type of Report: (Check One)			
☐ 8th day preceding preliminary/primary ☐ 8th day preceding election ☐ 30th day following election (1		30th day following election (town or special)	20th day of January (Year-End report)
Pursuant to M.G.L. Chapter 55:			
1 I Life that I am a state for an amount to hold Manisimal Office	annountly hold Municipal Office		

- I certify that I am a candidate for or currently hold Municipal Office.
 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.
 I certify that I do not have a political committee.

						04/10/2024	DATE
						William L Spaulding	PRINT NAME
						With I Speller	SIGNATURE Signed under the penalties of perjury
						42 Gould Street	RESIDENTIAL ADDRESS (Street and Number)
		\$		O I &	17 1720	Planning Board	OFFICE SOUGHT



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

Office of Campaign and Political Finance

Reporting Period: ☐ 8th day preceding preliminary/primary Type of Report: (Check One) City or Town of: Wakefield Beginning: 1/1/24 (MM/DD/YYYY) 30th day following election (town or special) Ending: 4/10/24 Please print or type all information, except signatures. ☐ 20th day of January (Year-End report) (MM/DD/YYYY)

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.

		202	APR			3: 5 8		4/10/24	DATE
		425.5		las c	7.1			Jennifer Kallay	PRINT NAME
								Jennifer Kallay Discrete from the Kallay Discrete from the Collary Dis	SIGNATURE Signed under the penalties of perjury
								25 Sylvan Avenue	RESIDENTIAL ADDRESS (Street and Number)
								Gas and Light Commissioner	OFFICE SOUGHT



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

Office of Campaign and Political Finance

City or Town of: Wakefield	teffeld		Please print or type all information, except signatures.
Reporting Domad.			
Reporting Period:	Beginning: 01/01/2024	Ending: 04/23/2024	
	(XXXX/CIC/MW)		(MM/DD/YYYY)
Type of Report: (Check One)	One)		
8th day preceding pr	☐ 8th day preceding preliminary/primary	h day following election (town or special)	20th day of January (Year-End report)
Pursuant to M.G.L. Chapter 55:	ter 55:	A second A second X	[]

- I certify that I am a candidate for or currently hold Municipal Office.
 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.
 I certify that I do not have a political committee.

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								A PARTICIPATION OF THE PARTICI		11年間	The state of the s				,	Aimee Lominac	PRINT NAME
																	Æ.
																Will I	Signed under the penalties of perjury
																8 Stark Ave	RESIDENTIAL ADDRESS (Street and Number)
																Library Trustee	OFFICE SOUGHT



The Commonwealth of Massachusetts of Cl. Egrafice Use Only) ELECTED CITY, WARD AND TOWN POLITICAL COMMITTEE REPORT LD. MA

					202	3 MAR 21 A	4 8: 0 5
ΓΥ/TOWN: Wakefield			_	WARD (if ap	pplicable):		
Democratic	anii aanaa a aa aanaa aa aa aa aa aa aa aa a		_	DATE OF RE	EPORT: <u>3/23/2023</u>		
E PURPOSE OF THIS REP	ORT BY CH	ECKING THE API	PRO	PRIATE BOX	BELOW:		
ENT OF ORGANIZATION	\boxtimes (CHANGE OF OFF	ICEF	R(S)		ERSHIP UPDATE	Į
	w. File the o	riginal with the Of	fice o	of Campaign an	nd Political Finance, a	and file copies of t	his report with the
urton Place, Room 411 (A 02108 -8300 / (800) 462-OCPF (tol. state.ma.us / http://www.mas	I free in MA) ss.gov/ocpf		2.	Elections Div One Ashburto Boston, MA ((617) 727-282 elections@sec	rision on Place, Room 1705 02108 28 / (800) 462-VOTE c.state.ma.us / http://w Clerk or Election Com	(toll free in MA) www.sec.state.ma.u	us/ele/eleidx.htm
BELOW THE NAME, R	ESIDENTIA	AL ADDRESS A	ND	ZIP CODE O	OF THE OFFICER	S OF THIS CO	MMITTEE:
Don Ravanelle			Sec	eretary:	Elizabeth Lowry		
s: 858 Main St Unit 3			Res	idential Address:	: 86 Green Sty		
Wakefield	MA	01880	City	y / State / Zip:	Wakefield	M	A 01880
@verizon.net	Phone #:	617-877-9356	Em	ail: elizlowry8	6@gmail.com	Phone #:	508-395-8599
Jonathan Chines			*41	nuhlic employee	may not serve as treasur	rer of any political c	committee
s: 34 Hopkins St		The transfer of the second sec	,		2 ·		
Wakefield	MA	01880					
alumni.tufts.edu	Phone #:	617-501-6033	serv	e as treasurers o	of any political committee		
Ch. 52, Sec. 5 of the Massach ne office of Treasurer of the a ect to certain duties and liabil campaign finance activity fo	bove-named of ities under Mr a period of s	Secretary's signate committee. I affirm G.L. c. 55, include six years from the committee.	ature that ling t	I am not a pub he timely filing of the relevant of	olic employee as define	Da ed by M.G.L. c. 5: reports and keepin	ate: 3/23/23 5, s. 13. I understanding detailed accounts
	EPURPOSE OF THIS REPORT OF ORGANIZATION It to the four offices listed below a listed. Campaign and Political Finant urton Place, Room 411 IA 02108 -8300 / (800) 462-OCPF (tolk a lister of the a lister o	Democratic TE PURPOSE OF THIS REPORT BY CHI SENT OF ORGANIZATION To the four offices listed below. File the of slisted. Campaign and Political Finance urton Place, Room 411 IA 02108 -8300 / (800) 462-OCPF (toll free in MA) State.ma.us / http://www.mass.gov/ocpf Ty Committee Headquarters The secretaries must also file a list of officers and the secretaries must also file a list of officers and the secretaries must also file a list of officers and the secretaries must also file a list of officers and the secretaries must also file a list of officers and the secretaries must also file a list of officers and the secretaries must also file a list of officers and make field the secretaries must also file a list of officers and make file alluminity and the secretaries must also file a list of officers and members (including the secretaries and liabilities under Members and liabilities under Members (including the secretaries and liabilities under Members (including the secretary description and liabilities under Members (including the secretary description and the secretary description an	Democratic EF PURPOSE OF THIS REPORT BY CHECKING THE APPLIED OF ORGANIZATION CHANGE OF OFF It to the four offices listed below. File the original with the Offices listed. Campaign and Political Finance urton Place, Room 411 IA 02108 8300 / (800) 462-OCPF (toll free in MA) Istate.ma.us / http://www.mass.gov/ocpf BELOW THE NAME, RESIDENTIAL ADDRESS A Don Ravanelle SE 858 Main St Unit 3 Wakefield MA 01880 Phone #: 617-877-9356 Jonathan Chines SE 34 Hopkins St Wakefield MA 01880 Phone #: 617-501-6033 This list of officers and members (including associate members of the Massachusetts General Laws) Secretary's signal are office of Treasurer of the above-named committee. I affirm the control of the compaign finance activity for a period of six years from the compaign finance activity for a period of six y	Democratic IE PURPOSE OF THIS REPORT BY CHECKING THE APPRO ENT OF ORGANIZATION CHANGE OF OFFICER It to the four offices listed below. File the original with the Office of a listed. Campaign and Political Finance 2. Campaign and Political Finance 2. La O2108 8300 / (800) 462-OCPF (toll free in MA) State.ma.us / http://www.mass.gov/ocpf BY Committee Headquarters 4. BELOW THE NAME, RESIDENTIAL ADDRESS AND Don Ravanelle 5. 858 Main St Unit 3 7. Wakefield MA 01880 City Woverizon.net Phone #: 617-877-9356 Em Jonathan Chines 5. 34 Hopkins St Wakefield MA 01880 direction of the distribution of the Massachusetts General Laws Secretary's signature of the above-named committee. I affirm that exect to certain duties and liabilities under M.G.L. c. 55, secluding the campaign finance activity for a period of six years from the date of campaign finance activity for a period of six years from the date of campaign finance activity for a period of six years from the date of campaign finance activity for a period of six years from the date of the six of the date of the da	Democratic DATE OF RI RE PURPOSE OF THIS REPORT BY CHECKING THE APPROPRIATE BOX ENT OF ORGANIZATION CHANGE OF OFFICER(S) Campaign and Political Finance Cone Ashburt Boston, MA (617) 727-28: elections@se Coty / Town Coty / State / Zip: Commonwealth or a Coty / State / Zip: Commonwealth or a Coty / State / Zip: Commonwealth or a Contact OCPF for full fining associate members) of the above-members of the Massachusetts General Laws Coty / State / Cip / Secretary is signature Contact OCPF for full filing the timely filing the timely filing the cortain duties and liabilities under M.G.L. c. 55, helpfuling the timely filing campaign finance activity for a period of six years from the date of the relevant to detect on the coty of the relevant to the relevant to detect on the coty of the relevant to the relevant to detect of the relevant to the re	Democratic Democratic DATE OF REPORT: 3/23/2023 DATE OF REPORT: 3/23/202	Democratic DATE OF REPORT: 3/23/2023 DEPURPOSE OF THIS REPORT BY CHECKING THE APPROPRIATE BOX BELOW: ENT OF ORGANIZATION CHANGE OF OFFICER(S) MEMBERSHIP UPDATE It to the four offices listed below. File the original with the Office of Campaign and Political Finance, and file copies of the Sisted. Campaign and Political Finance Local Campaign and Political Finance, and file copies of the Elections Division One Ashburton Place, Room 1705 Boston, MA 02108 (617) 727-2828 / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in MA) Local Company (1972-2828) / (800) 462-VOTE (toll free in

NAME OF CITY / TOWN / WARD: Wakefield LIST OTHER OFFICER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW: Other Officer/Title: Vice Chair: Caitriona Fitzgerald Other Officer/Title: Affirmative Action/Outreach: David Ledonne Residential Address: 14 Emerald St Residential Address: 31 Avon St #3 City / State / Zip: Wakefield MA 01880 City / State / Zip: Wakefield 01880 MA Other Officer/Title: Other Officer/Title: Affirmative Action/Outreach: Kevin York Residential Address: Residential Address: 10 Collins Rd City / State / Zip: City / State / Zip: Wakefield MA 01880 **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: 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:

City / State / Zip:

Associate Member:

Residential Address:

City / State / Zip:

Residential Address:

City / State / Zip:

Associate Member:

Residential Address:

City / State / Zip:

(For Office Use Only)

Form CPF 101 WTC: STATEMENT OF ORGANIZATION

ELECTED CITY, WARD, TOWN POLITICAL COMMITTEE REPORT of Massachusetts 2074 APR 19 AM 7: 39 NAME OF CITY/TOWN: WARD (if applicable): EPUBLICAN PARTY: DATE OF REPORT: 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. Office of Campaign and Political Finance 1) Secretary of the Commonwealth, William Francis Galvin One Ashburton Place, Room 411 Elections Division Boston, MA 02108 One Ashburton Place, Room 1705 (617) 979-8300 / (800) 462-OCPF (toll free in MA) Boston, MA 02108 ocpf@mass.gov / https://www.ocpf.us (617) 727-2828 / (800) 462-VOTE (toll free in MA) elections@sec.state.ma.us / https://www.sec.state.ma.us/elections City Clerk / Town Clerk or Election Commission State Party Committee Headquarters PLEASE LIST BELOW THE NAME, RESIDENTIAL ADDRESS AND ZIP CODE OF THE OFFICERS OF THIS COMMITTEE: Chairperson: Secretary: Residential Address: 3 Treasurer*: *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 a mail. Com Phone #: 617-838-113 Serve as treasurers of any political committee. If you are unsure of your status, please 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. 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:

NAME OF CITY / TOWN / WARD: WARE FIELD S IN	4/ASS
LIST OTHER OFFICERS' NAMES, TITLES, RESIDENTIAL ADDRESS	SES 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: Scot A. Mc CAULEY	Member: MARCH L. MCCANLEY
Residential Address: 32 WALDEN RD	Residential Address: 32 WALDEW RD
City / State / Zip: LAKEFIELD MA DIBRO	City/State/Zip: LUNKEFIELD MEI 0/880
Member: JOHN LOCK	Member: FRANK MARGHERITA
Residential Address: 4 GREGORY RD	Residential Address: 13 Summer ST
City/State/Zip: WAKEFIELD MA OPER	City/State/Zip: WAKEFIELD MA 01886
Member: JEANNE McCorry	Member: ROBERT M'CORCY
Residential Address: 34 WOOD CAND RD	Residential Address: 34 WOSOCANO RP
City/State/Zip: WAICEFIELD MA 01886	City / State / Zip: WAKEFIEW MA 01880
Member: Deborah Fox	Member: GERARD LEEMAN
Residential Address: 12 Aly SSA DR	Residential Address: 10 Fox RD
City/State/Zip: WAKEFKLD MA 01880	City/State/Zip: WAKEFIELD MA 01870
Member: STEVE NIKITIN	Member: LOIS NIKITIN
Residential Address: SC MAIN ST.	Residential Address: SE MAIN ST.
City/State/Zip: WAKEFIELD NA 01880	City/State/Zip: WAKE FIELD MA 01880
Member: Philip GRADY	Member: TERESA GRADU
Residential Address: 4 MONTCOARC AVE	Residential Address: 4 MONT CLARE AVE
City/State/Zip: WAREFIELD MA 0187	City/State/Zip: WAXEFIELD MA ONSO
Member: JOHN CONFALONE	Member:
Residential Address: 7 WALDEN RD	Residential Address:
City/State/Zip: WAKEFIELD MA 01880	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:



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK WAKEFIELD, MA

of Massachusetts	one to but William
Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission Ending Date: Ending Date: Ending Date:
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
KAYHLEEN M. Kelly	
Candidate Full Name (if applicable)	Committee Name
Office Sought and District	Maria eCC . W. T.
21 BRYant St	Name of Committee Treasurer
E-mail: Residential Address E-mail: MAIY (a) Wakefold, MAUS	Committee Mailing Address E-mail:
Phone # (optional):	Phone # (optional):
	(-рисши).
SUMMARY BALANC	E 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 (pag	ge 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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance 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 of this committee in activity of all persons acting under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	coordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in accoincurred any liabilities nor made any expenditures on my behalf during this reporting p	est of my knowledge and belief, a true and complete statement of all campaign finance rdance with the requirements of M.G.L. c. 55. I have not received any contributions, eriod 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 bifinance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this contributions.	est of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury: Manleer An-Da	(Candidate's signature) (Candidate's signature) (Candidate's signature)



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

Reporting Period:	od: Beginning: 01/17/2024	(MM/DD/YYYY)	Ending: 04/23/2024	(MM/DD/YYYY)
ype of Report: (Check One)	(Check One)			
⊠ 8th day prec	⊠ 8th day preceding preliminary/primary □ 8th day □	Sth day preceding election 30th day follo	30th day following election (town or special)	20th day of January (Year-End report)
ursuant to M.G 1.1 certify t 2.1 certify t 3.1 certify t	*ursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold N. 2. I certify that I have not received any contributions, n. 3. I certify that I do not have a political committee.	Municipal Office, made any expenditures, or incurred any ob	ligations during this reporting period	want 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.
DATE	PRINT NAME	Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	S OFFICE SOUGHT
04/23/2024	Stephen Ingalls	1 Show	40 Richardson St	School Committee
		UP.		2014
				PR 24
				8: 1: