

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

TOWN CLERK WAKEFIELD, MA

Office of Campaign and Political Finance

City or Town	of: Wakefield			Please plant or type all information, except signat
Reporting Pe	riod: Beginning:	(MM/DD/YYYY)	Ending:	4/19/2021
Type of Report	t: (Check One)			(MM/DD/YYYY)
8th day pre	ceding preliminary/primary 🔀 8th	day preceding election 30th day follow	2 - 2	
	G.L. Chapter 55:	day preceding election 30th day follow	ving election (town or special)	20th day of January (Year-End report)
<ol> <li>I certify</li> </ol>	that I am a candidate for or currently by	old Municipal Office.  ns, made any expenditures, or incurred any obli .	gations during this reporting per-	iod, and do not have a campaign fund in existence
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRE (Street and Number)	OFFICE SOUGHT
04/14/21	Megan E. Menesale	Megan & menegale	24 Armory Street	Planning Board, 2 year term
· ·				



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

Office of Campaign and Political Finance

City or Town of:	Wakefield	E'	Ple	ase print or type all information, except signature
Reporting Perio	d: Beginning: 03/	0   / 2   (MM/DD/YYYY)	Ending: 04	/20/2/≥ 3 (MM/DD/YYYY) > 3
Type of Report: (6	Check One)			APR TOWN
8th day preced	ding preliminary/primary 💢 8th day	preceding election 30th day follow	ving election (town or special)	20th day of January (Year End report)
<ol><li>I certify that</li></ol>	4 T 1' J C 1	Municipal Office.  made any expenditures, or incurred any obli		do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
4/16/21	Sharon L. Janus	Sharon I Janus	61 Greenwood Ave	Howing Authority
		\		



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

2021 APR 20 AM 6: 20

Fill in Reporting Period dates:  Beginning Date:  Jan 8, 20 4 April 121, MASS 21
Type of Report: (Check one)
☐ 8th day preceding preliminary 🔀 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution
Anne P. Danchy  Candidate Full Name (if applicable)  TOLUN COUNCIL  Office Sought and District  OVENION Residential Address  E-mail: danchyfortown council acom  Phone # (optional): 781-258-9198  Committee To Elect Anne Danchy  Committee Name  Kevin C. Danchy  Ovenion Residential Address  Committee Mailing Address  E-mail: Kdanchyl acom  Phone # (optional): 781-258-9198
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2) 4,935.00
Line 4: Total expenditures this period (page 5, line 14)  3,702.00
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this period (page 6) 546 (Starnes)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: The Sayings Bank, Wakegeld, MA
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  Candidate with Committee  Candidate with Committee  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: 4119121

#### SCHEDULE A: RECEIPTS

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

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

-Part an receiptar 1	lease include your committee name and a pa	be number on each	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/10	Gourville, Laurel & John	\$100	
3/31	Guardiai	<sup>3</sup> 250	Philanthropy Director Boys & Girls Club
412	Howell,	\$100	
4/10	Janek, Dana	\$ 100	
3131	Lallin Lydia	<sup>3</sup> 100	
4110	Rich-Lariccia Fred	\$100	
3/21	Markham,	\$100	
3/17	McCarthy, Cornelius	\$100	
3/1	McCoubrey, Brian+Jacqueline	100	
3/1	Jon athan Chines Maria Muti	100	
413	Newman Dennis	100	
3/23	O'Keefer Jane	100	
Line 9: Total Rece	cipts over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
	d receipts of \$50 and under include them in lin	o O Line 10 show	Id include only these receipts not itemized shove

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

#### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3117	Angelis, Phil	\$100	
3118	Barresi, Marquerite	\$100	Self employed nuthor
3 2	Barres\$, Reggy+	\$100	
3127	Benjamin, Daniel	100	
3/10	Brodeur, Paul + Elizabeth	100	
3/10	Brown, Paul + Kathlern Beaulieau	100	
3/12	Callchan, Christopher	200	Worth Shore Pool & Spa
3129	Callanan, Erin	100	
3/23	Carney,	250	Manager, Keolis Commuter Services
3129	Corbetti Itelen	100	
3125	Danehy: William	100	
4/11	Driscolli Kim	100	
4116	Floryshak, Claudia	100	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

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

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/30	Piskadlo, Kevin	\$100	
712	Raynard, Patricia	\$100	
3/19:	Santos, Anne=	\$150	
3/15	Robert & Tracey	\$200	Retired Naval (Jag) Altorney
	N N		
3			
			1
1.			
Line 9: Total Recei	pts over \$50 (or listed above)	3,450	-
Line 10: Total Rece	ipts \$50 and under* (not listed above)	1,485	
	RECEIPTS IN THE PERIOD	4,935	Enter on page 1, line 2

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

# SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/19	ACT Blue		on-line Fees	121.78
4/16	Boyds		Mailer- Printings Postage	1,799
3/19	Connolly		50 Lawn SIGNS	335.2
3/29	[] 11		Dear Friend Card Printing	488.75
4/2	11 11		Palm card Printing	478.13
418	1.1		10 SIGNS (Iawn)	10572
3/18	Etsy		Logo Face Masks	1126)
415	U.S. P.S.		Stamps	55
3/27	Dunkin Donuts-wak.	Sign holder Coffeed donuts		2762
				3674.2
		Line 12: Total Expenditures over	r \$50 (or listed above)	3694.20
		Line 13: Total Expenditures \$50	and under* (not listed above)	27.61
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	3701.83

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



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

Office of Campaign and Political Finance

City or Town o	of: Wakefield			lease print or type all information, except signatures.
Reporting Per		(MM/DD/YYYY)	WAKEFIELD MASS.	(MM/DD/YYYY)
Type of Report:		y preceding election 30th day follow	ing election (town or special)	20th day of January (Year-End report)
Pursuant to M.C 1. I certify 2. I certify	G.L. Chapter 55: that I am a candidate for or currently hold	Municipal Office.		and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
4/19/21	Charles Geier	Jacks Geier    Inches Geier   Inches	41 Forrester Rd	Housing Authority 5 Yr term



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

2021 APR 20 AM 6: 25

Fill in Reporting Period dates:	Beginning Date: 3/	5 WAKE	WN CLER	File with: Ci	ty or Town Cler	k or Election Commission
Type of Report: (Check one)	1					
□ 041 3	8th day preceding election	☐ 30 day a	fter election	☐ year	end report	dissolution
Candidate Full Name  Candidate Full Name  Then Council  Office Sought and  Control  Residential Act  E-mail: elect branding langue  Phone # (optional):	Afapplicable)  A District  Walcefield, MA	B-mail: M Phone # (opt	Marcy	me of Committee Mai	ittee Treasurer Walco Ling Address	ield, MAD
	SUMMARY BALANC	E INFOR	MATION:			
Line 1: Ending Bala	nce from previous report				0	7
Line 2: Total receipt	s this period (page 3, line 11)	) [		937	5.60	
Line 3: Subtotal (lin	e 1 plus line 2)		-	937	5.60	
Line 4: Total expend	litures this period (page 5, lin	ne 14)		89	50,00	
Line 5: Ending Bala	nce (line 3 minus line 4)			42	15.60	
Line 6: Total in-kind	contributions this period (pa	ige 6)			O	
1	itstanding liabilities (page 7)				0	
Line 8: Name of ban	k(s) used: Wakefield	d Co-op	perative	Ban	L	
Affidavit of Committee Treasurer:  I certify that I have examined this report including activity, including all contributions, loans, receipt finance activity of all persons acting under the aut  Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY  Candidate with Committee  I certify that I have examined this report includes	hority or on behalf of this committee in	accordance with	the requirements of this (Treasurer's	reporting peri f M.G.L. c. 5 signature)	od and represen	ts the campaign
I certify that I have examined this report inch activity, of all persons acting under the author incurred any liabilities nor made any expendit Candidate without Committee  I certify that I have examined this report including contributions, loan campaign finance activity of all persons actin	tures on my behalf during this reporting	period that are no	ot otherwise disclo	A.G.L. c. 55. sed in this rep true and com	I have not recei- port.	ved any contributions, of all campaign
Signed under the penalties of perjury:			(Candidate's		Date:	

SCHEDULE A: RECEIPTS | of 4

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/11/2021	JOHN AMIRAULT 33WAKEFIELD AVE DUKECK	200.	POLICE OFFICER CITY OF MALDEN
4/1/2011	PAUL ANTONIO 24 PROSPECT ST. WAKEFIELD	100.	
3/17/2021	BOBBY BELLINO 146 LIVER ST. WAKEFILLD	1000	
4/8/2021	BOBBY BROWN 17 REGENCY RIDGE ANDOVER	1000	
3/15/2021	SHANE BROWN 169 FRANKLIN ST. STONEHAM	350.8	BUSINESSOWNER. SM BROWN HEATING / COOLIN
3/11/2021	GEORGE CARINO WINGHIP PRIME WAKEFIELD	100.0	
3/22/2021	BRITTANY CARISELLA 215 NAHANT ST WAKEFIELD	163.00	
4/1/2001	MILLE CASOLI 77B VALLEY ST. WAKEFIELD	ao. 1	LAYLVER CASOLI LAW
4/1/2021	BRIAN CRESTA 506DEN LN. MIDDLETON	100.00	
3/11/2021	CHRISTOPHER CAOZZO 14 AUDUBON 2D WAKEFIELD	100.00	
4/2/2021	GRIN DIGIA COMO SHAWK RIDGE RD-ANDOVER	100.60	
4/5/2021	ANDY DOWLS 63 ALDRICH RD WAKEPIELD	55.00	
Line 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	ripts \$50 and under* (not listed above)		PAGG 1 OF 4
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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

CTE FLANAGAN 2099

SCHEDULE A: RECEIPTS (continued) 2 of 4

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/30/2021	LISA ERBAN 4 HANCOCK RD WORFFIELD	100 22	
3/11/2021	DEBORAH FLANAGAN 28 SHERWOOD IN LAKEVILLE MA	(60. <sup>‡</sup>	
3/10/2021	DUNNIE FLAMAGION IE SHASTA DR. NORTH READING	1000.00	BUSINESS OWNER IN FORCE TECHNOLOGY
3/26/2021	MICHAGO FAYON 19 ROSEMENY AVE WARFIELD	100.50	
3/10/2021	CHRISTIAL GARGAND 26 CAESTAUT ST. # 10 VAKEFIELD	100.00	
3/5/2021	SANDRA GASS 45 FORRESTER RD WAREFILLD	100.00	
3/10/2021	CHARGES GEIER 41 FURRESTER RD WAKEPKLO	106.6	
4/1/2021	MIKE GOLINI R SHABTADA. NORTH READING	300.30	BUSINESS SWNER. GOLINI BROS. PAVING
3/10/2021	CATACRINE GREEN  DEDECMERE RD ROCKPORT	200.0	PROFESSIONAL SRATER
3/20/2021	ERIK HELLMER. 270 MINST. WAREFIELD	100.50	
9/5/2021	TOND HEREAND 16 FIANDERS CAN'T WEREFIELD	100.11	
3 10 2021	LEGUE HURTON 55 CHESTMOT ST. WARGIELD	200.6	RETIREO
4/6/2021	RALPH JOHNSON ISI FOLNORY ST. WAREFIELD	100.00	
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		PAGE 20F 4
ine 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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

RTE FLANABAN 30F9

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/10/2021	FREDAR ST. WAREFILLA	100.00	
4/1/2021	JAMES KENNEY 9 CENAR ST. WAKEFIELD	106.60	
4/7/2021	GERARD LEE MAN 10 FOX RD: WOKEFIELD	200.60	COMPLIANCE OFFICER. End M.LLIPORE CORP.
4/1/2021	JONATHAN LENT 3 KARL RD WAREFIELD	aso.	PULLE OFFICER. MASS PORT AUTH
4/17/2021	BELLEVEE STO WAKEFIELD	100.65	
3/10/2021	MARCY MCCALLEY 32 WALDEN RD CHARGELA	aso.n	PROJECT MANAGER WALDMAN PLOMBING
3/11/2021	JERRY MC DER MOTE 94 POND ST WESTWOOD MA	250,0	BUSINESS OWNER
3/19/2021	JAMES MCDOUGALC 16 SHASTA DR. NORTH READINGS	150,0	
3/11/2021	MICHELLE MCNALL as PARK ST. WAKEFIELD MA	150,0	
4/13/2021	ROBERT MICKOLDZ SCANTERN LA WAKEFIELD MA	106.5	
3/11/2021	7896 PARKAVE TULSA OK	350.20	RETIRED
3/17/2021	LISA NAKHONE IS CURTIS ST. WAKEFIELD	163.04	
ine 9: Total Rece	ipts over \$50 (or listed above)		
ine 10: Total Rece	pipts \$50 and under* (not listed above)		PAGE 3 OF 4
ine 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
. IC 1			- Lancer on page 1, time 2

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

CTE FLANABAN 449

4/7/2021 3/11/2821 3/10/2021	TOM O'BRIEN 24 VERNON ST WAKEFIELD MA	500.00	(for contributions of \$200 or more)
	THE ALCOHOLD		O'BRIEN CONSTRUCTION
3/10/2021	TIM O'BRIEN GBEELHTREE CIR WAKEFIELD	100.5	
	THOMAS ROSSI 20 BONAIR AVE LOAKEFIELD	206.9	SENT LETTER ON 4/1/2021 FOR OCCUPATION EMPREYEER
3/15/2021	MIKE ROWE 14 LINDEN AVE WAREFIELD	100.4	
3/11/2021	BEBOX 2 NOTELY READING	100.*	
4/1/2021	FRANCES TAYLOR FOLD NAHADT AD WAREFIELD	100.50	
4/1/2021	THE TOOTHACKER. TURNER DRIVE NORTH READIN	500.0-	SELF EMPLOYED. INDEPENDENT CONCRETE PUMPIN
3/13/21	SUSAN WETMORE 12 SUNSET DR. WARRFIELD	54.56	
4/1/21	JOHN WILLIS 109 BLETLER AVE WAKEFIELD	106.00	
3/11/21	DIDNALD LUONG 53 JUNIPER DR SAUGUS	100,0	
Line 9: Total Receip	ots over \$50 (or listed above)	8285.60	
Line 10: Total Receip	pts \$50 and under* (not listed above)	1090-00	PAGE 4 OF 4

 $<sup>\</sup>boxed{9375.60}$  \( \int \text{Enter on page 1, line 2} \* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

CTE FLANDGAN 5.49

Line 11: TOTAL RECEIPTS IN THE PERIOD

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

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

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

aitures. Please include your comn	sittee name and a page number on	each page.)				
To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount			
Flanagen, Brandon	6 Hancolk Rd Wakefield	Staples Postcards	669.50			
Harrington's	17 Water St Wakefield	Campaign	600.00			
Harringtons	11 //	Food & BeV	56.12			
Michelle McNall	Jo Park St Wakefield	USPS- Postage	540.00			
Nick's Pizza	602 Manst Wakefield	FaB	67.50			
Oyes Restaurant	Reading MA	F:B	118.03			
Publicketcher	397 Main St Wakefreld	Fa'B	96.32			
SardellaSigns	68 North Ave Wakofield	Yard Signs	2280.1			
SardellaSigns	68 North Aug Waterield	Yard Sugn Stakes	116.88			
Stoples	34 Walkers Brook feading MA	postcards	584.32			
Steples	11 //	postcards	99.32			
Staples	11 //	postcords	817.00			
Line 12: Total Expenditures over \$50 (or listed above)						
Line 13: Total Expenditures \$50 and under* (not listed above)						
Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD				
	To Whom Paid (alphabetical listing)  Flankgan, Brandon  Horrington's  Harrington's  Michelle McNall  Nick's Pizza  Oye's Restaurant  Publick there  Sardella Signs  Sardella Signs  Stoples  Staples  Staples	To Whom Paid (alphabetical listing)  Flanagan, Brandon  Harrington's Line 12: Total Expenditures \$50.	(alphabetical listing)  Flangar, Brandon  Horrington's  17 Water St Wakefield  Harrington's  18 Wakefield  Harrington's  19 Water St Wakefield  Harrington's  10 Water St Wakefield  Horrington's  11 " Food's BeV  Michelle McNall  To Park St Wakefield  Nick's Pizza  Coop May St Wakefield  Postage  Nick's Pizza  Coop May St Wakefield  Postage  Publick Uchen  397 Mem St Wakefield  Fa' B  Cordella Signs  Coop North Ave Wakefield  Fa' B  Sardella Signs  Coop Water St Wakefield  Fa' B  Publick Uchen  To B  Publick Uchen  Wakefield  Fa' B  Postage  Vard Signs  Sardella Signs  Coop Worth Ave Wakefield  Fakes  Staples  11 " Postcards  Line 12: Total Expenditures \$50 and under* (not listed above)  Line 13: Total Expenditures \$50 and under* (not listed above)			

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. CTE FLANABAN 6.49

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#### SCHEDULE B: EXPENDITURES

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

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

report all expenditures. Please include your committee name and a page number on each page.)							
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount			
3/26/21	USPS	321 Menst Wakefield	Postage	41500			
3/29/21	USPS	11 //	Postage	144.00			
4/1/21	USPS	), //	Postage	360.00			
4/9/21	USPS	11 0	postage	360.00			
4/12/21	USPS	11 //	postage	540.00			
4/13/21	USPS	11 (1	postage	360.00			
4/1421	USPS	11 //	postage	180.00			
4/12/21	VistaPrint	Onlene	Door hangers	130.40			
3/18-	Fundly	Online	Fees-Online	324.73			
		Line 12: Total Expenditures ov		8859.29			
		Line 13: Total Expenditures \$50	and under* (not listed above)	90.71			
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	8950,00			

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

Page

Page

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1			
	\$	Line 15: In-Kind Contributions	over \$50 (or listed above)	0		
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0		
	Enter on page 1 line 6 →	Line 17: TOTAL IN-KIND CO	NTDIDITIONS	0		

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

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CTE FLANABAN 8. F9

#### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
	_			
				2
	Enter on page 1 line 7 -	Line 18: TOTAL OUTSTANI	NNC I IADII ITIES (ALL)	

CTE FLANAGAN 9.89

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# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	2021 APR 20 AM 6: 26
Fill in Reporting Period dates: Beginning Date:	2021 APR 20 AM 6: 26    2   TOWN CLERCLING Date:   L/ 120   21  WAKEFIELD, MASS.
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
KEITH P. LAGRAVES	
Candidate Full Name (if applicable)  LIBRARY BOARD OF TRUSTEES	Committee Name
office Sought and District  28 WEST PARK DRIVE	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Phone # (optional): 781-246-1766	E-mail:
701-276-1766	Phone # (optional):
SUMMARY BALANC	CE INFORMATION.
- w	SE INFORMATION.
Line 1: Ending Balance from previous report	<u></u>
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	Ò
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Now E	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in	Contributions and liabilities for this connecting paried and and an in-
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period that are not otherwise disclosed in this report.
Candidate without Committee  1 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	s m-kind contributions and liabilities for this remedian and liabilities for this
Signed under the penalties of perjury:	Date: $4/20/2$



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance AM 6:53

of Massachusetts		TOWN CHIERK OF TOWN	Clark or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/1/2	021	WAREFIELD #719/202:	1
Type of Report: (Check one)  ☐ 8th day preceding preliminary	☐ 30 day	after election year-end repo	ort  dissolution
Julie Smith-Galvin  Candidate Full Name (if applicable)  Town Council  Office Sought and District  28 Grafton Street, Wakefield, MA 01880  Residential Address  E-mail: julie.smithgalvin87@gmail.com  Phone # (optional):	Kristina	Name of Committee Treast ton Street, Wakefield, MA 01880 Committee Mailing Addre	
	L		
SUMMARY BALANC	E INFO	RMATION:	
Line 1: Ending Balance from previous report			64.36
Line 2: Total receipts this period (page 3, line 11)		5,0	614.00
Line 3: Subtotal (line 1 plus line 2)		5,4	678.36
Line 4: Total expenditures this period (page 5, line	e 14)	2,4	663.14
Line 5: Ending Balance (line 3 minus line 4)		2,5	950.86
Line 6: Total in-kind contributions this period (pa	ge 6)		106.20
Line 7: Total (all) outstanding liabilities (page 7)		890.72	
Line 8: Name of bank(s) used: The Savings Bank			
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions accordance w	and liabilities for this reporting period and re rith the requirements of M.G.L. c. 55.	ent of all campaign finance epresents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	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	cordance with	the requirements of M G I c 55 I have n	atement of all campaign finance ot received any contributions,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	best of my k	nowledge and belief, a true and complete sta	ried and remeasure the
Signed under the penalties of perjury: Alle M. Cre		(Candidate's signature)	ite: 4/18/21

#### SCHEDULE A: RECEIPTS

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

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

	Name and Residential Address		Occupation & Employer			
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)			
	See attached					
	] [					
11/2						
Line 9: Total Rec	eipts over \$50 (or listed above)	\$3,645				
Line 10: Total Re	ceipts \$50 and under* (not listed above)	\$1,969	]			
		42,505				
Line 11: TOTAL	RECEIPTS IN THE PERIOD	\$5,614	← Enter on page 1, line 2			
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2			

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

#### Committee to Elect Julie Smith-Galvin , Schedule A Attachments: Receipts

D	ate Received	<b>Donor Name</b>		Ar	nount	Address			Donor Occupation	Donor Employer
1	/8/2021	Brian	McCoubrey	\$	100.00	82 Elm Street	Wakefield	MA	01880	Donot Employer
1	/13/2021	Mehreen	Butt	\$	100.00	894 Main Street Unit 10	Wakefield	MA	01880	
1.000	/16/2021	Kathleen	Beaulieu	\$	100.00	PO Box 274	Wakefield	MA	01880	
2,	/2/2021	Andrea	Smith	\$	500.00	243 Heather Court	La Plata	MD	20646 Not Employed	Not Employed
2,	/4/2021	Ted George	Dooling	\$	250.00	11 Muriel Ave	Wakefield	MA	01880 Business Owner	Boston Computer Scanning
3,	/10/2021	Jonathan	Chines	\$	100.00	34 Hopkins Street	Wakefield	MA	01880	boston computer scanning
3,	/13/2021	Susan	Wetmore	\$		12 Sunset Dr	Wakefield	MA	01880	
3/	/13/2021	Laura	Broding	\$	100.00	7 Ballister St #436	Wakefield	MA	01880	
3/	/14/2021	Sheila	Lawson	\$	100.00	14 Morel Circle	Wakefield	MA	01880	
	15/2021	Donna	Murphy	\$	100.00	135 Prospect Street	Wakefield	MA	01880	
		Anthony	Guardia	\$	250.00	27 Davey Lane	Wakefield	MA	01880 Philanthropy	Boys & Girls Clubs
-		Gregory	Liakos	\$	100.00	8 Grafton Street	Wakefield	MA	01880	Doyo a cinib ciabs
		Ann	Santos	\$	150.00	39 Converse Street	Wakefield	MA	02148	
		Dan/Lois	Benjamin	\$	100.00	10 Foster Street	Wakefield	MA	01880	
		Mary	Usovicz	\$	100.00	2 Botts Court	Salem	MA	01970	
111.	harte market of	Lisa	Erban	\$	100.00	8 Hancock Rd	Wakefield	MA	02148	
2,170		Julie	King	\$	100.00	3 Findlay Street	Wakefield	MA	02148	
		Andrea	Smith	\$	500.00	243 Heather Court	La Plata	MD	20646 Not Employed	Not Employed
4/	3/2021	Fred	LaRiccia	\$	100.00	One Franklin St	Wakefield	MA	01880	not employed
										US Environmental Protection
		Melville	Cotr	\$	250.00	5 Ames Street	Wakefield	MA		Agency
4/6	5/2021	Patty	Bianchet	\$	70.00	10 Fairmount Avenue	Wakefield	MA	01880	- <b>G</b> C <b>.</b>
- 55		Kathleen	Scharf	\$	100.00	69 Pleasant St	Wakefield	MA	01880	
4/1	14/2021	Merilyn	Eldridge	\$	75.00	52 Oak Street	Wakefield	MA	01880	
4/1	14/2021	Tarae	Howell	\$	100.00	834B Main Street	Wakefield	MA	01880	
				\$ 3,	645.00					
\$50	and Under - N	lot Itemized								
Tot	al			\$ 1,	969.00					
Tot	al Reported:		3.3	\$ 5,6	514.00					

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			8
Line 9: Total Rece	cipts over \$50 (or listed above)		
	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		
			Enter on page 1, line 2

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

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

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

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

	To Whom Paid	nittee name and a page number on		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	See Attached			
-				
	III			
		Line 12: Total Expenditures ov	er \$50 (or listed above)	2,595.
		Line 13: Total Expenditures \$50	and under* (not listed above)	67.0
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	\$2,663.

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

#### Committee to Elect Julie Smith-Galvin, Schedule B Attachment, Expenditures

*	·		•			Purpose of		
Date Paid	To Whom Paid	Address				Expenditure	An	nount
11/29/2020	Wix.com	40 Namal	TelAviv	Israel	6350671	Web Hosting Contribution	\$	263.92
1/1/2021 - 4/17/2021	ActBlue Technical S	PO Box 441146	Somerville	MA	02144	Processing Fee	\$	197.66
3/16/2021	USPS	8300 NE Underground Drive Pillar 210	Kansas City	МО	64144	Postage	\$	217.85
3/24/2021	<b>Connolly Printing</b>	17B Gill Street	Woburn	MA	01801	Lawn Signs	\$	338.94
3/31/2021	<b>Connolly Printing</b>	17B Gill Street	Woburn	MA	01801	Campaign Literature	\$1	,073.13
4/15/2021	USPS .	1179 Main St	Wakefield	MA	01880	Postage	\$	288.00
4/16/2021	USPS	321 Main St	Wakefield	MA	01880	Postage	\$	216.00
							\$2	,595.50
\$50 and under - not itemized								
The second secon					ಕ		\$	67.64
Total Reported							\$2	,663.14

#### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	;er			
===				
				k
l l				
1				
_1300				
		Transition -		
		4-11-14		
		Line 12: Expenditures over \$	350 (or listed above)	
		Line 13: Expenditures \$50 an	d under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	

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

Page 2

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4/12/21	Bob Vincent	70.20	Postage	
4/13/21				70.20
	•			
		Line 15. In Viola		
		Line 15: In-Kind Contributions	over \$50 (or listed above)	70.20
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	36.00
* TC 1 · · ·	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	\$106.20

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

Page 6

#### SCHEDULE D: LIABILITIES

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

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



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance 2021 APR 20 AM 6: 54

Fill in Reporting Period dates: Beginning Date: Jan 1,	TOWNIS VIE PIN or Town Clerk or Election Commission  2021  WARDING PARTS, 2021
Type of Report: (Check one)  ☐ 8th day preceding preliminary  ☐ 8th day preceding election [	30 day after election  year-end report dissolution
Jennifer Kallay	Committee to Elect Jennifer Kallay
Candidate Full Name (if applicable)	Committee Name
Gas and Light Commissioner	John Wilson
Office Sought and District 25 Sylvan Avenue, Wakefield, MA 01880	Name of Committee Treasurer 25 Sylvan Avenue, Wakefield, MA 01880
Residential Address	Committee Mailing Address
E-mail: jlindak@gmail.com	E-mail: jlindak@gmail.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	338.21
Line 2: Total receipts this period (page 3, line 11)	48.02
Line 3: Subtotal (line 1 plus line 2)	386.23
Line 4: Total expenditures this period (page 5, line	e 14)
Line 5: Ending Balance (line 3 minus line 4)	386.23
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: The Savings Bank	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in  Signed under the penalties of perjury:  John Collier Wilson	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the	e 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.
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 the	s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:  Jennifer Kallay  Dignally signed by Jen Die consenter Kalla	onder Kollay  Date: Apr 19, 2021  (Candidate's signature)



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

Office of Campaign and Political Finance

City or Town o	Wakefield, MA		2021 AP	R 20 MAN 6: 56 oli information, except signature
Reporting Peri	od Beginning 01/01/2021	(MM/DD/YYYY)	Ending 04/20/20210 WAKE	WN CLERK Fielda <b>mass</b> yy
Type of Report		Land Dimbon		
Pursuant to M C 1. I certify t 2. I certify t	i.L. Chapter 55: hat I am a candidate for or currently b	old Municipal Office ons, made any expenditures, or incurred any obli	ang election (town or special)	20th day of January (Year-End report)  d, and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRES (Street and Number)	OFFICE SOUGHT
4/20/21	Laurel Skinder Gouville	Garl An-	33 Reynolds Road	Board of Health



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts	2021 APR 20 AM 7: 07 File with. City or Town Clerk or Election Commit				k or Election Commission
Fill in Reporting Period da	ill in Reporting Period dates: Beginning Date Mar 5, 2021 TOMM TOLER MAPS.  WAKEFIELD. MASS.				
Type of Report: (Check or	ne)				
8th day preceding prelimina	ry 8th day preceding election	30 day afte	er election	year-end report	dissolution
Kevin Scott Piskadlo		Piskadlo Co	mmittee		
	ill Name (if applicable)			Committee Name	
School Committee	ought and District	Ryan M. Pis		ume of Committee Treasurer	
2 Crosby Road, Wakefield, MA	4550-0-4685-0-500	2 Crosby Ro		eld, MA 01880	
	dential Address	2 3 3 3 7 1 3		ommittee Mailing Address	
	skadlo@gmail.com	E-mail:	pi	skadlocommittee@gma	il.com
Phone = (optional)	(781) 962-4663	Phone # (optio	nal)		
	SUMMARY BALAN	CE INFORM	IATION:		
1007231		Γ			
Line 1: Endi	ng Balance from previous report				0
Line 2: Total	I receipts this period (page 3, line 1)	1)		2,7	779
Line 3: Subt	otal (line 1 plus line 2)		***************************************	2,7	779
Line 4: Tota	I expenditures this period (page 5, li	ine 14)		2,061	.93
Line 5: Endi	ng Balance (line 3 minus line 4)			717	.07
Line 6: Tota	l in-kind contributions this period (	page 6)		6	4.8
Line 7: Tota	d (all) outstanding liabilities (page 7	7)			0
Line 8: Nam	ne of bank(s) used: The Savings Bank	(			
activity, including all contributions, lo finance activity of all persons acting us Signed under the penalties of perjudices. Candidate with Committee I certify that I have examined this activity, of all persons acting under the candidate without Committee I certify that I have examined this incurred any liabilities nor made Candidate without Committee I certify that I have examined this finance activity, including contributions.	s report including attached schedules and it is, to der the authority or on behalf of this committee in any expenditures on my behalf during this report	box only)  the best of my known accordance with thing period that are so the best of my known accordance with the best of my known is considered that are so the best of my known in-kind contrib	the requirement (Treasure (Treasure viedge and belier requirements not otherwise d	his reporting period and represts of M.G.L. c. 55.  er's signature)  Date:  ef, a true and complete staten of M.G.L. c. 55. Thave not r isclosed in this report.  lef, a true and complete staten ilities for this reporting period.	Apr 19, 2021  ment of all campaign finance received any contributions.  ment of all campaign d and represents the
	1.02/11				Apr 19, 2021

#### SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Mar 13, 2021	Jonathan Chines 54 Hopkins Street Wakefield, MA 01880	100	
Apr 2, 2021	Anne Danehy 9 Overlook Road Wakefield, MA 01880	100	
Apr 15, 2021	J. Trudy Delory 368 Vernon Street Wakefield, MA 01880	100	
Mar 17, 2021	Jacqueline Elcik 31 Annie Street Providence, RI	100	
Mar 30, 2021	Anthony Guardia 14 Mackenzie Lane Wakefield, MA 01880	250	Lawyer / Self
Apr 2, 2021	Tarae Howell 834B Main Street Wakefield, MA 01880	100	
Mar 23, 2021	Laurie Hunt 1 Terrace Court Wakefield, MA 01880	100	
Mar 19, 2021	Thomas Markham 42 Harrison Avenue Wakefield, MA 01880	100	
Apr 4, 2021	Kathryn Morgan 3302 Harvest Drive North Andover, MA 01845	100	
Mar 29, 2021	Michael Paige 3302 Harvest Drive North Andover, MA 01845	100	
Mar 13, 2021	Kevin Piskadlo 2 Crosby Road Wakefield, MA 01880	250	Assoc. VP & Dean of Students / Stonehill College
Mar 18, 2021	Ryan Piskadlo 47 Hancock Road Wakefield, MA 01880	100	
ine 9: Total Recei	pts over \$50 (or listed above)	1,500	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	879	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	2,379	Enter on page 1, line 2

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

#### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Apr 2, 2021	Fred Rich LaRiccia 1 Franklin Street Wakefield, MA 01880	100	
Apr 18, 2021	Michael Scollo 7 Swain Place Wakefield, MA 01880	100	A A A A A A A A A A A A A A A A A A A
Apr 4, 2021	Judith Simpson 227 Pleasant Street Wakefield, MA 01880	100	
Apr 9, 2021	Christopher Tarr 68 Vernon Street Wakefield, MA	100	
			A. A
190° 1000			
722			
A The Control of the			
Line 9: Total Reco	cipts over \$50 (or listed above)	400	
Line 10: Total Rec	cipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	400	Enter on page 1. line 2

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

#### SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address Purpose of I	
Date Fatu	(aiphabetical listing)	Address Purpose of I	Expenditure Amount
Mar 19, 2021	Connolly Printing	17B Gill St Woburn, MA 01801 Signs and Frame	s 320.34
Apr 2, 2021	Connolly Printing	17B Gill St Woburn, MA 01801 Palm Cards	444.13
Apr 6, 2021	Connolly Printing	17B Gill St Woburn, MA 01801 Dear Friend Card	s 382.5
Apr 13, 2021	Connolly Printing	17B Gill St Woburn, MA 01801 Dear Friend Card	s 459
Mar 25, 2021	USPS	Stamps	127.45
Apr 5, 2021	USPS	Stamps	253.85
			AND THE CONTRACT OF THE CONTRA
-			
		Line 12: Total Expenditures over \$50 (or listed a	
		Line 13: Total Expenditures \$50 and under* (not	
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENDITURES IN THE I	The state of the s

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

Page 4

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	The state of the s			
- F TABLE				
				APAC CONTRACTOR OF THE PROPERTY OF THE PROPERT
				en general de la companya de la comp
				USA, BATTO TO POSE AND A SECURITY OF THE SECUR
		professional and the state of t		
	1/4-18 manusan 1 + 34 manus	Line 15: In-Kind Contribution	is over \$50 (or listed above)	
			s \$50 & under (not listed above)	64.8
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND (	CONTRIBUTIONS	64.8

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

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# Form CPF M 102: Campaign Finance Report Municipal Form TOWN CLERK

Municipal Form
Office of Campaign and Political Finan WAKEFIELD, MA

of Masademacus	7074 wAPRCID Or TAM COrk 21 Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date: 4 20 21
Type of Report: (Check one)	
	after election  year-end report dissolution
Theodore Noell Th	reo Noell for Wakefield
Candidate Full Name (if applicable) Planning Board member Office Sought and District	Kathleen Sheehan
8 Fernwood Rol Wakefield Residential Address	8 Fernwood Rd, Wakefield Committee Mailing Address
E-mail: theonoell for wakefield Equal. com E-mail:	KMSTHN@Yahoo.com
Phone # (optional): 617-797-0563 Phone # (optional): 617-797-0563	optional): 781-975-9776
SUMMARY BALANCE INFO	RMATION:
Line 1: Ending Balance from previous report	
	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowle activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions in finance activity of all persons acting under the authority or on behalf of this committee in accordance w	and liabilities for this reporting period and represents the campaign ith the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Althou flucture	(Treasurer's signature) Date: 4/19/2/
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)  Candidate with Committee	
Candidate with Committee  1 certify that I have examined this report including attached schedules and it is, to the best of my kractivity, of all persons acting under the authority or on behalf of this committee in accordance with incurred any liabilities nor made any expenditures on my behalf during this reporting period that an	the recoverements of MCI - FF II
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the best of my kr finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions campaign finance activity of all persons acting under the authority or on behalf of this candidate in	nowledge and belief, a true and complete statement of all campaign
	Date: 1977

#### SCHEDULE A: RECEIPTS

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

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

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
ii.		li li		
1				
		li l		
ine 9: Total Recei	pts over \$50 (or listed above)			
ine 10: Total Rece	ipts \$50 and under* (not listed above)			
ine 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
			Id include only those receipts not itemized above.	

## SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Occupation & Employer					
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
1					
1					
ii					
ine 9: Total Receip	ots over \$50 (or listed above)				
	pts \$50 and under* (not listed above)				
	ECEIPTS IN THE PERIOD				
	receipts of \$50 and under, include them in line	the same of the sa	← Enter on page 1, line 2		

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

## **SCHEDULE B: EXPENDITURES**

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

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

D . D . I	To Whom Paid	Ave. Notice of		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				Partie III - Partie I ANII
				L
ii ii			iii ii	
		1		
1				
		III.		
H				
İİ			[[]	
		Line 12: Total Expenditures o	ver \$50 (or listed above)	
		Line 13: Total Expanditures 64	50 and under* (not listed above)	
		Eme 15. Total Expellutures \$5	oo and under (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TUDES IN THE DEDICE	

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

Page 4

#### SCHEDULE B: EXPENDITURES (continued)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
			İ		
		Line 12: Expenditures over \$50	0 (or listed above)		
		Line 13: Expenditures \$50 and	under* (not listed above)		
	Enter on page 1 line 4 ->	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		
		er, include them in line 12. Line 13 s			

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

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

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

Page 6

#### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
				PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF T
			j	



## Form CPF M 102: Campaign Finance ReportOWN CLERK Office of Campaign and Political Finance KEFIELD, MA

File with: Director Office of Campaign and Political Finance One Ashburton Place Rm. 411 Boston, MA 02108 (517) 979-8300 2021 APR 20 AM 9: 99 ID# 17696

Reporting Period: Beginning: 1/1/2021 Ending: 4/20/2021	
Type of Report: 2021 Pre-election Report	
Loomen Amy	Leeman Committee
Leeman, Amy Full Name of Candidate	Committee Name
Municipal, Local Filer	Stacy MacDonald
Office Sought/ District	Name of Committee Treasurer
10 Fox Road Wakefield, MA 01880	403 Grove Street Melrose, MA 02176
Residential Address	Committee Address
SUMMARY BALANCE	INFORMATION
Ending balance from previous report:	\$0.00
Total receipts this period:	\$0.00
Subtotal:	\$0.00
Total expenditures this period:	\$0.00
Ending Balance:	\$0.00
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$520.20
Total outstanding liabilities:	\$0.00
Name of Bank Used:	Meta-constants
fidavit of Committee Treasurer:  I certify that I have examined this report, including attached sched	ules and it is, to the best of my knowledge and belief,
a true and complete statement of all campaign finance activity inclu- disbursements, inkind contributions and liabilities for this reports of all persons acting under the authority or on behalf of this commi- igned under the penalties of perjury:	ng period and represents the campaign finance activity
reasurer's signature (in ink)	4/19/21 Date
ffidavit of Candidate (check 1 box only) :	
Candidate with Committee and no activity independent of the committee	e
I certify that I have examined this report, and attached schedules a	
true and complete statement of all campaign finance activity, of all this committee in accordance with the requirements of M.G.L. c. 55.	
any liabilities nor made any expenditures on my behalf during this r	eporting period.
Candidate without Committee OR candidate with independent activity f I certify that I have examined this report and attached schedules an	
complete statement of all campaign finance activity including contri	
disbursements,	
inkind contributions and liabilities for this reporting period and r of all persons acting under the authority or on behalf of this commi	
ligned under the penalties of perjury:	O CONTRACTOR OF THE PROPERTY O

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		<b>Amount Purpose</b>
	<b>Total Itemized Expenditures:</b>	\$0.00
	<b>Total Unitemized Expenditures:</b>	\$0.00
	<b>Total Expenditures:</b>	<u>\$0.00</u>

## Schedule O: Candidate Out-Of-Pocket Expenses

	Candidate Full Name (if applicable)		tee to Elect Ami Ruenwein	
Wakefield School C	Committee 1 year seat	Frin Cal	Vo-Bacci Committe	e Name
	Office Sought and District		Name of Commi	ittee Treasurer
206 Pleasant Stree	t Wakefield, MA 01880	494 Mai	n Street FI 200 ALCLE	RK-
E-mail:	Residential Address		WAKERIELD	lind Aldress
		E-mail:	ecalvobaco	ci5@gmail.com
Phone # (optional):		Phone # (c	optional 2021 APR 20 AM	9: 42
	SUMMARY BAL	ANCE INFO	RMATION:	
Lin	e 1: Ending Balance from previous report			0
Lin	e 2: Total receipts this period (page 3, lin	e 11)		1,420
	e 3: Subtotal (line 1 plus line 2)	° .		
	e 4: Total expenditures this period (page :	   S. line 14		1,420
100	e 5: Ending Balance (line 3 minus line 4)	1		526.55
	e 6: Total in-kind contributions this period			893.45
		L		0
1)	e 7: Total (all) outstanding liabilities (pag	L		0
Lin	e 8: Name of bank(s) used: The Savings Ba	nk of Wakefield		
FOR CANDIDATE	FILINGS ONLY: Affidavit of Candidate: (check	ci	(Treasurer's signature)	Date: Apr 18, 2021
incurred any liabilitie	camined this report including attached schedules and it is, is acting under the authority or on behalf of this committee is nor made any expenditures on my behalf during this repo	to the best of my kno in accordance with the orting period that are	wledge and belief, a true and com he requirements of M.G.L. c. 55. not otherwise disclosed in this ren	plete statement of all campaign finance I have not received any contributions, port
I certify that I have ex	Committee camined this report including attached schedules and it is, it ding contributions, loans, receipts, expenditures, disburser ivity of all persons acting under the authority or on behalf	to the best of my kno	wledge and belief, a true and com	plete statement of all campaign
igned under the penaltic	/ / / ^ / /	time currently in a	ccordance with the requirements o	- U-10-11
-gara ander the penant	is or perjury:	W 31-400-1122	(Candidate's signature)	Date:
	1			
	/			
MGL c 55 reau	SCHEDULI	E A: RECE	CIPTS	
	ires that the name and residential address be r st keep detailed accounts and records of all re over must be reported for all persons who contr			ots over \$50 in a calendar
ccupation and emple	over must be reported for all persons who control	ribute \$200 or m	only itemize those receipts o ore in a calendar year	ver \$50. In addition, the
- Stilledule 11. Ite	cupis attachment is available to complete	print and attack	An this was a to true	nal pages are required to
i	Please include your committee name and a p Name and Residential Address	age number on	each page.)	
Date Received	(alphabetical listing required)	Amount	Occupation (for contribution	on & Employer ons of \$200 or more)

Ami Ruehwein Wall

## 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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/20/2021	Erin Calvo-Bacci 494 Main Street Reading, MA 01867	\$100	Business Development Bacci Chocolate Design
4/9/2021	Michael Casoli	\$200	Property Manager Self Employed
3/21/2021	Christian Dumais 134R S. Street Marlborough, MA 01752	\$50	
3/27/2021	Christian Dumais 134R S. Street Marlborough, MA 01752	\$50	
4/14/2021	Donald Flanagon Jr. 16 Shasta Ave. N. Reading, MA 01864	\$200	CGO, Inforce 911
4/8/2021	Gerard Leeman 10 Fox Road Wakefield, MA 01880	\$200	Compliance Officer, Millipore Sigma
4/14/2021	Thomas Lucey 142 Elm Street, Wakefield, MA 01880	\$50	
3/20/2021	CTE Tony Longo 15 Fell Street, Wakefield, MA 01880	\$50	
8/20/2021	Robert McCorry 34 Woodland Road, Wakefield, MA 01880	\$50	
7/29/2021	Almee Purcell 53 Eunice Circle, Wakefield, MA 01880	\$50	
/7/2021	Heidi Rossicone 17 Magnolia Terrace, Wakefield, MA 01880	\$50	
/26/2021	Susan Wetmore 12 Sunset Dr. Wakefield, MA 01880	\$100	Retired
ine 9: Total Receip	ots over \$50 (or listed above)	\$1150	
ine 10: Total Recei	pts \$50 and under* (not listed above)	270	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	1420 4	Enter on page 1, line 2

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

## SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/12/2021	Home Depot	60 Walker Brooks Dr. Reading, MA 01867	Wood for signs	29.3
3/12/2021	Home Depot	60 Walker Brooks Dr. Reading, MA 01867	Staples for Signs	4.4
3/13/2021	Shaw's	134 Water Street Wakefield, MA 01880	Water & Snacks for Standouts	14.4
4/8/2021	Costco	11 Newbury Street Danvers, MA 01923	Snacks for meet & greet	13.9
4/9/2021	Staples	34 Walkers Brook Drive Reading, MA 01867	paper	14.3
3/12/2021	T Stop of Wakefield		Campaign Signs	450
	100000			
		Line 12, Total Communication		
		Line 12: Total Expenditures  Line 13: Total Expenditures	s50 and under* (not listed above)	526.55
	Enter on page 1, line 4 → zed expenditures of \$50 and under	Line 14: TOTAL EXPEND		526.55

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



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

Office of Campaign and Political Finance

2021 APR 20 AM 10: 09

	File with: City or Town Clerk or Election Commission					
Fill in Reporting Period dates: Beginning Date: 03/0	Ending Date: WANTED TO MASS.					
Type of Report: (Check one)						
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution					
DAWN MILLWARD						
Candidate Full Name (if applicable)	COMMITTEE TO ELECT DAWN MILLWARD TO SCHOOL COMMITTEE					
SCHOOL COMMITTEE	Committee Name					
Office Sought and District	JESSICA BELYEA, CPA  Name of Committee Treasurer					
18 EMERALD STREET, WAKEFIELD, MA 01880	18 EMERALD STREET, WAKEFIELD, MA 01880					
Residential Address	Committee Mailing Address					
E-mail: dlsmillward@gmail.com	E-mail: jessicamay@comcast.net					
Phone # (optional):	Phone # (optional): 603-438-5371					
SUMMARY BALANC	CE INFORMATION:					
Line 1: Ending Balance from previous report	0					
Line 2: Total receipts this period (page 3, line 11	) 1289.13					
Line 3: Subtotal (line 1 plus line 2)	1289.13					
Line 4: Total expenditures this period (page 5, lin						
Line 5: Ending Balance (line 3 minus line 4)						
- W	555.00					
Line 6: Total in-kind contributions this period (p	age 6) 0.00					
Line 7: Total (all) outstanding liabilities (page 7)	634.13					
Line 8: Name of bank(s) used: THE SAVINGS BANK	<					
Affidavit of Committee Treasurer:						
I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury	contributions and liabilities for this reporting and 1					
	(Treasurer's signature)					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1-be	ox ohly)					
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 an incurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period that are not otherwise disclosed in this report.					
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement						
Signed under the penalties of perjury:	(Candidate's signature) Date: 41863					

#### SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
03/16/2021	Bebchick, Jodi 37 Mr Vernon St North Reading, MA 019864	100.00	
03/22/2021	Cable, Melissa 27 Karen Road Wakefield, MA 01880	100.00	
03/27/2021	Curley, Jill 347 W Ivanhoe Street Gilbert, AZ 85233	100.00	
03/21/2021	Kidder, Adrianne 115 Pleasant Street Wakefield, MA 01880	100.00	
VARIOUS	Millward, Dawn 18 Emerald Street Wakefield, MA 01880	634.13	LOAN TO CAMPAIGN TO COVER EXPENSES PRIOR TO FUNDRAISING
03/16/2021	McWilliam, Jill 44 Keeling Road Wakefield, MA 01880	50.00	
03/21/2021	Young, Mary 49 Essex Street Wakefield, MA 01880	50.00	
03/31/2021	Apple Wiper & Supply Co 30 McFarlin Ct Lawrence, MA 01841	100.00	REFUNDED 4/6/2021
ine 9: Total Recei	pts over \$50 (or listed above)	1234.13	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	55.00	
	RECEIPTS IN THE PERIOD receipts of \$50 and under, include them in line	1289.13	

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

## SCHEDULE B: EXPENDITURES

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

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include you

Date Paid	To Whom Paid (alphabetical listing)	Address Purpose of Ex	penditure Amount
04/06/2021	Apple Wiper & Supply Co	30 McFarlin Court Lawrence, MA 01841  REFUND OF CORPO CONTRIBUTION	
03/11/2021	SIGNS ON THE CHEAP	ONLINE 11525A Stonehollow Dr Austin, TX 78758  YARD SIGNS	585.8
		Line 12: Total Expenditures over \$50 (or listed above	ve) 685.8
		Line 13: Total Expenditures \$50 and under* (not list	
f you have it	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES IN THE PER	<b>RIOD</b> 734.13

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

## SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	CLE B. EXI ENDITURES (C		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			T at pose of Expenditure	Amount
			1	
- 1				
- 1				
		*		
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and un		
· · · · · · · · · · · · · · · · · · ·	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	

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

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
320				
		Line 15: In Vind Contains		
		Line 15: In-Kind Contributions		
		Line 16: In-Kind Contributions 5	550 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

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

Page 6

#### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
VARIOUS	DAWN MILLWARD	18 EMERAL ST WAKEFIELD, MA 01880	COVERING CAMPAIGN COST PRIOR TO FUNDRAISING	634.13
	Enter on page 1, line 7	→ Line 18: TOTAL OUTSTA	ANDING LIABILITIES (ALL)	634.13



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

Office of Campaign and Political Finance

City or Town of:	Wakefield		TOWN C	LERK
Reporting Perio	d: Beginning: 1	- 3 - 2   (MM/DD/YYYY)	Ending: AWAKEFIE	MASS.
Type of Report: (	Check One)	(MM/DD/1111)		(IMMUDDE) I I I I I
8th day preced	ding preliminary/primary 8t	h day preceding election 30th day follow	ring election (town or special)	20th day of January (Year-End report)
2. I certify the	at I am a candidate for or currently	ions, made any expenditures, or incurred any obli- ee.		I do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
4/19/21	Scott Staiti	A-A-	29 Preston Street	Library trustee



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

Office of Campaign and Political Finance

or iviassacriusetts					2021 AP	R 20 PM 12: 25
City or Town of	: Wakefield				Plea	R 20 PM 12: 25 use print or type all information, except signature.
Reporting Perio	od: Beginning: 01/01/2021			P. P.	A I I I I I I I I I I I I I I I I I I I	WN CLERK
- coporting rem	5d. Bogining, 01/01/2021	(MM/DD/YYYY)		Ending:	04/20/2021 WAKE	
Type of Report:	(Charle One)	,				(MM/DD/YYYY)
☐ 8th day prece	eding preliminary/primary 🛛 8th day p	preceding election	30th day follow	ving election (tov	vn or special)	20th day of January (Year-End report)
<ol><li>I certify th</li></ol>	nat I am a candidate for or currently hold N	funicipal Office. nade any expenditur	es, or incurred any obli	gations during th		do not have a campaign fund in existence.
DATE	PRINT NAME	Signed under the	NATURE e penalties of perjury		NTIAL ADDRESS et and Number)	OFFICE SOUGHT
20APR21	Gordon, Paul	ph	Digitally signed by GORDON PAUL MALCOLM, 1364760384 Date: 2021,04.20 12:10:41 -04'00'	6 Pine Street		Library Board of Trustees



## Form CPF M 102: Campaign Finance Report

Municipal Form

TOWN CLERK

Office of Campaign and Political Finance AKEFIELD, MA

of Massachusetts 7 6 Election Commission Fill in Reporting Period dates: Beginning Date: Ending Date: Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) 86,58 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) 100.00 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) 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. Date: Signed under the penalties of perjury: (Candidate's signature)

#### SCHEDULE B: EXPENDITURES

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

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

report all expend		nittee name and a page number on	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4(6/21		WOBUTH, MA	SIGNS	<del>34.79</del> 86.58
				86.58
		Line 12: Total Expenditures o	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	
* If you have ite	mized expenditures of \$50 and under	er, include them in line 12. Line 13	should include only those expendit	ures not itemized

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

Page 4

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
		Line 15: In-Kind Contribution	s over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	CONTRIBUTIONS	100.00	

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

Page 6



178 Gill Street, Waburn MA 01801 • 781-932-8885 Connelly Printing.com • 800-406-7206 ax: (781) 932-8544

Email: kevinc@connollyprinting.com

Website: http://www.connollyprinting.com

	Invoice
Date	Invoice #
4/14/2021	30092

Bill To

Committee to Elect Joanne Scouler 51A Chestnut Street Wakefield, MA 01880

P.O. No.	Terms	Due Date	Rep	Ship Via	Woburn
	due on receipt	4/16/2021	KC		F.O.B

Description		Item Code	Quantity	Price Each	Amount
Product: Polycoated Signs			4	\$19.95	\$79.8
28 in x 22 in - Polycoated sign					
Single Sided			1		
Polycoated .024					
Ink Color: Nazdar 4200 Series - Digital Print					
Product: Misc Charges					
2 % cash discount removed			1	\$1.69	\$1.69
			1	1	
	1			-	
				1	
	1			1	
				1	
	1				
	1				
	ľ				
		1		1	

Thank you for doing	business with	Connolly Printing.

In the event the customer doesn't pay in accordance to the payment terms above, the customer agrees to pay a late charge of 1.8% per month of the total amount of any late payment. The customer also agrees to pay any collection expenses incurred to collect any unpaid amounts, including reasonable attorney's fee due to litigation arising out of collection of any unpaid amounts owed by customers. Pricing assumes a 2% discount for cash or checks. The 2% cash discount does not apply to credit cards and will be added back.

Subtotal:	\$81.49
(6.25%)	\$5.09
Total:	\$86.58
Payments/Credits	\$86.58
Balance Due	\$0.00



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

Office of Campaign and Political Finance

of Massachusetts	File With: City of Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 04 JAW Z					
Type of Report: (Check one)					
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day	after election  year-end report dissolution				
Stephen T Insalls  Candidate Fulf Name (if applicable)  School Comn: Hee  Office Sought and District  40 Richardson St Wakefield Wt  Residential Address  E-mail: 5! yalls 76 Egmail. Com  Phone # (optional):  Phone # (optional):	Committee Name  Caylie A Scriber  Name of Committee Treasurer  40 Richard Son St. Wakefield MA  Committee Mailing Address  ingalls, Campaign & gmail. Com  optional):				
	DAGA ENCON.				
SUMMARY BALANCE INFO	RMATION:				
Line 1: Ending Balance from previous report	Ø				
Line 2: Total receipts this period (page 3, line 11)	# 120.00				
Line 3: Subtotal (line 1 plus line 2)	\$ 120.00				
Line 4: Total expenditures this period (page 5, line 14)	\$ 5,40				
Line 5: Ending Balance (line 3 minus line 4)	\$ 114.60				
Line 6: Total in-kind contributions this period (page 6)	¥ 180,63				
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: The Savings	· Bank -				
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  (Treasurer's signature)  Date: 4 20 2					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)					
Candidate with Committee  Certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period 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 k finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind con campaign finance activity of all persons acting under the authority or on behalf of this candidate in	tributions and liabilities for this reporting period and represents the				
Signed under the penalties of perjury:	(Candidate's signature) Date: 4/70/21				

#### **SCHEDULE A: RECEIPTS**

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

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

oport an receipts.	Name and Residential Address	ge number on ea	1 0 /
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/25/21	Stephen Ingalls 40 Kichardson 31. WakefieldM	#20	(
3/21/21	Julie Smith-Galvin 28 Graffon St. Wakefield MA	#50	
3/28/21	Shannon Arnold 33 Elmst. Unitz Walefield MA	#50	
:			
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	\$120.00	Enter on page 1, line 2

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

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

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

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

Date Paid (alphabetical listing)  Address Purpose of Expenditure  Amount  \$123/21\$  Rarze the Many  Purpose of Expenditure  Amount  \$2.70\$  \$123/21  Rarze the Many  Purpose of Expenditure  \$2.70\$  \$13/30/21  Rarze the Many  Purpose of Expenditure  Roberty fee  \$2.70\$  \$2.70\$  \$2.70\$  \$2.70\$  \$2.70\$  \$2.70\$  \$2.70\$  \$2.70\$  \$2.70\$  \$3/30/21  \$2.70\$  \$2.70\$  \$3/30/21  \$3/30/2	report all expenditures. Please include your committee name and a page number on each page.)					
3/23/21 Raise the More of ROBON 26466 Little Lock, AR 72221 Richard Fee \$2.70	Date Paid		Address	Purpose of Expenditure	Amount	
3/30/21 Raise the Morey ROBEX 7646 Little Gol, AR 72221 Rocerty the \$2.70	3/23/21	Raise the Moses				
	3/30/21	Raise the Movez	PO Box 26466 Little Rock, Al 72221	Process tee	\$2.70	
				in the second se		
	-	-				
				,		
Line 12: Total Expenditures over \$50 (or listed above)		<u> </u>	Line 12: Total Expenditures ov	er \$50 (or listed above)		
Line 13: Total Expenditures \$50 and under* (not listed above)			Line 13: Total Expenditures \$50	and under* (not listed above)		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD  * If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized	* IC1					

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

Page 4

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4/5/21	Steplen Inalls	Wakefreld MA "Ingells for Sike, 1 Count"		
	3			
		-		
	:	Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$		THE STREET
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	NTDIDITIONS	\$ 180.63

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

Page 6



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

Office of Campaign and Political Finance

or massacrusetts	2021 APR 21 AM 6: 23
Fill in Reporting Period dates: Beginning Date:	TO WEINDING Date:
Type of Report: (Check one)	WAKEFIELD, MASS.
□ 0.1 1 ···	
8th day preceding preliminary	☐ 30 day after election ☐ year-end report ☐ dissolution
Candidate Full Name (if applicable)  Candidate Full Name (if applicable)  Candidate Full Name (if applicable)  Committee  Office Sought and District  Armory 5 West Warker Committee  Residential Address  E-mail: 9 4654500 graph: Com  Phone # (optional):	Committee to Elect Grey Lights  Committee Name  Christopher Chamgra Esq.  Name of Committee Treasurer  Name of Committee Treasurer  Committee Mailing Address  E-mail: 19/10/545@9Mailing Com  Phone #(optional):
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	\$10.21
Line 2: Total receipts this period (page 3, line 11)	\$256547
Line 3: Subtotal (line 1 plus line 2)	1 2 Day 1 1 8
Line 4: Total expenditures this period (page 5, line	14)
Line 5: Ending Balance (line 3 minus line 4)	#142079
Line 6: Total in-kind contributions this period (page	:6)
Line 7: Total (all) outstanding liabilities (page 7)	40
Line 8: Name of bank(s) used: The Savi	ings Bank, Wakefield
ffidavit of Committee Treasurer:	
certify that I have examined this report including attached schedules and it is, to the best of a	my knowledge and belief, a true and complete statement of all campaign finance
nance activity of all persons acting under the authority or on behalf of this committee in according under the penaltics of perjury:	in requirements of M.O.L. c. 55.
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box on	(Treasurer's signature) Date: 47001
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the best activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting peri	t of my knowledge and belief, a true and complete statement of all
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the best finance activity, including contributions, loans, receipts, expenditures, disbursements, in-k campaign finance activity of all persons acting under the authority or on behalf of this can	of my knowledge and belief, a true and complete statement of all

## SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/17/21	Gregory + Korth/ean Lighter	#300	Executive Director,
	Watchield, MR 01880		LICSW, LLC.
3/11/21	Tred Rich La Riccia 1 Franklin St. Wakefeld MA	\$700	Achred
3/19/21	Mehreen Butt Wars	#30	Advocacy Planged Parenthood
3/19/21	Don Agrenche MASSIN ASSIN ASSIN	\$50	Massachussetts Genral Hospital
3/19/21	Thomas Mark Wakefull M	00/#	Director of Business Mat. EDCO Collaborative.
3/21/21	28 Grithon St, Wakifully	\$100	Principal JSG Communications
3/21/21	Stephen Ingalls my 40 Richardson St., Wakeridd	#50	Biogen Pharmacentical
1/31/21	42 Harrison Ave, Workfill	00/#	Director of Business Manganet EDCO Collaborative
0/38/31	33 Elm St, Wakefuld Brown	\$50	
2/28/21	Jason Levis 01890 61 Church St. Windrester, MA	\$50	MA State Schaton
0/20/51	14 Mackenzie Ln., Wakerill My	#520	Diverby of Development Stoneham I Waketidd Boys & Guls Clob
		\$ 300.00	
	ts \$50 and under* (not listed above)	#265,47	
von have itemized n	CCEIPTS IN THE PERIOD	12565.47	Enter on page 1, line 2

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

## SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address	ECEN 15 (C	and the second s
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/1/21	57 Prospect St. Workshild MA	\$50	(70) Contributions of \$200 of more)
4/2/21	Angle Sciarappa 30 Steaman St. Wakeful	\$50	
4/3/21	5 Holland Red Wakefull	\$50	
4/8/21	135 Prospect Staward	\$50	
4/8/21	80 Plymouth Rd Wakeful	\$50	
4/9/21	Starge Howell MA	\$100	
4/10/21	Jemiter Blackman	#20	
4/18/21	Michael Scollo 01850 7 Swan Place, Wokerd MA	00/#	
1/29/21	Brian McCoxbrey 82 Elm St. Walticla, MA	#100	
3/10/21	Jonathan Chines 34 Horking St. Wakerich MA	\$100	
3/18/21	Bobert, Vincent II 22 Flanders Ly, Wakefull	#30	
3/22/21	10 Poster St. Wakfill M	\$100	
4/10/21	Thomas Boetcher 25 Walschild Ave, Wakefild	\$50	
Line 9: Total Receip	ots over \$50 (or listed above)		\$2,300
Line 10: Total Recei	pts \$50 and under* (not listed above)		\$265.47
	ECEIPTS IN THE PERIOD	PH, 2326#	← Enter on page 1, line 2
* If you have itemized	receipts of \$50 and under, include them in line	Line 10 at - 1	1: 1 1 1 1 1

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

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

SCHEDULE B: EXPENDITURES (continued)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	
3/18/21	Connolly Printing LLC	Wohny MY O1807	Signs Krinting	Amount #401.63
4/2/21	Printing LLC	DB GILL Street	Campaign Interstry	#307.88
4/14/2	Sonnolly Printing LLC	1736,1/5t Wobsin, Mt 01801	"Dear Friend" conds	\$230,00
	L	ine 12: Expenditures over \$50 (o	or listed above)	1139.51
		ine 13: Expenditures \$50 and unc	No.	DIN 30
f you have itemize	Enter on page 1, line $4 \rightarrow L$	ine 14: TOTAL EXPENDITURAL CLUDE them in line 12. Line 13 shou	RES IN THE PERIOD	159.89

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



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

Office of Campaign and Political Finance 121 APR 21 AM 7:08

City or Town o	of: Wakefield, MA		TOW	Please print or type all information, except signature
Reporting Per	iod: Beginning: 03/09/202		Ending: 04/20/2021	IELD, MASS.
T. CD	(0)	. (MM/DD/YYYY)		(MM/DD/YYYY)
Type of Report				
8th day pred	ceding preliminary/primary 🛛 8	th day preceding election 30th day follow	wing election (town or special)	20th day of January (Year-End report)
I certify     Z. I certify	G.L. Chapter 55: that I am a candidate for or currently that I have not received any contribu- that I do not have a political committ	hold Municipal Office.		
		SIGNATURE	RESIDENTIAL ADDRES	9
DATE	PRINT NAME	Signed under the penalties of perjury	(Street and Number)	OFFICE SOUGHT
04/19/2021	Shannon Cain Arnold	Julian allaria	33 Elm St., Unit 2	Housing Authority
			*	
		•		



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

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

candidate's commi	EBY GIVEN in accordance with the provisio ttee as follows! AREFIELD. MASS.	ns of General Laws, Chapter 55, as amended, of the organization of a
CANDIDATE:	Full Name: El T	0
		21DGE LH
		A AAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
	- TINE ILL	D, MA 01880
	E-Mail Address: prifti. e@g Party Affiliation:	mail. com Phone #: 339-224-0092
OFFICE SOUG		(If applicable)
		- Calledon and
	District:	- COMMISSIONER
COMMUNICATION	The state of the s	
COMMITTEE:	Name of Committee:	
	Committee Mailing Address: (The name of the	ne committee must include the candidate's last name)
	City / State / Zip:	
OFFICERS:	50 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Phone #:
Chair:	ELTON PRIFTI	
Residential Address:	10 DANTAIL CO	Treasurer*: ENTELA PRIFTI
City / State / Zip:	HINKE	Residential Address: 18 PARTRIBGE LH
Phone #: 339 - 22	WAKEFIELD MA 0182	
_33 0 26		Phone #: 617-412-9717 Email: prifti. entela @gmail.
Other Officer/Title:		*A public employee may not serve as treasurer of any political committee (see reverse).  Other Officer/Title:
Residential Address:		Residential Address:
City / State / Zip:		City / State / Zip:
Phone #:		
	(Complete and attach a Form CPF M A 101, if	Phone #:
Toro tant Cicculon.	t candidates are required to keep detailed accounts	idate shall not give consent to the organization of more than one committee on his/her and records of all campaign finance activity for a period of six years from the date of
hereby accept the offi		ignature Date: 04/16/21
ppointed public employ ommittee organized on	angh finance activity for a period of six years from yee, I must resign this position and notify OCPF of his/her behalf.	affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand accounts the date of the relevant election; 2) if after my acceptance of this office I become an if my resignation; and 3) a candidate may not serve as treasurer of the political
IGNED UNDER THE	PENALTIES OF PERJURY:  Treasurer's significant of the significant of t	la Puilli.
nereby accept the office GNED UNDER THE	e of Chairman of the above-named committee. PENALTIES OF PERJURY:	

Date: 04/16/21



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

Office of Campaign and Political Finance

City or Town of:	WAKEFIELD			Please print or type all information, except signatures.
Reporting Period	d: Beginning:	02   01   2021 (MM/DD/YYYY)	Ending: 04/	18/2021 (MM/DD/YYYY)
Type of Report: (0	Check One)			(MANDDITTT)
8th day preced	ling preliminary/primary 🔀 8th d	ay preceding election 30th day follo	wing election (town or special)	
2. I certify tha	Chapter 55:	d Municipal Office		20th day of January (Year-End report)  and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
04/18/2021	ELTON PRIFT!	Eltan Brifti	18 PARTRIDGE LM	WMGLD COMMISSIONER
				ZOZI APR
				APR 2
				<u> </u>
				<del>2</del> & &
				s, t

# TOWN CLERK WAKEFIELD, MA

2021 APR 21 AM 11: 54



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

City or Town of:	Maketield		Please	print or type all information, except signatu
Reporting Period:	Beginning: 03/	7/2021 (MM/DD/YYYY)	Ending: 04/20	12021
ype of Report: (Che	eck One)			MM/DD/YYYY)
3th day preceding	g preliminary/primary 8th day	preceding election 30th day follow		
ursuant to M.G.L. C	Chapter 55:			Oth day of January (Year-End report)
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
54b0/21 [	KEVIN J. LOPES	The Logi	DS OAKST	CONSTABLE
			110000 111000 11100	



Signed under the penalties of perjury:

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

Office of Campaign and Political Finance 2021 APR 22 AM 10: 15

of Massachusetts	TOWN CLERK					
Fill in Reporting Period dates: Beginning Date:	File with Air of Folyn Clerk of Election Commission  Ending Date: 4 21 2					
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)	Committee Name					
21 BRYANT ST	Name of Committee Treasurer					
E-mail: Kally all Address  E-mail: Kally all Address	Committee Mailing Address					
Phone # (optional): 1-781-224-5096	E-mail:					
101 22 1 30 0	Phone # (optional):					
SUMMARY BALANCE INFORMATION:						
Line 1: Ending Balance from previous report						
157						
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)	Ó					
Line 6: Total in-kind contributions this period (page	ge 6)					
Line 7: Total (all) outstanding liabilities (page 7)						
Line 8: Name of bank(s) used:						
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind committee in a committee i	of my knowledge and belief, a true and complete statement of all campaign finance ontributions and liabilities for this reporting period and represents the campaign					
igned under the penalties of periory:						
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box						
Candidate with Committee	pest of my knowledge and belief, a true and complete statement of all campaign finance					
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 the authority or on behalf of the	nest of my knowledge and belief, a true and complete statement of all campaign					

(Candidate's signature)



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

2021 APR 22 PM 2: 15

City or	Town	of:

# WAKEFIELD

Fill in dates: Reporting Period Beginning_	Month -	Day A —	Year 2\	Moi Ending Z	nth L	Day -	Year
					v		
Type of Report: (Check One	)						
8th day preceding preliminary/primary	1	eceding election		th day following e own or Special)	lection	□ 20t (Yez	th day of January ar-End Report)
Pursuant to M.G.L., Chapter :	55:			8			
<ol> <li>I certify that I am a can</li> <li>I certify that I have not reporting period, and do</li> <li>I certify that I do not ha</li> </ol>	received any co not have a carr	ntributions, m	ade anv exp	enditures, or incur	red any obli	gations du	ring this
		•					
DATE I. SIGN / Signed under the p	VATURE penalties of perj	II. ury		TIAL ADDRESS d Number)		Ш. OFF	ICE SOUGHT
Da V Belgo	sterni	100/	of Ca	Trop of	1	11-	
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	n. o.						
	539				in .		



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

Office of Campaign and Political Finance

City or Town of	Wakefield			Please print or type all information, except signature
Reporting Perio	od: Beginning: <u>01/01/2021</u>	(MM/DD/YYYY)	Ending: 04/20/2021	
Type of Report:	(Check One)	(MARCHAEL 11)		(MM/DD/YYYY)
		day preceding election 30th day follow		
Pursuant to M.G.  1. I certify th  2. I certify th	L. Chapter 55:	old Municipal Office.	ring election (town or special)	20th day of January (Year-End report)  d, and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRES (Street and Number)	S OFFICE SOUGHT
4/20/21	Aimee Lominac	gin () li	8 Stark Ave	Library Trustee
				WAKET
				RR 22 AN 8:
				MAX 8:



# Form CPF M 102: Campaign Finance Report TOWN CLERK **Municipal Form** WAKEFIELD, MA

Office of Campaign and Political Finance

2021 APR 16 AM 10: 32

Fill in Reporting Period dates: Beginning Date: Mar	File with: City or Town Clerk or Election Commission  11, 2021 Ending Date: April 9, 2021
Degining Date.	11, 2021 Ending Date: April 9, 2021
Type of Report: (Check one)	
☐ 8th day preceding preliminary	30 day after election year-end report dissolution
	3.33.
Candidate Full Name (if applicable)	VOTE NO ON 1 WAKEFIELD 2021
50 WM 1 15500M	Committee Name NICOLE CALABRESE
Office Sought and District	Name of Committee Treasurer
Residential Address	40 FRIEND ST WAKEFIELD MA 01880
E-mail:	Committee Mailing Address  E-mail: VOTENOON1WAKEETELD@CMAIL.COM
Phone # (optional):	TOTENOONTWAKETTEED@GMAIL.COM
	Phone # (optional):
SUMMARY BALANC	TE INFORMATION.
	SE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	
	7,024
Line 3: Subtotal (line 1 plus line 2)	7,024
Line 4: Total expenditures this period (page 5, lin	e 14) 3,299.78
Line 5: Ending Balance (line 3 minus line 4)	3,724.22
Line 6: Total in-kind contributions this period (pa	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	723.94
Line 8: Name of bank(s) used: WAKEFIELD SAVING	S BANK
ffidavit of Committee Treasurer:	
certify that I have examined this report including attached schedules and it is, to the best ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind connance activity of all persons acting under the authority of on behalf of this committee in a	of my knowledge and belief, a true and complete statement of all campaign finance
nance activity of all persons acting under the authority or on behalf of this committee in a	ontributions and habilities for this reporting period and represents the campaign ccordance with the requirements of M.G.L. c. 55.
igned under the penalties of perjury:	(Treasurer's signature) Date: 4 16 70 71
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee  I certify that I have examined this report including attached selections at its control of the contr	
in a process dering under the authority of on benalf of this committee in account to the second seco	posts of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions,

#### SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
03/16/2021	SANDRA BLOIS 339 LOWELL STREET WAKEFIELD, MA 01880	100	
03/19/2021	AMY BURD 25 YALE AVE WAKEFIELD, MA 01880	150	
03/18/2021	MEHREEN BUTT 894 MAIN ST, UNIT 10 WAKEFIELD, MA 01880	25	
04/06/2021	MEHREEN BUTT 894 MAIN ST, UNIT 10 WAKEFIELD, MA 01880	50	
03/21/2021	KATHLEEN CAIN 33 ELM STREET WAKEFIELD, MA 01880	50	
03/26/2021	NICOLE CALABRESE 40 FRIEND STREET WAKEFIELD, MA 01880	1,000	DIRECTOR, CHARLES SCHWAB INVESTMENT MANAGEMENT
03/21/2021	KATHERINE CRUISE 25 KINGMONT STREET WAKEFIELD, MA 01880	150	
04/06/2021	ANNE DANEHY 9 OVERLOOK ROAD WAKEFIELD, MA 01880	25	
04/07/2021	ANNE DANEHY 9 OVERLOOK ROAD WAKEFIELD, MA 01880	25	
03/22/2021	LORNA DAVIDSON-CONNOLLY 15 DAVIDSON ROAD WAKEFIELD, MA 01880	100	
03/26/2021	JANET DUBOW 64 ABORN AVE WAKEFIELD, MA 01880	50	
04/06/2021	JAMIE GIBBONS 15 SUMMER ST, APT 2 WAKEFIELD, MA 01880	250	MUSEUM EDUCATOR, PHILLIPS ACADEMY
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	J	← Enter on page 1, line 2

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

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
03/24/2021	ANTHONY GUARDIA 14 MACKENZIE LANE WAKEFIELD, MA 01880	200	LAWYER, SELF EMPLOYED
03/16/2021	MAUREEN HUGHES 58 PLEASANT ST WAKEFIELD, MA 01880	100	
03/16/2021	LAURIE HUNT 1 TERRACE CT WAKEFIELD, MA 01880	1,000	REALTOR, SELF EMPLOYED
03/20/2021	NICOLE JACOB 20 GATES LANE WAKEFIELD, MA 01880	25	
04/06/2021	NICOLE JACOB 20 GATES LANE WAKEFIELD, MA 01880	25	
04/06/2021	JENNIFER KALLAY 25 SYLVAN AVE WAKEFIELD, MA 01880	50	
03/29/2021	SUSAN LANGLOIS 2 LAKEVIEW AVE WAKEFIELD, MA 01880	50	
04/06/2021	SUSAN LANGLOIS 2 LAKEVIEW AVE WAKEFIELD, MA 01880	20	
04/06/2021	JASON LEWIS 61 CHURCH ST WINCHESTER, MA 01890	50	
03/20/2021	GREGORY LIAKOS 8 GRAFTON ST WAKEFIELD, MA 01880	50	
03/26/2021	TOM MARKHAM 42 HARRISON AVE WAKEFIELD, MA 01880	1,000	
03/22/2021	JEFF MITCHELL 22 DUDLEY ST CAMBRIDGE, MA 02140	50	
03/22/2021	DONNA MURPHY 135 PROSPECT ST WAKEFIELD, MA 01880	50	
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	ripts \$50 and under* (not listed above)		
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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

#### SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
04/06/2021	DONNA MURPHY 135 PROSPECT ST WAKEFIELD, MA 01880	50	
03/20/2021	MARIA MUTI 34 HOPKINS ST WAKEFIELD, MA 01880	100	
03/23/2021	KATHLEEN SCHARF 69 PLEASANT ST WAKEFIELD, MA 01880	100	
03/27/2021	MICHAEL SCOLLO 7 SWAIN PLACE WAKEFIELD, MA 01880	100	
04/02/2021	ANNE SHEEHAN 6636 MAFOLIE CT RALEIGH, NC 27613	50	
03/21/2021	JULIE SMITH-GALVIN 28 GRAFTON ST WAKEFIELD, MA 01880	50	
03/23/2021	CATHERINE TAATJES 87 GREEN ST WAKEFIELD, MA 01880	25	
03/26/2021	CATHERINE TAATJES 87 GREEN ST WAKEFIELD, MA 01880	50	
04/06/2021	SUSAN VEILLEUX 15 ABORN AVE WAKEFIELD, MA 01880	50	
04/06/2021	CAROLYN WHEATON 7 MARLA LANE WAKEFIELD, MA 01880	25	
	CAROLYN WHEATON 7 MARLA LANE WAKEFIELD, MA 01880	50	
03/29/2021	DAVE WIENEKE 58 RENWICK RD WAKEFIELD, MA 01880	50	
Line 9: Total Rece	eipts over \$50 (or listed above)		VOTE NO ON 1 WAKEFIELD 2021 PAGE
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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

# SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
03/21/2021	CRISTINA WINSOR 77 BUTLER AVE WAKEFIELD, MA 01880	75	
03/23/2021	EILEEN WYNNE 53 COOPER ST EXT. WAKEFIELD, MA 01880	1000	SELF EMPLOYED, INTERIM FINANCE SOLUTIONS
03/20/2021	SUZANNE YORK 26 QUANNAPOWITT AVE WAKEFIELD, MA 01880	50	
	ipts over \$50 (or listed above)	6445	VOTE NO ON 1 WAKEFIELD 2021 PAGE
	eipts \$50 and under* (not listed above)	579	
	RECEIPTS IN THE PERIOD	7024	← Enter on page 1, line 2

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

vote No on 1 walkefield- pg 5

#### SCHEDULE B: EXPENDITURES

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

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

	To Whom Paid	mittee name and a page number o	L.B.	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
03/26/2021	CONNOLLY PRINTING	7B GILL ST WOBURN, MA 01801	Yard signs, postcards, buttons, stickers, signs	3,244.78
04/06/2021	UNITED STATES POSTAL SERVICE	321 MAIN ST WAKEFIELD, MA 01880	STAMPS	110
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	
f you have iten			hould include only those expenditures	

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

Vote no on 1 wakefield-pg. 6

Page 4

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

	To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
				V 252 7 (2) 242 777 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
		Line 12: Expenditures over \$50	(or listed above)	3,299.78		
		Line 13: Expenditures \$50 and	under* (not listed above)	0		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	3,299.78		
If you have iter			hould include only those expenditure	s not itemized		

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. vote no on 1 wakefield - pg. 7

Page 5

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
* 16 : 1: 1	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

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

Page 6

vote no on 1 wakefield-pg. 8

### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
04/06/2021	NICOLE CALABRESE	40 FRIEND ST WAKEFIELD, MA 01880	REIMBURSE FOR STAMPS	88
04/13/2021	NICOLE CALABRESE	40 FRIEND ST WAKEFIELD, MA 01880	REIMBURSE FOR NOTECARDS AND ENVELOPES	55
04/14/2021	CONNOLLY PRINTING	7B GILL ST WOBURN, MA 01801	ADDITIONAL YARD SIGNS AND BUTTONS	525.94
	Enter on page 1, line 7	→ Line 18: TOTAL OUTSTA	NDING LIABILITIES (ALL)	723.94

Page 7



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

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

the reimburseme	ent form.	To the man	when must be by committee	e check) should be the same as the	amount shown on				
			Date	of Reimbursement: 4/15/2021					
Name of Individual Being Reimbursed: NICOLE CALABRESE									
Committee Name: VOTE NO ON 1 WAKEFIELD 2021									
CPF ID Number	(if applicable):		Telephone 1	Number (optional):					
		ITEMI	ZE EXPENDITURES IN EXCES	S OF \$50					
Date Paid	Vendor Nai	ne	Vendor Address	Purpose of Expenditure	Amount				
04/13/2021	MAGUIRE		31 VALE VIEW ROAD WAKEFIELD, MA 01880	NOTECARDS AND ENVELOPES	\$55.00				
04/6/2021	UNITED STATES POSTAL SERVICE		321 MAIN ST WAKEFIELD, MA 01880	STAMPS	\$88.00				
	(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above): 143								
	Line 2: Expenditures \$50 or under (not itemized):								
Line 3: TOTAL AMOUNT REIMBURSED: 143									
Signed under the penalties of perjury:									
Signature of Candidate / Treasurer Date: 4/16/7021									



Form CPF M 102: Campaign Finance Report

**Municipal Form** Office of Campaign and Political Finance

2021 JUN -2 AM 7: 41

Fill in Reporting Period dates: Beginning Date:	2021 JUN -2 AM 7: 41
- Suite.	File with: City or Town Clerk or Election Commission
Type of Report: (Check one)	WAKEFIELD, MASS. 1/20/11
8th day preceding	
preceding election	and after election
KEITH P. LAGRAVES	□ year-end report □ dissolution
Candidate Full Name (15	
Pffice Sought and District	Committee Name
28 LDEST PARK DRIVE  Residential Address	Name of C
E - 1	Name of Committee Treasurer
- M-LAGRANES (9 HOTALALIC	Committee Mailing Address
Phone # (optional): 781-246-1766	
	Phone # (optional):
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	OZ INTORMATION:
Line 2. Text	0
Line 2: Total receipts this period (page 3, line 1	1)
Line 3: Subtotal (line 1 plus line 2)	
100 A 100 A	
Line 4: Total expenditures this period (page 5, li	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Texti ::	
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
- TOME	
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 or finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	of my knowledge and belief
finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the
P-LJULY.	are requirements of M C 1
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box  Candidate with Committee	(Treasurer's signature) Date:
I certify that I have examined this report including attached as I	
incurred any liabilities nor made any expenditures or most affect of this committee in acco	est of my knowledge and belief, a true and complete statement of the
activity, of all persons acting under the authority or on behalf of this committee in accordance any liabilities nor made any expenditures on my behalf during this reporting persons acting under the authority or on behalf during this reporting persons activity.  Candidate without Committee	eriod that are not otherwise disclosed in this report
finance activity :	
certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this campaign disputs of perjury:	n-kind contributions and belief, a true and complete statement of all campaign
igned under the penalties of perjury:	S / 29 / 5 1
	(Candidate's signature) Date: 420/2)



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

Office of Campaign and Political Finance

2021 JUN - 1 AM 7: 47

Fill in Reporting Period dates: Beginning D	Date: Apr 21, 2021 Finding Data! The MASS MASS
	Ending Pard EL May 26, So21
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding	ng election 🗵 30 day after election 🔲 year-end report 🔲 dissolution
Jennifer Kallay	
Candidate Full Name (if applicable)	Committee to Elect Jennifer Kallay
Gas and Light Commissioner	Committee Name
Office Sought and District	John Wilson
25 Sylvan Avenue, Wakefield, MA 01880	Name of Committee Treasurer 25 Sylvan Avenue, Wakefield, MA 01880
Residential Address	Committee Maille A A 1
ilindak@gmail.com Phone # (optional):	Committee Mailing Address  E-mail: jlindak@gmail.com
	Phone # (optional):
SUMMARY I	BALANCE INFORMATION:
Line 1: Ending Dalace	THE INFORMATION:
Line 1: Ending Balance from previous	report
Line 2: Total receipts this period (page	386.23
	3, line 11)
Line 3: Subtotal (line 1 plus line 2)	
	386.23
Line 4: Total expenditures this period (p	page 5. line 14)
1	01 1
Line 5: Ending Balance (line 3 minus lin	ne 4)
Line 6: Total in-kind contributions this p	period (page 6)
Line 7: Total (all) outstanding liabilities	
Line 8: Name of bank(s) used: The Saving	
lavit of Committee Treasurer:	
ity that I have examined this report including attached schedules and it is, ity, including all contributions, loans, receipts, expenditures, disbursement ce activity of all persons acting under the authority or on behalf of this could under the penalties of perjury:  John Wilson	201 202 05 20 00 47 datos
R CANDIDATE FILINGS ONLY: Affidavit of Candidate: (c	(Treasurer's signature) Date: May 26, 2021
candidate with Committee certify that I have examined this report including attached schedules and it ctivity, of all persons acting under the authority or on behalf of this comm neurred any liabilities nor made any expenditures on my behalf during this candidate without Committee certify that I have examined this report including attached schedules and it	it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance reporting period that are not otherwise disclosed in this report.
I - 10	ital of this candidate in accordance with the requirements of the School and represents the
one penalties of perjury:	Table Speak by Jenniker Karay Ori Jenniker Karay Or

## SCHEDULE A: RECEIPTS

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

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

Date Received	ase include your committee name and a p Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			or was or more)
e 9: Total Receipts o	ver \$50 (or listed above)		
e 10: Total Receipts \$	S50 and under* (not listed above)		
e 11: TOTAL RECE	pts of \$50 and under, include them in line 9	+	Enter on page 1, line 2

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

# SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			(15) Contributions of \$200 or more)
			7
e 9: Total Receipts of	over \$50 (or listed above)		
	\$50 and under* (not listed above)		
	ipts of \$50 and under, include them in line		← Enter on page 1, line 2

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

# SCHEDULE B: EXPENDITURES

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

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

Date Paid	itures. Please include your com To Whom Paid (alphabetical listing)	Address		
	8)	Trudi ess	Purpose of Expenditure	Amount
		1		
		Line 12: Total Expenditures over	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Ī			
	d expenditures of \$50 and under,	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	

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

# SCHEDULE B: EXPENDITURES (continued)

D-4 D 11	To Whom Paid	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
		Line 12: Expenditures over \$50	(or listed above)			
Line 13: Expenditures \$50 and under* (not listed above)						
	B					
I.C	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD			

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

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

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

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### **SCHEDULE D: LIABILITIES**

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

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



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	Various broken is represented to
Fill in Reporting Period dates: Beginning Date:	Ending Date: 5 38 2
Type of Report: (Check one)	WAKEFIELD, MASS.
☐ 8th day preceding preliminary ☐ 8th day preceding election	□ 30 day after election   □ year-end report   □ dissolution
Cregory Light 5  Wakeful School Committee  Office Sought and District  Armory Street Wakeful MA 01880  Residential Address  E-mail:  Phone # (optional):	Committee to Elect Greg Liakos  Committee Name  Christopher McNamaya, Esq.  Name of Committee Transurer  Name of Committee Transurer  Committee Mailing Address  E-mail:  Phone # (optional):
SUMMARY BALANC	CE INCODMATION.
	CE INFORMATION:
Line 1: Ending Balance from previous report	#1,422.79
Line 2: Total receipts this period (page 3, line 11	\$ 557.08
Line 3: Subtotal (line 1 plus line 2)	\$ 1979.87
Line 4: Total expenditures this period (page 5, lin	ne 14) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Line 5: Ending Balance (line 3 minus line 4)	\$ 135.49
Line 6: Total in-kind contributions this period (pa	nge 6)
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: The So	Avinos Bank, Wakefield, MA
Affidavit of Committee Treasurer:	,
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in	of my knowledge and belief, a true and complete statement of all campaign finance contributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date: 5 2821
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	
Candidate with Committee  I certify that I have examined this report including attached schedules and it is a standard to the committee.	best of my knowledge and belief, a true and complete statement of all campaign finance
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	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55.
	Date: 5/24/21

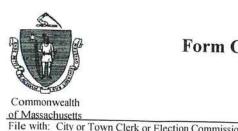
### CHEDULE B: EXPENDITURES

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

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

report all expenditures. Please include your committee name and a page number on each page.) To Whom Paid (alphabetical listing) **Date Paid** Address Purpose of Expenditure Amount Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under\* (not listed above) Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD

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



# Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

r city or rown cit		DIIIIIIISSIOII			LULI JUN - I A	M 7:38	3	
Report Being Amend  8th day preceding		5) 20X	orting Period:		ning Pate 14/21/2 WAKEFIELD,	MASS	Ending Date:	5/26/21
our day preceding	prenminary	∐ 8th day pred	ceding election	$\times$	30 day after electi	on [	year-end report	dissolution
Joanne L Scouler				٦٢		16		
	andidate Full Nar	me (if applicable)		-   -		-		
51A Chestnut St.				8		Co	mmittee Name	
Planning Board five						Name of	Committee Treasurer	
E-mail:	Office Sought	and District		E	mail:	Commit	tee Mailing Address	
Phone # (optional): 6	1 7 8	9 9 7	4 9 4	-	none # (optional):			
		SUM	MARY RAI.		E INFORMATI	ON.		
	Line 1:	Ending Balance fr			INTORNATI	ON:	94.70	
		Total receipts this		Port	X-		\$84.79 \$86.58	
	Line 3: 5		**				171.37	
	Line 4:	Total expenditures	this period				86.58	
	Line 5: I	Ending Balance			100.00			
	Line 6:	Total in-kind contr	ibutions this pe	eriod	iod 50.00			
	Line 7:	Fotal (all) outstand	ling liabilities		-		?	
L	Line 8: N	Name of bank(s) u	sed: Bank of A	America				
The original filing of th	e above-refer	enced campaign fi	inance report is	being	amended for the fo	ollowing	reason(s):	
I spent an additional 8	6.58 and rece	ived an additional	50.00 since la	st form	. I received a total	L of 150 0	and spent a total	of 0171 27
				2000	ar i recerved a total	101 150.0	and spent a total	01 \$1/1.3/.
signed under the penalties o	f perjury:			S	igned under the pena	ulties of perj	ury:	
,	Joanne I	Scouler						
(Candidate's signature)		Date:	5/30/21	-	(Treasurer's signature	e)		Date:
								Date.



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2021 AM 7: 35

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission
The interest of the dates.	WAKEFIELD. MASS. 5/26/2
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Sharon L. Janus	
Candidate Full Name (if applicable) HOUSING AUTHORITY	Committee Name
Office Sought and District  (01 Green Wood AW)	Name of Committee Treasurer
E-mail: Sympianus @gmail. com	Committee Mailing Address E-mail:
Phone # (optional): 341-245-5509	Phone # (optional):
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	- 0 -
Line 2: Total receipts this period (page 3, line 11)	0 —
Line 3: Subtotal (line 1 plus line 2)	- 0 -
Line 4: Total expenditures this period (page 5, line 1	(4)
Line 5: Ending Balance (line 3 minus line 4)	-0-
Line 6: Total in-kind contributions this period (page	6) — O —
Line 7: Total (all) outstanding liabilities (page 7)	- 0
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cont finance activity of all persons acting under the authority or on behalf of this committee in accommittee.	tributions and liabilities for this reporting period and account at
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box or	nly)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the besactivity, of all persons acting under the authority or on behalf of this committee in accordincurred any liabilities nor made any expenditures on my behalf during this reporting per	lance with the requirements of M G I a 55 I have not received and anti-time.
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the best finance activity, including contributions, loans, receipts, expenditures, disbursements, incampaign finance activity of all persons acting under the authority or on behalf of this can Signed under the penalties of perjury:	st of my knowledge and belief, a true and complete statement of all campaign

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
78.00	in a section of the s	istoriuste soo t	Frage sets that more than we discovered all the see
		100	
		-minite M	Sandyuru.
		2	
			- Contraction -
:			
		= .	
ine 9: Total Receipt	ts over \$50 (or listed above)		
	ots \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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

# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
WIL.	equipm For Magazia	and the state of t	too Man dee on a C	2 - 5 - 5 - 5 - 5	
	= ) H				
	Of the state of th	Line 12: Expenditures over \$50 Line 13: Expenditures \$50 and u			
		Line 14: TOTAL EXPENDITE			

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

# **SCHEDULE D: LIABILITIES**

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

Date Incurred	To Whom Due	Address	Purpose	Amount
		5 -1		
	Enter on page 1, line $7 \rightarrow 1$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	



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

# Office of Campaign and Political Finance

File with. City Town Clerk or Election Commission

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

CANDIDATE:	Full Name:	ELTON PRIFTI					
	Residential Address:	18 PARTRIDGE LN					
	City State Zip:	WAKEFIELD	_	M	A 01880		
	E-Mail Address: pri	fti.e@gmail.com		Phon	e =: 339-224-	0092	
	Party Affiliation:					(If applicable)	
OFFICE SOUG	HT/PURPOSE:						
	Title:	Wakefield Municipal Gas 8	Light Departme	nt - Commissioner			
	District:	Wakefield					
COMMITTEE:	Name of Committee:						
	Committee Mailing Add		mittee must include the	candidate's last name)			
	City State Zip			Phone	#:		
OFFICERS:					3-11-11-251-55-		
Chair: E	Iton Prifti		Treasurer*:	Entela Prifti			
Residential Address: 1	8 Partridge Ln		Residential Address	18 Partridge Ln			
City State Zip W	/akefield	MA 01880	City State Zip	Wakefield	MA	01880	
Phone #: 339-224-	-0092		Phone # 617-4	12-9717 Email:	prifti.entela@	gmail.com	
Other ODS are Taller			The second of th	may not serve as treasurer o	f any political com	mittee (see reverse)	
Other Officer Title: -			- Other Officer Title:				
Residential Address:			- Residential Address	**************************************			
City State Zip:			- City State Zip.				
Phone =	// amples and	fattach a Form CPF M A 101, if neces	Phone #				
behalf. I am aware to the relevant election. SIGNED UNDER TH I hereby accept the of that: 1) I am subject to and records of all can appointed public emp	HE PENALTIES OF PI three of Treasurer of the o certain duties and hall apaign finance activity bloyce. I must resign thi	tee. I understand that a candidate red to keep detailed accounts and ERJURY:  Candidate's signal above-named committee. I affirm bilities under M.G.L. c. 55, includ for a period of six years from the is position and notify OCPF of my	ture  n that I am not a publing the timely filing date of the relevant of	lic employee as defined b	Date  y M.G.L. c. 55. sorts and keeping of this contained of this	rs from the date of  5 (66) (1)  5. 13. Lunderstand detailed accounts office I become an	
committee organized SIGNED UNDER TH	on his her behalf. HE PENALTIES OF PI	20 /	Cer Pri	fs.	Date	05/26/-	
SIGNED UNDER TI	IE PENALTIES OF PE	ERJURY: <u>Illar</u> Chair's signature	~ Pen	iff-	Date:	05/26/21	

#### 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 (825) per day .... [up to 85,000 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 election 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 chair 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 election only, to the city or town election only.

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, vanchers 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 chair 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@cpf.state.ma.us or on the web at http://www.mass.gov/ocpf.



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

Office of Campaign and Political Finance

City or Town of:	Wakefield		130	use print or type all information, except signature
Reporting Perio	d: Beginning: 04/21/2021		Ending: 05/26/2021	
		(MM DD YYYY)		(MM DD YYYY)
Type of Report: (		day preceding election   🔀 30th day follow	ring election (town or special)	20th day of January (Year-End report)
Pursuant to M.G. 1. I certify th 2. I certify th	L. Chapter 55: at I am a candidate for or currently ho	old Municipal Office. ns, made any expenditures, or incurred any obli		
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
05/26/2021	Elton Prifti	Ellan Reioft	18 Partridge Ln Wakefield MA	WMGLD Commissioner
	[			



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2021 MAY 28 AM 7: 38

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Zeltan Clending Date: 5/26/21
Type of Report: (Check one)	25 1 4 1 5 4 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
	30 day after election year-end report dissolution
Stephen T Ingal/S  School Corm; Hoe - Watcheld  1100 9 Tice Sought and District	Cornsi Hee to Ged Stephen Tuyalls  Carrie A Scorber
_ 90 Kichardson St. Watefield 18-01880	90 Kichnoson S. Walsefred MAOBBO
E-mail: Singalls 76@grant.com	E-mail: ingalls, Campaign @gmail.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	#114.60
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	\$114.60
Line 4: Total expenditures this period (page 5, lin	e 14) ——
Line 5: Ending Balance (line 3 minus line 4)	\$114.60
Line 6: Total in-kind contributions this period (pa	gc 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	Savings Bank
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the assessing
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	conty)
Candidate with Committee Certify that I have examined this report including attached schedules and it is to the	best of my knowledge and belief, a true and complete statement of all campaign finance
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	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and converge to the
Signed under the penalties of perjury:	(Candidate's signature) Date: 5/26/21
/ 27	



# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Polification And 7: 38

Commonwealth of Massachusetts	TOWN CLERK
Fill in Reporting Period dates: Beginning Date: 4/3	/18/2021 Ending Date: 5/26/2021
Type of Report: (Check one)  Bth day preceding preliminary Sth day preceding election	n ⊠ 30 day after election □ year-end report □ dissolution
Julie Smith-Galvin  Candidate Full Name (if applicable)  Town Councilor, Wakefield  Office Sought and District	Committee to Elect Julie Smith-Galvin  Committee Name  Kristina Patt  Name of Committee Treasurer
28 Grafton Street, Wakefield, MA 01880  Residential Address	28 Grafton Street, Wakefield, MA 01880
E-mail: julie.smithgalvin87@gmail.com	Committee Mailing Address E-mail
Phone # (optional): (781) 606-1233	Phone # (optional):
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	2,950.86
Line 2: Total receipts this period (page 3, line I	11) 771
Line 3: Subtotal (line 1 plus line 2)	3,721.86
Line 4: Total expenditures this period (page 5, I	line 14) 2,013.89
Line 5: Ending Balance (line 3 minus line 4)	1,707.97
Line 6: Total in-kind contributions this period (	(page 6) 0
Line 7: Total (all) outstanding liabilities (page 7	7) 890.72
Line 8: Name of bank(s) used: The Savings Bank	ık
finance activity of all persons acting under the authority or on behalf of this computee Signed under the penalties of perjury:	(Treasurer's signature) Date: 5/26/2021
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	l box only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to t activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this reporti	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, rting 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 not	the best of my knowledge and belief, a true and complete statement of all campaign
Stand under the south of the	Data: 5/26/2021

### **SCHEDULE A: RECEIPTS**

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

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

report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	See Attached		
ine 9: Total Recei	pts over \$50 (or listed above)	572	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	199	
	RECEIPTS IN THE PERIOD	771	Enter on page 1, line 2

d receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### Committee to Elect Julie Smith-Galvin , Schedule A Attachments: Receipts

Date Received Donor Name	•	Amount Address		<b>Donor Occupation</b>	Donor Employer
4/22/2021 Steven 4/22/2021 Rob 4/23/2021 John 4/27/2021 Lisa Total	Kaufman Darnell Rogers Zarek	100 198 Waverley Street 100 11 Spaulding St 272 39 Tower Hill Road 100 1001 Lake Charles Ci	Arlington MA Wakefield MA North Rea <sub>r</sub> MA Lutz FL	02476 01880 01864 Energy analyst 33548	Union of Concerned Scientists

## **SCHEDULE B: EXPENDITURES**

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

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

report all expenditures. Please include your committee name and a page number on

Date Paid  Se	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	ee Attached			
	ee Attached			
111		111	111	
lli .	,			
II.				
lill lill				
		Line 12: Total Expenditures	over \$50 (or listed above)	1,959.36
		Line 13: Total Expenditures	550 and under* (not listed above)	54.53
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	2,013.89

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

PAGE 4

### Committee to Elect Julie Smith-Galvin, Schedule B Attachment, Expenditures

Expenditure rn MA 01801 Campaign Literature	An	nount
rn MA 01901 Campaign Literature	3.50	
iii wa utout campaign Literature	\$1	1,296.32
	Ś	59.99
	Ś	500.00
	1 \$	103.05
f	p Park CA 94025 Advertising field MA 01880 Design Services	p Park CA 94025 Advertising \$ field MA 01880 Design Services \$

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
	Line 16: In-Kind Contributions \$50 & under (not listed above)			0
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

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

Page 6

## SCHEDULE D: LIABILITIES

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

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



igned under the penalties of perjury:

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

Office of Campaign and Political Finance

TOWN CLERK WAKEFIELD, MA

Date: 5

(Candidate's signature)

Fill in Rep	porting Period dates: Beginning Date: 4/1	File with: City of Howh Cer 20 Election Gentlingsion  19121 Ending Date: 5124121				
	eport: (Check one) preceding preliminary					
Ann.	e P. Danehy Candidate Full Name (if applicable)	Committee To Elect Anne Danehy Committee Name				
Tou	Office Sought and District	Kevin C. Danehy Name of Committee Treasurer				
•	Residential Address	9 OVEY 100K Rd Wake Field, MIA 01880 Committee Mailing Address				
Felephone Nun	nber (optional): 781-258-9197	Telephone Number (optional):				
	SUMMARY BALANCE	INFORMATION:				
	Line 1: Ending Balance from previous report	1,233				
1	Line 2: Total receipts this period (page 3, line 11)	1, 3 7.5				
	Line 3: Subtotal (line 1 plus line 2)	2,608				
	Line 4: Total expenditures this period (page 5, line 1	14) 1,628.80				
	Line 5: Ending Balance (line 3 minus line 4)	980 00				
	Line 6: Total in-kind contributions this period (page	124.83				
	Line 7: Total (all) outstanding liabilities (page 7)	751,61				
L	Line 8: Name of bank(s) used: The Sav	Vings Bank Wakefield, MA				
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign mance 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.						
	he penalties of perjury:	(Treasurer's signature) Date: 5/25/21				
Candidate of I certify that activity, of a	with Committee and no activity independent of the committee at I have examined this report including attached schedules and it is, to the best all persons acting under the authority or on behalf of this committee in according to the property is all persons acting under the authority or on behalf during this reporting periods in the property is a property in the property of the property of the property is accorded to the property of the proper	est of my knowledge and belief, a true and complete statement of all campaign finance				
finance activ	without Committee OR Candidate with independent activity filing separa at I have examined this report including attached schedules and it is, to the best ivity, including contributions, loans, receipts, expenditures, disbursements, in-kinance 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				

## **SCHEDULE B: EXPENDITURES**

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

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

report all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/25	BJS	85 cedar St Stoneham, MA 02180	Campaign	778
4/20	Boyds	100 maple St Stoneham, MA	campaign direct mail	86926
4/18-515	Facebook	San Francisco CA (Facebook, com	Online	20385
4/21	U.S.P.S.	main St 01880 Wakefield, MA	Post card Stamps	7200
4/25	Winecellar	85 Cedar St Stonehamima	Campaign Function	17564
4/484/4 -515	Wix	WIX.com	Website	17375
		Line 12: Total Expenditures ove	r \$50 (or listed above)	1572.28
	Ī	Line 13: Total Expenditures \$50		56.52
Enter on page 1, line $4 \rightarrow \text{Line 14: TOTAL EXPENDITURES IN THE PERIOD}$ If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4/20	Peggy Bairesi	Wakefield 102 Chestnutst		10445
		Line 15: In-Kind Contributions	over \$50 (or listed above)	104.45
	Line 16: In-Kind Contributions \$50 & under (not listed above) 20 38			
				12483

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

Page 6

## **SCHEDULE D: LIABILITIES**

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

Date Incurred	To Whom Due	Address	Purpose	Amount
4/18-5/5	Anne Danehy	Wakefield, ming 9 O Verlook Rd	Faceback Ads	203 85
4/4-515	11	11	Website	17375
4/25	11 11	11	BJ's - Campaign funch	7778
4/25	11 ) /	11	wine cellar campaign funcha	175
4/21	"6 "	]1	U.S.P.S. Post card Stamps	7200
9/20	П п	//	Home Depot Staple Gun	20.91
4/20	11 1/	11	Dunkin Donuts Colke For Signhole	ers 2671
*				
	, ,			
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	750°64



Signed under the penalties of perjury:

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

Office of Campaign and Political Finance

TOWN CLERK WAKEFIELD, MA

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission  1/21/7021 Ending Date: 05/728/3074M 11: 53
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election  year-end report dissolution
Theodore H Norl  Candidate Full Name (if applicable)  Planning 130 and Member  Office Sought and District  Fern Wood Road  Residential Address  E-mail: Theodore poll (2) Gmail Com  Phone # (optional): 617 257 -0563	Thro Noll For Walyrell  Committee Name  Kathleen M. Skeehan  Name of Committee Treasurer  8 Ternwood Road Walgreld MA  Committee Mailing Address  E-mail: Theo Noell For Wake Field 9 9 mg.1.  Phone # (optional):
SUMMARY BALAN	ICE INFORMATION:
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 1	1) 430,55
Line 3: Subtotal (line 1 plus line 2)	430.55
Line 4: Total expenditures this period (page 5,	line 14) 930 55
Line 5: Ending Balance (line 3 minus line 4)	0.0
Line 6: Total in-kind contributions this period (	page 6) 0.00
Line 7: Total (all) outstanding liabilities (page	0.00
Line 8: Name of bank(s) used:	
activity, including all contributions, loans, receipts, expenditures, disbursements, in-ki finance activity of all persons acting under the authority of on behalf of this committee  Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check for 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 accordance with the requirements of M.G.L. c. 55.  Date: 5/25/2/  Date: 5/25/2/
certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disbursem	the best of my knowledge and belief, a true and complete statement of all campaign ents, 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 gandidate in accordance with the requirements of M.G.L. c. 55.

(Candidate's signature)

#### SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/23/21	Theodon Noell Candidde	127.99	candidate/self
4/24/24	Throdone Nolly Sternwood Road	107.80	Candidate
4/26/4	Theodore Noell	94.76	Candidate
5/1/21	Theodore Woll	23.00	Candidato
5/1/21	Theodore Wolf	50.00	Carcholeke
5/4/21	Theodore Wall	25.00	Candidate
Line 9: Total Rece	ipts over \$50 (or listed above)	430.55	
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
8 0 0 0	RECEIPTS IN THE PERIOD	430.55	Enter on page 1, line 2

#### SCHEDULE B: EXPENDITURES

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

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

report all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
4/23/4	Staple5	34 Walkers Brooke Towne. Reading MA 01867	Campaign Posters	127.99	
4/24/24	Steples	Drvi, Reading MA	Campaign Posters Boards/Mounting	107.80	
4/26/21	Home Deport	60 Walkers Brook Drive Reading MA	hadren/wood/ materials for signs	94,76	
5/1/21	Melétharblee Cream	393 lowell street Wakefield MA	Campaign Food Thate	25,00	
5/1/21	Public Kitchen Restavant	397 Main Street Wakefield MA	Campaign Food - Thank you gift	50.00	
5/5/24	Righerran	357 Main street Walufreld MA	Campaign Food	25.00	
4		Line 12: Total Expenditures ov	ver \$50 (or listed above)	430-55	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	430-55	
* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					

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

Page 4

#### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
	-			
	-11			



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

2021 MAY 26 AM 8: 46

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	4/21/2021 Ending Date: 05/26/2021
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	on 🗵 30 day after election 🔲 year-end report 🔲 dissolution
Ami Ruehwien Wall	Committee to Elect Ami Ruehwein Wall
Candidate Full Name (if applicable) Wakefield School Committee	Committee Name
Office Sought and District	Erin Calvo-Bacci Name of Committee Treasurer
206 Pleasant Street, Wakefield, MA 01880	494 Main Street, Reading, MA 01867
Residential Address	Committee Mailing Address
E-mail: amiwall@ymail.com	E-mail: ecalvobacci5@gmail.com
Phone # (optional):	Phone # (optional):
SUMMADV DATA	ANCE INFORMATION:
	The state of the s
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line	ne 11) 440
Line 3: Subtotal (line 1 plus line 2)	1333.45
Line 4: Total expenditures this period (page 5	5, line 14) 549.02
Line 5: Ending Balance (line 3 minus line 4)	784.43
Line 6: Total in-kind contributions this period	od (page 6) 0
Line 7: Total (all) outstanding liabilities (pag	ge 7) 957.66
Line 8: Name of bank(s) used: The Savings Ba	ank
activity, including all contributions, loans, receipts, expenditures, disbursements, infinance activity of all persons acting under the authority or on behalf of this commit Signed under the penalties of perjury:	(Treasurer's signature) Date: 5 25 262
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	ck I box only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this rep	s, to the best of my knowledge and belief, a true and complete statement of all campaign finance see in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, exporting period that are not otherwise disclosed in this report.
finance activity, including contributions, loans, receipts, expenditures, disburse campaign finance activity of all persons acting under the authority or on behalf	- 5 15.01
Signed under the penalties of perjury:	(Candidate's signature)

#### **SCHEDULE A: RECEIPTS**

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/21/2021	Paul Antonino 24 Prospect Street Wakefield, MA 01880	100	
4/21/2021	Robert Aufiero 425 Lebanon Street Melrose, MA 02176	50	
4/21/2021	Theresa Bilicki 300 Water Street Wakefield, MA 01880	50	
4/21/2021	Caroline Colarusso 4 Patrick Circle Stoneham, MA 02180	50	
4/23/2021	Glen Curry 15 Chestnut Street Wakefield, MA 01880	50	
4/21/2021	Ed Dombrowski 15 Chestnut Street Wakefield, MA 01880	50	
4/21/2021	Chris Tarr 27 Jackson Lane Wakefield, MA 01880	40	
4/21/2021	Maryrose Tarr 27 Jackson Lane Wakefield, MA 01880	50	
Line 9: Total Reco	eipts over \$50 (or listed above)	440	
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	440	← Enter on page 1, line 2

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

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

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

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

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

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

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

	To Whom Paid			
<b>Date Paid</b>	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	Anedot	anedot.com	Processing Fee	
4/25/2021				4.60
MARKET MALERA WATER STATE				
		34 Walkers Brook Drive	Postcards	
/18/2021				36.76
	staples			
	T-Stop	983 Main Street	Masks	
3/19/2021		Wakefield, MA 01880		102
	T-Stop	983 Main Street	Stickers	
/25/2021	li l	Wakefield, MA 01880	The Colombia said	132.81
	T-Stop	983 Main Street	Signs	
/31/2021	_	Wakefield, MA 01880		38.13
	T-Stop	983 Main Street	Postcards	
/21/2021		Wakefield, MA 01880		234.72
				and the state of t
		Line 12: Total Expenditure	s over \$50 (or listed above)	549.02
		12. Total Exponential	5 5.51 \$50 (of fision above)	
		Line 13: Total Expenditures	s \$50 and under* (not listed above)	
	Enter on page 1, line 4 -	→  Line 14: TOTAL EXPEN]	DITURES IN THE PERIOD	549.02

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

Page 4

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	( <b>Pg</b> )	1	Turpose of Expenditure	Amount
				L
		Line 12: Expenditures over \$50	) (or listed above)	
			AN CONTRACTOR OF THE PARTY OF T	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enton on man 1 11 4 .	Line 14. TOTAL EVDENDET	TIDES IN THE PERIOR	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT		

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

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

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

Page 6

## SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
5/24/2021	T-Stop	983 Main Street Wakefield, MA 01880	Pay for Signs, postcards, masks & Stickers	957.66
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	957.66



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

Office of Campaign and Political Finance

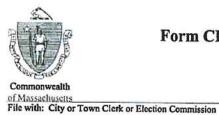
City or Town of:	Wakefield			s tects proj or type an information, except signatures
Reporting Period	d: Beginning: 04/21/21	(MM/DD/YYYY)	Ending: 05/2017 CL WAREFIELD.	HASS MASS (MM/DD/YYYY)
Type of Report: (C		ay preceding election 🔀 30th day fo	llowing election (town or special)	20th day of January (Year-End report)
2. I certify that	t I am a candidate for or currently hold		obligations during this reporting period,	and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjur	RESIDENTIAL ADDRESS y (Street and Number)	OFFICE SOUGHT
05/24/21	Megan E. Menesale	M. Morenda	24 Armory Street	Planning Board, 2 year term

## 2021 MAY 26 AM 8: 25



## TOWN CLERK Form CPF M 102-0: Campaign Finance RepoWAKEFIELD, MASS. Municipal Form Office of Campaign and Political Finance

City or Town of Wake field Office Prices Pri	of Messachenetts				
Type of Report: (Check One)  Sth day preceding preliminary/primary Sth day preceding election South 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.  SIGNATURE RESIDENTIAL ADDRESS  DATE PRINT NAME Signed under the penalties of perjury (Street and Number) OFFICE SOUGHT	City or Town of:	Wakefield	01810	Pieur	print or type all information, except rignatures
Sth day preceding preliminary/primary Sth day preceding election Stoth day following election (town or special) 20th day of January (Year-End report)  Persuant 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.  SIGNATURE RESIDENTIAL ADDRESS  DATE PRINT NAME Signed under the penalties of perjury (Street and Number) OFFICE SOUGHT	Reporting Period	Beginning: 4/2		Ending: 5/36/2	63 ( 80003333)
Arrivant 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.  SIGNATURE RESIDENTIAL ADDRESS  DATE PRINT NAME Signed under the penalties of perjury (Street and Number) OFFICE SOUGHT	Type of Report: (C	heck One)	A - T. P. S. S. S. S. S. S. S. S. S. S. S. S. S.		
Arrivant 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.  SIGNATURE RESIDENTIAL ADDRESS  DATE PRINT NAME Signed under the penalties of perjury (Street and Number) OFFICE SOUGHT	Sth day precedi	ing preliminary/primary 8th d	ay preceding election 50th day follow	ving election (town or special) 20	th day of January (Year-End report)
DATE PRINT NAME Signed under the penalties of perjury (Street and Number) OFFICE SOUGHT	I certify that     I certify that	I am a candidate for or currently hol I have not received any contribution	s, made any expenditures, or incurred any obl		not have a campaign fund in existence.
S/85/81 Scott Stuff And And And And And And And And And And	DATE	PRINT NAME			OFFICE SOUGHT
	5/05/01	Scott Staits	11-1-	14 Preston Street	Library Trustee
				Art control in the	
	The second	a war and the			
	Zeon.				
			AND RESIDENT		
	10.				
TOTAL BAREAU AND THE SECOND STATE OF THE SECOND SEC					
		ANE SURE OF THE SECOND		Special Control	



## Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form AM 8: 25

Office of Campaign and Political Finance

OTTHE	U	Campaign	a	щ	п	14	щ	CHI.	Gillis	ince
		10	Λ	к	F	F	FI	П	14	A C

Report Being Amend	led: Year: 202/ Reporting Period: Beg	inning Date: 4/21/21 Ending Date: 5/24/21
8th day preceding	preliminary 🔲 8th day preceding election 🦅	30 day after election year-end report dissolution
6 Hanco	Candidate Full Name (if applicable)  Let (1) (the 1) 1 strict  Residential Address  K Koad Wakefield MA  Office Sought and District  Office So	Committee Name  1) larcy Mc Committee Trassurer  32 Walden Roud Worke Field, MA  Committee Mailing Address 01880  E-mail: Marcy Mc Cauley Chot (Nail. Committee # (optional):
	SUMMARY BALANC	CE INFORMATION:
	Line 1: Ending Balance from previous report	425.60
	Line 2: Total receipts this period	700.00
	Line 3: Subtotal	
	Line 4: Total expenditures this period	1075.60
	Line 5: Ending Balance	50 60
	Line 6: Total in-kind contributions this period	
	Line 7: Total (all) outstanding liabilities	11000
The original filing of t	Line 8: Name of bank(s) used:	ield (s-Operative Buck
	ne above-referenced campaign finance report is ben	g amended for the following reason(s):
Receipts		Expiralitures
# Marcy Mc( 32 Waller R	Cauley # 15000 4/25/21 d, Waldfild ly #2000 4/27/21	111111111111111111111111111111111111111
* David Kel	14 420000 4/22/2	Pditical Ads
48 Jordon A.	entrelatide	Harrie 1 MENG 11 4218.84 5/25/2
* Thomas Coc 9 Hughland	gun ive, Walkfield #100.00 4/21/21	# Post Campaign 4 95 12 4/2011
* Receipts *	60 - man 250,00	Pelcari's, Surgus  * Post Countain 479.05 5/6/2,  Public Kitchen  Experiedures Under 450: 4132.59
	# 700 00	* Expertedures Under 950: 413259
Signed under the penalties	of perjury:	Signed under the penalties of perjury: #107560
(Candidite's signature)	Date: 5:25-21	Mucy LMC Call Date: 5/25/21



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

Office of Campaign and Political Finance 2021 MAY 26 AM 8: 24

	⊠ 30 day after election	year-end report	dissolution	
iskadlo	Piskadlo Committee	***************************************	Se of 100 1 E	
Candidate Full Name (if applicable)	Ryan Piskadlo	Committee Name		
Office Sought and District and, Wakefield, MA 01880				
Residential Address kpiskadlo@gmail.com	Warren and the same of the sam	and the second of the second of	com	
(781) 962-4663	Phone # (optional):			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report		717.0	7	
Line 2: Total receipts this period (page 3, line 11)		450		
Line 3: Subtotal (line 1 plus line 2)		1,167.07		
Line 4: Total expenditures this period (page 5, lin	ne 14)	1,060.84		
Line 5: Ending Balance (line 3 minus line 4)	manufacture and the second second second	106.2	3	
	ige 6)		0	
	0			
Line 8: Name of bank(s) used: The Savings Bank				
e examined this report including attached schedules and it is to the best gall contributions loans receipts expenditures disbursements in-kind fall persons acting under the authority or on behalf of this committee in e penalties of perjury:	contributions and liabilities for the accordance with the requirement (Treasure)	is reporting period and represents of M.G.L. c. 55	Il campaign finance its the campaign	
I have examined this report including attached schedules and it is, to the lipersons acting under the authority or on behalf of this committee in achiabilities nor made any expenditures on my behalf during this reporting without Committee.  I have examined this report including attached schedules and it is, to the	e best of my knowledge and belie coordance with the requirements of g period that are not otherwise dis	of MGL a 55. Thave not rece closed in this report f a true and complete statement	of all campaign	
ity including contributions loans receipts, expenditures disbursements tance activity of all persons acting inder the authority or on behalf of this	s in-kind contributions and liabil	ities for this reporting period an	d represents the	
	Candidate Full Name (if applicable)  Candidate Full Name (if applicable)  Office Sought and District  Id, Wakefield, MA 01880  Residential Address kpiskadlo@gmail.com  (781) 962-4663  SUMMARY BALANC  Line 1: Inding Balance from previous report  Line 2: I total reccipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 11)  Line 5: Inding Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 7)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank(s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank (s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank (s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank (s) used: The Savings Bank  muttee Treasurer:  Line 8: Name of bank (s) used: The Savings Bank  muttee Treasurer:  Line 8: Name	Piskadlo Candidate Full Name (if applicable)  Office Sought and District Id, Wakefield, MA 01880 Residential Address kpiskadlo@gmail.com  Candidate Full Name (if applicable)  Residential Address Residential	Stadio	

#### SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Apr 23, 2021	Kevin Piskadlo 2 Crosby Road Wakefield, MA 01880	200	Associate VP & Dean of Students / Stonehill College
1.0			
ine 9: Total Rece	ipts over \$50 (or listed above)	200	
ine 10: Total Reco	ripts \$50 and under* (not listed above)	250	
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	450	← Enter on page 1, line 2

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

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	***************************************		
d d			
1			
<u> </u>			
ine 9: Total Receip	ts over \$50 (or listed above)		
ine 10: Total Receip	ots \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1. line 2

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

#### SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Apr 23, 2021	Connolly Printing	17B Gill St. Woburn, MA 01801	Mailing	1,000
n Yunia				
		,	es over \$50 (or listed above)	1,000
		Line 13: Total Expenditure	s \$50 and under* (not listed above)	60.84
	Enter on page 1, line 4 -	Line 14: TOTAL EXPEN	DITURES IN THE PERIOD	1,060.84

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. 1 ine 13 should include only those expenditures not itemized above

Page 4

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		1		
in the second				
	-			
	***			
				L
		Line 12 Expenditures over	\$50 (or listed above)	
			and under* (not listed above)	
	2 % ×		DITURES IN THE PERIOD	

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

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			The state of the s	
				<del></del>
				44
				1
				****
	7. 1			
		Line 15: In-Kınd Contributio	ns over \$50 (or listed above)	
			ns \$50 & under (not listed above)	
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

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

Page 6

#### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
1				
				The second section of the section of the section of the second section of the section of t
	A STATE OF THE STA			
			Burnings at the second	
			1	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	11



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

2021 MAY 25 PM 1: 30

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 04/19/	/2021 Ending Date: 05/26/2021					
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election	⊠ 30 day after election					
Candidate Full Name (if applicable)  SCHOOL COMMITTEE  Office Sought and District  18 EMERALD STREET, WAKEFIELD, MA 01880  Residential Address  E-mail: dlsmillward@gmail.com  Phone # (optional):	COMMITTEE TO ELECT DAWN MILLWARD TO SCHOOL COMMITTEE  Committee Name  JESSICA BELYEA, CPA  Name of Committee Treasurer  18 EMERALD STREET, WAKEFIELD, MA 01880  Committee Mailing Address  E-mail: jessicamay@comcast.net  Phone # (optional): 603-438-5371					
SUMMARY BALANC	E INFORMATION:					
Line 1: Ending Balance from previous report	555.00					
Line 2: Total receipts this period (page 3, line 11)	172.00					
Line 3: Subtotal (line 1 plus line 2)	727.00					
Line 4: Total expenditures this period (page 5, line	e 14) 678.13					
Line 5: Ending Balance (line 3 minus line 4)	48.87					
Line 6: Total in-kind contributions this period (pa	ge 6) 0.00					
Line 7: Total (all) outstanding liabilities (page 7)	0.00					
Line 8: Name of bank(s) used: THE SAVINGS BANK						
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  Output  Date: 5   23   2						
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x 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 cordance with the requirements of M.G.L. c. 55. I have not received any contributions,					
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the					
Signed under the penalties of perjury: Wa-2. Million	Candidate's signature)  Date: 5\d\frac{\lambda\frac{\extrac}\frac{\lambda\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\fr					

#### SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	LEAVITT, GEORGE	7 Amount	(AND COMMANDED OF CHOOL OF THOSE OF
04/19/2021	492 DAVISVILLE RD	100.00	
	EAST FALMOUTH, MA 02536		
	MCCORRY, JEANNE		
04/19/2021	34 WOODLAND RD	50.00	
	WAKEFIELD, MA 01880		
	<u> </u>		
	7  C		
	1		
1	J[		
Line 9: Total Rec	eipts over \$50 (or listed above)	150.00	
Line 10: Total Re	ceipts \$50 and under* (not listed above)	22.00	
ine 11: TOTAL	RECEIPTS IN THE PERIOD	172.00	← Enter on page 1, line 2

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(-p-stange-quate)		(for contributions of \$200 of more)
Line 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	sipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		Enter on page 1, line 2
		e 9 Line 10 shou	Enter on page 1, line 2  Id include only those receipts not itemized above.

Fif you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

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

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

report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
)5/23/2021	DAWN MILLWARD	18 EMERALD ST	REIMBURSEMENT OF LOAN FOR EXPENDITURES. SEE R-1 SCHEDULE	656.13
	1			
40-41-41-41-41-41-41-41-41-41-41-41-41-41-				
		Line 12: Total Expendit	tures over \$50 (or listed above)	656.
		Line 13: Total Expendit	ures \$50 and under* (not listed above)	22.
	Enter on page 1, line 4	Line 14: TOTAL EXP	ENDITURES IN THE PERIOD	678.

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

Page 4

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

approximation of the second of	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	- Administration of the second			
		Line 12: Expenditures over \$50	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TIRES IN THE PEDIAN	
		1	should include only those expenditure	

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

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

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

Page 6

## **SCHEDULE D: LIABILITIES**

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

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



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

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 5/23/2621							
Name of Individu	ual Being Reimbursed:	Dawr	n Millward				
Committee Name	Committee Name: CTE Dawn Millward						
CPF ID Number (if applicable):  Telephone Number (optional):							
		ITEMIZ	ZE EXPENDITURES	IN EXCESS	OF \$50		
Date Paid	d Vendor Name Vendor Address Purpose of Expenditure			Amount			
3/11/2021	Signs on the	Cheap	0 -1:-		Lawn Sign	8	585.85
	(Include items listed on P	age 2) →	Line 1: Expenditures	in excess of \$	50 (itemized above):		585.85
			Line 2: Expenditures	\$50 or under (	(not itemized):		70.28
Line 3: TOTAL AMOUNT REIMBURSED: 656.13							
Signed under the penalties of perjury:							
	Signature of Candidate (Treasurer)  Date: 5 23 262						



## Form CPF M 102: Campaign Finance Report LERK Office of Campaign and Political Arthurance D, MA

File with: Director Office of Campaign and Political Finance One Ashburton Place Rm. 411 Boston, MA 02108 (617) 979-8300

2021 MAY 25 AM 10: 01

CPF ID# 17696

Reporting	Period:	Beginning:	4/21/2021	Ending:	5/26/2021
-----------	---------	------------	-----------	---------	-----------

Type of Report: 2021 Post-election Report

Leeman, Amy

Full Name of Candidate

Municipal, Local Filer

Office Sought/ District

10 Fox Road Wakefield, MA 01880

Residential Address

Leeman Committee

Committee Name

Stacy MacDonald

Name of Committee Treasurer

403 Grove Street Melrose, MA 02176

Committee Address

SUMMARY	BALANCE	INFORMATION
---------	---------	-------------

THE OWNER TO	IA .
Ending balance from previous report:	\$0.00
Total receipts this period:	\$250.00
Subtotal:	\$250.00
Total expenditures this period:	\$100.00
Ending Balance:	\$150.00
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of Bank Used:	7. • mac 3.379 - 3.57

#### Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

Affidavit of Candidate (check 1 box only) :

(in ink)

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR candidate with independent activity filing separate report.

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

inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:

Candidate's signature (in ink) CMY CCMAN Date 5/24/2021

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 Addres	<u>s</u>	Amount	Occupation and Employer
4/26/2021	Colarusso, Caroline	_	\$50.00	Retired
	4 Patrick Circle			N/A
	Stoneham, MA 02180			
4/26/2021	McCoubrey, Brian		\$100.00	Retired
	82 Elm Street			N/A
	Wakefield, MA 01880			
4/26/2021	Triangale Jr, Joseph V.		\$75.00	Business Consultant
	33 Brook Street			T5 Financial Group
	Wakefield, MA 01880			
4/26/2021	Vitale, Peter		\$25.00	Administrator
	3 Gladstone Street			Massachusetts Department of Industrial Accidents
	Wakefield, MA 01880			
		<b>Total Itemized Receipts:</b>	\$250.00	
		<b>Total Unitemized Receipts:</b>	\$0.00	
		<b>Total Receipts:</b>	\$250.00	

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** 5/15/2021 Kelly Williams 5 Gould St

Wakefield, MA 01880

**Amount Purpose** \$100.00 Logo Design

**Total Itemized Expenditures:** \$100.00 **Total Unitemized Expenditures:** \$0.00 **Total Expenditures:** \$100.00



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

Office of Campaign and Political Finance

oi wassaciiuseus			2021 443 1/ 01	AM T. CO
City or Town of	Wakefield			Please print or type all information, except signatures
Reporting Perio	od: Beginning: 04/21/2021	(MM/DD/YYYY)	Ending: 05/26/204EL[	), MASS. (MM/DD/YYYY)
Type of Report:	(Check One)			
8th day prece	eding preliminary/primary 8th day p	preceding election 30th day follow	wing election (town or special)	20th day of January (Year-End report)
<ol><li>I certify th</li></ol>	at I am a candidate for or currently hold M	funicipal Office. nade any expenditures, or incurred any obli	igations during this reporting period	l, and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	S OFFICE SOUGHT
24MAY21	Gordon, Paul	Digitally signed by GORDON PAUL MALCOLM. 1364760384 Date: 2021,05.24 06:33:45-04'00'	6 Pine Street	Library Board of Trustees



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

Office of Campaign and Political Finance

2021 MAY 24 AM 7: 59

City or Town of:	Wakefield		ja	Please print or type all information, except signatures IUMN CLERK AKEFIELD, MASS.
Reporting Perio	d: Beginning: 04/21/2021	. (MM/DD/YYYY)	Ending: 05/26/2021	(MM/DD/YYYY)
Type of Report: (		ay preceding election 30th day follow	ing election (town or special)	20th day of January (Year-End report)
Pursuant to M.G.  1. I certify th  2. I certify th	L. Chapter 55: at I am a candidate for or currently hol	ld Municipal Office.  Is, made any expenditures, or incurred any oblig	gations during this reporting perio	d, and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRES (Street and Number)	OFFICE SOUGHT
5/22/21	Shannon Cain Arnold	Streamon Caron	33 Elm St.	Housing Authority
			4	
		,		



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

Office of Campaign and Political Finance

2021 MAY 24 AM 7: 49

Fill in Reporting Period dates: Beginning Date: 5-	File with: City or Town Clerk or Election Commission  25-27-21  WAKEFIELD, MASS.
Type of Report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election ☑ year-end report ☐ dissolution
Philip R. Courcy	Committee to Elect Philip Courcy
Candidate Full Name (if applicable)	. Committee Name
Wakefield Gas and Light Commissioner	Susan M. Courcy
Office Sought and District	Name of Committee Treasurer
4 Pine Hill Circle, Wakefield, MA 01880	4 Pine Hill Circle, Wakefield, MA 0188  Committee Mailing Address
Residential Address	
E-mail: Philip.courcy@comcast.net	
Phone # (optional): 781-246-1827	Phone # (optional): 781-246-1827
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	197.26
Line 2: Total receipts this period (page 3, line 11	) 0
Line 3: Subtotal (line 1 plus line 2)	197.26
Line 4: Total expenditures this period (page 5, lin	ne 14) O
Line 5: Ending Balance (line 3 minus line 4)	197.26
Line 6: Total in-kind contributions this period (p	age 6) O
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: THE SAV	INGS BANK
activity, of all persons acting under the authority or on behalf of this committee in a	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: 5-27-2    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,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the Signed under the penalties of periury:	the best of my knowledge and belief, a true and complete statement of all campaign ats, in-kind contributions and liabilities for this reporting period and represents the

## 2021 MAY 24 AM 7: 49

## TOWN CLERK WAKEFIELD, MASS.



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

Municipal Form
Office of Campaign and Political Finance

KEVIN J. LOPES

of Massachusetts		Office of Campaign a	nd Political Finance KEV	IN J. LOPES
City or Town of:	Wakefield		Please	print or type all information, except signatures.
Reporting Period:	Beginning:	21, 2021 (MM/DD/YYYY)	Ending: May 26,	DO J I
Type of Report: (Cl	neck One)			
8th day preceding	ng preliminary/primary 28th day p	receding election 30th day follow	ving election (town or special)	0th day of January (Year-End report)
<ol><li>I certify that</li></ol>	I am a candidate for or currently hold M	ade any expenditures, or incurred any obl	igations during this reporting period, and d	o not have a campaign fund in existence
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
5/26/21	KEVIN J LOPES	Lef Jop	125 OAK STREET	CONSTABLE
		p		



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

Office of Campaign and Political Finance

2021 HAY 19 Att Please Print or type all information, except signatures. EndingWA 195/26/2020, MASS City or Town of: Wakefield Beginning: 04/21/2021 Reporting Period: (MM/DD/YYYY) Type of Report: (Check One) 20th day of January (Year-End report) 30th day following election (town or special) 8th day preceding election 8th day preceding preliminary/primary 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. RESIDENTIAL ADDRESS SIGNATURE OFFICE SOUGHT (Street and Number) Signed under the penalties of perjury PRINT NAME DATE Library Trustee 8 Stark Ave Aimee Lominac 5/17/21



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

Office of Campaign and Political Finance

City or Town of:	Wakefiel MAY 17 PM 1:08			Please print or type all information, except signatures
Reporting Period	d: Beginping: 04/1/2021/ WAKEFIELD, MASS.	(MM/DD/YYYY)	Ending: 05/26/2021	(MM/DD/YYYY)
Type of Report: (0	Check One)			
8th day preced	ling preliminary/primary 8th da	y preceding election   X 30th day follo	wing election (town or special)	20th day of January (Year-End report)
<ol><li>I certify that</li></ol>	Chapter 55: t I am a candidate for or currently hold	Municipal Office.		d, and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRES (Street and Number)	OFFICE SOUGHT
05/17/2021	Charles Geier	Mules Geier	41 Forrester Rd	Housing Commissioner
			-	



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

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 413	File with: City or Town Clerk or Election Commission  Ending Date: 5/26/2/
Type of Report: (Check one)	70.0
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Candidate Full Name (if applicable)  Candidate Full Name (if applicable)  Office Sought and District  Residential Address  E-mail:   Phone # (optional):     1	Committee Name  Name of Committee Treasurer  Committee Mailing Address  E-mail:  Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	0 2 1
Line 2: Total receipts this period (page 3, line 11)	W A CONTRACTOR
Line 3: Subtotal (line 1 plus line 2)	TIELD I CLE
Line 4: Total expenditures this period (page 5, line	14) S S S S S S S S S S S S S S S S S S S
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page	e 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 accommittee under the penalties of perjury:	cordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box o	(Treasurer's signature) Date:
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the be activity, of all persons acting under the authority or on behalf of this committee in accordincurred any liabilities nor made any expenditures on my behalf during this reporting pe	est of my knowledge and belief, a true and complete statement of all campaign finance
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the being finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf of this campaign finance activity of all persons acting under the authority or on behalf or the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the	st of my knowledge and belief, a true and complete statement of all campaign



# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance WAKEF ELD. MASS.

Fill in Reporting Period dates: Beginning Date: 04/10/2021 Ending Date: 04/28/2021  Type of Report: (Check one)    8th day preceding preliminary   8th day preceding election   30 day after election   year-end report   dissolution      VOTE NO ON 1 WAKEFIELD 2021	of Massach	usetts		File with: City or Town Clerk or Election Commission				
Sth day preceding preliminary   Sth day preceding election   30 day after election   year-end report   dissolution	Fill in R	Reporting Period dates: Beginning Date: 04/10	/2021					
Candidate Full Name (if applicable)  Office Sought and District  Residential Address  Residential Address  E-mail:  Phone # (optional):  SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  WAKEFIELD MA 01880  Committee Mailing Address  VOTENOONIWAKEFIELD@GMAILCOM  Phone # (optional):  SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  3,724-22  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  735.37  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  O Line 8: Name of bank(s) used:  WAKEFIELD MA 1880  Committee Total from 1880  Committee				y after election  year-end report dissolution				
E-mail: Committee Mailing Address    Phone # (optional):		Joseph Company (Company Company  NICOLI	Committee Name  E CALABRESE  Name of Committee Treasurer					
Phone # (optional):     Phone # (optional):	E-mail:	Residential Address	F-mail:					
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used: WAKEFIELD SAVINGS BANK   Affidavit of Committee Treasurer:  Lertify 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 his committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury: (Treasurer's signature)  Candidate with Committee		tional):		v. (AVEN-1921)				
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used: WAKEFIELD SAVINGS BANK  Affidavit of Committee Treasurer:    certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance 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:		SUMMARY BALANC	E INFO	RMATION:				
Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used: WAKEFIELD SAVINGS BANK  Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perfury: (Treasurer's signature)  TOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)  Candidate with Committee								
Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Zine 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used: WAKEFIELD SAVINGS BANK  Affidavit of Committee Treasurer:    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 corumittee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury: (Treasurer's signature)  Candidate with Committee		Line 2: Total receipts this period (page 3, line 11)		1,342				
Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used: WAKEFIELD SAVINGS BANK  Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury: (Treasurer's signature)  Candidate with Committee		Line 3: Subtotal (line 1 plus line 2)		5,066.22				
Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used: WAKEFIELD SAVINGS BANK  Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this corumittee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury: (Treasurer's signature)  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)  Candidate with Committee		Line 4: Total expenditures this period (page 5, line	: 14)	4,330.85				
Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used: WAKEFIELD SAVINGS BANK  Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury: (Treasurer's signature)  To Candidate with Committee		Line 5: Ending Balance (line 3 minus line 4)		735.37				
Line 8: Name of bank(s) used: WAKEFIELD SAVINGS BANK  Affidavit of Committee Treasurer:    certify that I have examined this report including attached schedules and it is, to the 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 perfury:	₩ 1	Line 6: Total in-kind contributions this period (page	;e 6)	0				
Affidavit of Committee Treasurer:  It 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:		Line 7: Total (all) outstanding liabilities (page 7)		0				
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 his committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  (Treasurer's signature)  Date: 5/27/2021  Candidate with Committee		Line 8: Name of bank(s) used: WAKEFIELD SAVINGS BANK						
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	certify that I activity, includinance activity Signed under FOR CAN Candida I certify to	have examined this report including attached schedules and it is, to the best or ding all contributions, loans, receipts, expenditures, disbursements, in-kind coty of all persons acting under the authority or on behalf of this committee in acting the penalties of perfury:    DIDATE FILINGS ONLY: Amdavit of Candidate: (check 1 box the with Committee that I have examined this report including attached schedules and it is, to the both all persons acting under the authority or on behalf of this committee in according to the committee of all persons acting under the authority or on behalf of this committee in according to the committee of the committee of the committee in according to the committee of the committee	entributions accordance w	and liabilities for this reporting period and represents the campaign rith the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 5/27/2021  Date: 5/27/2021  nowledge and belief, a true and complete statement of all campaign finance to 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.  [Second under the negatives of periods:	Candidate I certify the finance accompaign	any liabilities nor made any expenditures on my behalf during this reporting p te without Committee hat I have examined this report including attached schedules and it is, to the b ctivity, including contributions, loans, receipts, expenditures, disbursements, i finance activity of all persons acting under the authority or on behalf of this of	eriod that ar est of my kn n-kind contr	nowledge and belief, a true and complete statement of all campaign ributions and liabilities for this reporting period and represents the accordance with the requirements of M.G.L. c. 55.				

#### **SCHEDULE A: RECEIPTS**

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
04/15/2021	EREK OSTROWSKI 16 MYRTLE AVE WAKEFIELD, MA 01880	1,000	CONSULTANT, SELF-EMPLOYED
	, ,		
Line 9: Total Reco	eipts over \$50 (or listed above)	1,000	
Line 10: Total Receipts \$50 and under* (not listed above)		342	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	1,342	← Enter on page 1, line 2

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

#### SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
04/17/2021	United States Postal Service	321 Main Street Wakefield, MA 01880	Postage	550
04/15/2021	Connolly Printing	78 Gill Street Woburn, MA 01801	Yard Signs, Buttons and bumper stickers	525.94
04/15/2021	Nicole Calabrese	40 Friend Street Wakefield, MA 01880	Reimbursement for stamps	110
04/15/2021	Nicole Calabrese	40 Friend Street Wakefield, MA 01880	Reimbursement for thank you cards	55
/27/2021	Facebook	Menio Park, CA 818141	Online Advertisements	250
/23/2021	Connolly Printing	7B Gill Street Woburn, MA 01801	Postcard Mailing	2,569.22
28/2021	Facebook	Menio Park, CA 818141	Online Advertisements	50
25/2021	ActBlue	PO Box 441146 Somerville, MA 02144	Online Donation Portal & Leporting	220.69
		Line 12: Total Expenditures over \$	\$50 (or listed above)	4,330.8
*	[1	ine 13: Total Expenditures \$50 an	nd under* (not listed above)	
	Enter on page 1, line 4 →	nclude them in line 12. Line 13 shou	RES IN THE PERIOD	4,330.8

\* If y nd under, include them in line 12. Line 13 should include only those expenditures not itemized above.

vote no on 1 wakefuldoon

Page 4

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			4:	
- 11				
				50-5000-522
- 11				
	Commence of the Commence of th			
111				
111				
. 11				
		Line 15: In-Kind Contributions	(or listed above)	
		Kind Contributions	over \$50 (or instance)	
		Line 15: In-Kind Contributions	\$50 & under (not listed and	
		- 16: In-Kind Contibuted	TOTRITTIONS	and addre

.

#### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0



## Form CPF M 102: Campaign Finance Report **Municipal Form** Office of Campaign and Political Finance 2022 JAN 25 AM 7: 41

Fill in Reporting Period dates: Beginning Date: 5/27	File with City or Town Clerk or Election Commission  7/2021 Ending Date: KE12/31/2021 MASS.				
Type of Report: (Check one)					
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election 🗷 year-end report ☐ dissolution				
Julie Smith-Galvin	Committee to Elect Julie Smith-Galvin				
Candidate Full Name (if applicable)	Committee Name				
Town Councilor, Wakefield	Kristina Patt				
Office Sought and District 28 Grafton Street, Wakefield 01880	Name of Committee Treasurer				
Residential Address	28 Grafton Street, Wakefield, MA 01880				
E-mail: julie.smithgalvin87@gmail.com	Committee Mailing Address E-mail:				
THE PARTY WAS AND A STREET WAS AND A STREET	-				
Phone # (optional): (781) 606-1233	Phone # (optional):				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	1707.97				
Line 2: Total receipts this period (page 3, line 11	0.00				
Line 3: Subtotal (line 1 plus line 2)	1707.97				
Line 4: Total expenditures this period (page 5, lin	ne 14) 334.21				
Line 5: Ending Balance (line 3 minus line 4)	1373.76				
Line 6: Total in-kind contributions this period (p	age 6) 0.00				
Line 7: Total (all) outstanding liabilities (page 7)	890.72				
Line 8: Name of bank(s) used: The Savings Bank					
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury: Kristina M. Patt  Kristina M. Patt (Jan 25, 2022 12:59 EST)  (Treasurer's signature)  Date: 1/20/2022					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox 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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	te best of my knowledge and belief, a true and complete statement of all campaign				
Signed under the penalties of perjury:	(Candidate's signature) Date: 1/20/2022				

#### SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Rece	ipts over \$50 (or listed above)	0.00	
Line 10: Total Rece	eipts \$50 and under* (not listed above)	0.00	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	0.00	← Enter on page 1, line 2

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)	0.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0.00	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	0.00	← Enter on page 1, line 2

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

#### SCHEDULE B: EXPENDITURES

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

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

7	enditures. Please include your committee name and a page number on each page.)  To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	Whole Foods	880 Main Street, Melrose, MA	Reusable water bottles gifted at annual retreat to Councilors/Staff	
6/10/2021			annual retreat to Councilors/Staff	334.21
		Line 12: Total Expenditures ov	er \$50 (or listed above)	334.21
		Line 13: Total Expenditures \$50	and under* (not lists delicated	2.22
		Line 13. Total Expenditures \$50	and under" (not listed above)	0.00
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	334.21
3923 - 525 - CI	-iddit 6.050 1 1	n de terren ekke - en dan er daten etter 1960 i en dan er til 1970 i til 1970 i til 1970. Ett 1970 i til 1970 i Lings i til 1970 i til 1970 i til 1970 i til 1970 i til 1970 i til 1970 i til 1970 i til 1970 i til 1970 i til		001.21

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

Page 4



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

2022 JAN 20 PM 2: 58

		File with: City or Town Clerk or Election Commission		
Fill in Re	eporting Period dates: Beginning Date: 1/1	Ending Date: 12/31/2021		
Type of F	Report: (Check one)			
8th day	preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution		
Thomas F	Markham III	Committee to Elect Tom Markham		
School Cor	Candidate Full Name (if applicable)	Committee Name Diane Igo Markham		
School Col	Office Sought and District	Name of Committee Treasurer		
42 Harrison	n Avenue, Wakefield, MA 01880	42 Harrison Avenue, Wakefield, MA 01880		
7	Residential Address	Committee Mailing Address		
E-mail:	tom.markham@comcast.net	E-mail: d.markham@comcast.net		
Phone # (opti	ional):	Phone # (optional):		
	SUMMARY BALAN	NCE INFORMATION:		
	Line 1: Ending Balance from previous report	2,173.31		
	Line 2: Total receipts this period (page 3, line 1	11) 0		
	Line 3: Subtotal (line 1 plus line 2)	0		
	Line 4: Total expenditures this period (page 5, l	line 14) 0		
	Line 5: Ending Balance (line 3 minus line 4)	2,173.31		
	Line 6: Total in-kind contributions this period (	(page 6) 0		
	Line 7: Total (all) outstanding liabilities (page 7	7) 0		
	Line 8: Name of bank(s) used: Eastern Bank			
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  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.				
	r the penalties of perjury:	(Candidate's signature)  Date: 01/19/2022		

#### SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3			
			n a
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ine 9: Total Rece	ipts over \$50 (or listed above)	0	
ine 10: Total Rece	eipts \$50 and under* (not listed above)	0	Ī
	782		1
ine 11: TOTAL	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	_		
			~(~
ine 9: Total Rece	ipts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)	0	
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

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

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

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date I alu	(alphabetical listing)	Address	Fur pose of Expenditure	Amount
		1		
				100
				nla
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	
		Effic 12. Total Expellutures of	(of fisted above)	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
			,	_
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1

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

Page 4

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

	To Whom Paid	7.44	(m) 000	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				120
				na
				-
		Line 12: Expenditures over \$50	0 (or listed above)	
		Line 12: Evmanditums 050 J	under* (not listed above)	
		Line 13: Expenditures \$50 and	under (not fisted above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
T.C 1 :t		er, include them in line 12. Line 13 s		7

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

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	<b>Description of Contribution</b>	Value
				Mar
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

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

Page 6

### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
		1		
		1		
				100
				nl



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

Office of Campaign and Political Finance

2022 JAN 21 AM 8: 34

Fill in Reporting Period dates: Beginning Date: May 27	File with: City or Town Clerk or Election Commission  7, 2021 Ending Date: Jan 20,42022			
Type of Report: (Check one)  Bth day preceding preliminary 8th day preceding election	☐ 30 day after election ☑ year-end report ☐ dissolution			
Jennifer Kallay	Committee to Elect Jennifer Kallay			
Candidate Full Name (if applicable)	Committee Name			
Gas and Light Commissioner	John Wilson			
Office Sought and District	Name of Committee Treasurer			
25 Sylvan Avenue, Wakefield, MA 01880  Residential Address	25 Sylvan Avenue, Wakefield, MA 01880  Committee Mailing Address			
E-mail: jlindak@gmail.com	E-mail: jlindak@gmail.com			
Phone # (optional):	Phone # (optional):			
SUMMARY BALANCI	E INFORMATION:			
Line 1: Ending Balance from previous report	386.23			
Line 2: Total receipts this period (page 3, line 11)				
Line 3: Subtotal (line 1 plus line 2)	386.23			
Line 4: Total expenditures this period (page 5, line	: 14)			
Line 5: Ending Balance (line 3 minus line 4)	386.23			
Line 6: Total in-kind contributions this period (page	ge 6)			
Line 7: Total (all) outstanding liabilities (page 7)				
Line 8: Name of bank(s) used: The Savings Bank				
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:    John Wilson   Discussion of the committee   Date: Jan 20, 2022				
campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties of perjury:  Jennifer Kallay  Digitally signed by Jennifer Kallay  DN: cn=Jennifer Kallay	s candidate in accordance with the requirements of M.G.L. c. 55.			



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

Office of Campaign and Political Finance

of Massachuse	etts	9		2022	JANIZOCITPH 124, QEK	or Election Commission
Fill in Re	porting Period dates: Beginning Date:	1/16/2	021	Ending I	Pate: 1/20/2022	
				WAT	(EFIELD, MASS.	
Type of R	Report: (Check one)					
8th day	preceding preliminary 8th day preceding elect	ion [	] 30 day	after election		dissolution
		1				
Mehreen N	And the state of t		Commit	tee to Elect Mel		
	Candidate Full Name (if applicable)				Committee Name	
Wakefield	Town Council Office Sought and District		Nadia B		me of Committee Treasurer	
BOA Main			gov Mai		0, Wakefield, MA 01880	
894 Main :	Street, Unit 10, Wakefield, MA 01880  Residential Address		034 141		ommittee Mailing Address	
E-mail:	mehreennb@gmail.com		E-mail:		nadiab26@gmail.com	
-			Phone # (c	ntional):		The state of the s
Phone # (opti	onar): /01-30/-0/10		Thone # (c	puonai)		
						<del></del>
	SUMMARY BAL	ANCI	EINFO	RMATION:		
	Line 1: Ending Balance from previous repo	rt			6025.9	_
	Diffe 1. Enging Balance from previous repo		3		6035.8	2
	Line 2: Total receipts this period (page 3, lin	ne 11)			400	0
	Line 3: Subtotal (line 1 plus line 2)				6035.8	5
	Line 4: Total expenditures this period (page	5, line	14)		265.0	0
	Line 5: Ending Balance (line 3 minus line 4	1)			5770.8	5
	Line 6: Total in-kind contributions this peri	od (pag	ge 6)			
	Line 7: Total (all) outstanding liabilities (pa	age 7)				
	Line 8: Name of bank(s) used: Wakefield Sa	vings Ba	ank			
Affidavit of	Committee Treasurer:					
I certify that activity, inclu finance activi	I have examined this report including attached schedules and it is, to adding all contributions, loans, receipts, expenditures, disbursements, ity of all persons acting under the authority or on behalf of this compare the penalties of perjury:	in-kind co mittee in a	ontributions accordance v	and liabilities for the ith the requirement	is reporting period and represe s of M.G.L. c. 55.	all campaign finance ints the campaign
				· · · · · · · · · · · · · · · · · · ·	— · · · · · · · · · · · · · · · · · · ·	
FOR CAN	NDIDATE FILINGS ONLY: Affidavit of Candidate: (ch	eck 1 box	(only)			
I certify activity,	ate with Committee that I have examined this report including attached schedules and it of all persons acting under the authority or on behalf of this commit any liabilities nor made any expenditures on my behalf during this	ttee in acc	ordance wit	n the requirements of	of M.G.L. c. 55. I have not rece	nt of all campaign financeived any contributions
I certify	ate without Committee that I have examined this report including attached schedules and it activity, including contributions, loans, receipts, expenditures, disbug affinance activity of all persons acting under the authority or on bel	irsements,	in-kind con	tributions and liabil	ities for this reporting period ar	nd represents the
957 50	er the penalties of perjury:	11 /	50	111		1/20/2022

#### SCHEDULE A: RECEIPTS

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

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

eport all receipts. P	lease include your committee name and a p	age number on ea	
	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
71-11-11			
	1		
Lina O. Tatal Das	eipts over \$50 (or listed above)	MORE SERVICES	7
Line 9: Total Kec	eibis over \$20 (or risted above)		4
Line 10: Total Red	ceipts \$50 and under* (not listed above)		
	N. F. 202.		#
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
4.70	1	ing 0. Line 10 cho	uld include only those receipts not itemized above.

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Red	ceipts \$50 and under* (not listed above)		
***************************************	RECEIPTS IN THE PERIOD		Enter on page 1, line 2
			Enter on page 1, line 2

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

#### SCHEDULE B: EXPENDITURES

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

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

report all expen	ditures. Please include your comn	nittee name and a page number of	n each page.)	
648 10 Gazen (1165)	To Whom Paid	2 12 2		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	Boys and Girls Club of Stoneham	67 Main St, Wakefield, MA 01880	donation	
		01000	11)	
10/28/2021				100
	USPS	Wakefield, MA	stamps	
11/08/2021				90
	Wreaths Across America	online	Wreaths for Veterans	
11/17/2021				75
			[]	1
	1			
<u> </u>	1	L		
Maria de Lavaria de la composição de la composição de la composição de la composição de la composição de la co		I . 10 T. 15	050/-1:411	
		Line 12: Total Expenditures o	ver \$50 (or listed above)	
		Line 12. Tetal Fee 12.	50 and undon't (	
		Line 13: Total Expenditures \$3	50 and under* (not listed above)	
	programme and a second as the	Line 14. TOTAL EVDENDY	THE STATE DEDICE	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDI	IURES IN THE PERIOD	265
* If you have ite	emized expenditures of \$50 and unde	r include them in line 12. Line 13.	should include only those expenditure	es not itemized

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

Page 4

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

	To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
			The state of the s			
		Line 12: Expenditures over \$50	) (or listed above)			
		Line 12. Experientures over \$30	(or fished above)			
		Line 13: Expenditures \$50 and	under* (not listed above)			
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD			

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

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

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

Page 6



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

Office of Campaign and Political Finance

of Massachusetts	2022 JAN 19 PM 1: 55
Fill in Reporting Period dates: Beginning Date: May 2	Ending Date: [12/31/2] /2 /31 / 21 WAKEFIELD, MASS.
Type of Report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election 🔀 year-end report ☐ dissolution
Anne P. Danehy	
Candidate Full Name (if applicable)	Committee Name
Town Council Office Sought and District	Name of Committee Treasurer
9 Overlook Road, Wakefield MA 01880	
Residential Address	Committee Mailing Address  E-mail: Committee to Elect Anne Danehy
E-mail: Danehy.anne@gmail.com	
Phone # (optional): 781-258-9197	Phone # (optional): 781-258-9197
SUMMARY BALANC	TE INFORMATION:
SUMMART BALANC	
Line 1: Ending Balance from previous report	980.00
Line 2: Total receipts this period (page 3, line 11)	114.00
Line 3: Subtotal (line 1 plus line 2)	1094.00
Line 4: Total expenditures this period (page 5, lin	ne 14) 750.64
Line 5: Ending Balance (line 3 minus line 4)	343.36
Line 6: Total in-kind contributions this period (pa	age 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	\$5.39
Line 8: Name of bank(s) used: The Savings Bank	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 by	ox only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	he best of my knowledge and belief, a true and complete statement of all campaign finance occordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period that are not otherwise disclosed in this report.
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	O MA (Candidate's signature) Date: 1/18/22

#### SCHEDULE A: RECEIPTS

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

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

cport an receipts. P	Please include your committee name and a pa	ge number on ea	12
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aiphabetical fisting required)	Amount	(for contributions of \$200 or more)
		1	
		1	
Line 9: Total Rece	cipts over \$50 (or listed above)		
r' 10 m 1 n	.'	\$11400	1
Line 10: Total Rec	eipts \$50 and under* (not listed above)	\$ 114.00	
ine 11. TOTAL	RECEIPTS IN THE PERIOD	\$114.00	Enter on nece 1 line 2
Line II. IOIAL	RECEII IO III THE LEXIOD	9117.00	← Enter on page 1, line 2

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			7
	[ 2		
Line 9: Total Rece	ripts over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	Ò	← Enter on page 1, line 2

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

#### SCHEDULE B: EXPENDITURES

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

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

	To Whom Paid	100 Gra	SEC. 2007	20 954"
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			1	
ii				
- 11				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		7	W. W. W. W. W. W. W. W. W. W. W. W. W. W	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	That was a second track as	Line 14. TOTAL EVDENDIT	TIDES IN THE DEDION	<i>F</i>
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	hould include only those expenditure	

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

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### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
73		Line 15: In-Kind Contribution	s over \$50 (or listed above)	
	×.	Line 16: In-Kind Contributions	s \$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND O	CONTRIBUTIONS	$\bigcirc$

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

Page 6

### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
6/1	Anne Danehy	9 Over look Rd Wakefield, MA	Thank- ywnors	\$5.39
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	5.39



Office of Campaign and Political Finance 2022 JAN 19 AM 7: 14

of Massachusetts	TOW File with. City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	WARMfunglidateD, MASS.
Type of Report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Candidate Full Name (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
Residential Address E-mail:	Committee Mailing Address  E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	NE INCODMATION.
Line 1: Ending Balance from previous report	LE INFORMATION:
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, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pa	age 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 bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature)
	e best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to th finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the Signed under the penalties of perjury:	s, in-kind contributions and liabilities for this reporting period and represents the



Office of Campaign and Political Finance

2022 JAN 18 All 8: 05 Own Clerk or Election Commission

Fill in Reporting Period dates:	Beginning Date:	01-01-2021	Ending I	Date: ERA 1	2-31-202	21	
			WAKEFIE	LD. MASS			
Type of Report: (Check one)							
	8th day preceding election	☐ 30 day	after election	🔀 year-end	report	diss	olution
DAVID A. LED	PONNE		COMMITTE	E TO ELECT DA	VID A. LI	EDONNE	
Candidate Full Name	(if applicable)			Committee Nar	ne		
WAKEFIELD BOARD OF	ASSESSORS		R	OBERT W. REE	D, JR.		
Office Sought and	d District		Na	me of Committee	Freasurer		
31 AVON STREET, UNIT 3,	WAKEFIELD MA, 01880		31 AVON STRE	ET, UNIT 3, WA	KEFIELD	, MA 018	380
Residential Ad	ddress		C	ommittee Mailing	Address		
E-mail:		E-mail:					
Phone # (optional):		Phone # (o	160 00				
	SUMMARY BALAN	CE INFO	RMATION:				
	DOMINIANT DALLAN	CL IIII OI	diarron.			_	
Line 1: Ending Bala	ance from previous report			20.50			
Line 2: Total receip	ts this period (page 3, line 1	1)		0.00			
Line 3: Subtotal (lin	ne 1 plus line 2)			20.50			
Line 4: Total expen	ditures this period (page 5, l	ine 14)		20.50			
Line 5: Ending Bala	ance (line 3 minus line 4)			0.00			
Line 6: Total in-kin	d contributions this period (	page 6)		0.00			
Line 7: Total (all) o	outstanding liabilities (page	7)		7,674.37			
Line 8: Name of ba	nk(s) used: THE SAV	INGS BANK					
Affidavit of Committee Treasurer: I certify that I have examined this report includi activity, including all contributions, loans, receifinance activity of all persons acting under the a Signed under the penalties of perjury:	pts, expenditures, disbursements, in-ki	nd contributions	and liabilities for the	is reporting period	atement of and repress Date:	ents the car	gn finance mpaign 18-2022
FOR CANDIDATE FILINGS ONL	Y: Affidavit of Candidate: (check 1	box only)					
Candidate with Committee  I certify that I have examined this report in activity, of all persons acting under the autineurred any liabilities nor made any exper	hority or on behalf of this committee in	accordance with	the requirements	of M.G.L. c. 55. 11	nave not rec	nt of all ca seived any	mpaign finance contributions,
Candidate without Committee  I certify that I have examined this report in finance activity, including contributions, lo campaign finance activity of all persons ac	oans, receipts, expenditures, disburseme	ents, in-kind cont	ributions and liabil	ities for this report	ing period a	and represe	
Signed under the penalties of perjury:	David Led	enne	(Candidat	e's signature)	Date: _	01-1	8-2022

### **SCHEDULE A: RECEIPTS**

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aiphabetical fisting required)	7 mount	(101 contributions of \$200 of more)
tu em e ga e e e e e e e e e e e e e e e e e			
Line 9: Total Rec	eipts over \$50 (or listed above)	0.00	
	ceipts \$50 and under* (not listed above)	0.00	
		0.00	1
Line 11: TOTAL	RECEIPTS IN THE PERIOD	0.00	Enter on page 1, line 2

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

### SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Pald	(aiphabetical fisting)	Audress	1 ut pose of Expenditure	Amount
		Line 12: Total Expenditures or	ver \$50 (or listed above)	0.00
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	20.50
	P			20.50
		Line 14: TOTAL EXPENDIT	CURES IN THE PERIOD	L

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

Page 4

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	0.00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0.00
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0.00

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

Page 6

### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
02-03-2020	DAVID A. LEDONNE	31 AVON STREET, UNIT 3 WAKEFIELD, MA 01880	LOAN TO COMMITTEE	2,000.00
06-03-2020	DAVID A. LEDONNE	31 AVON STREET, UNIT 3 WAKEFIELD, MA 01880	LOAN TO COMMITTEE	5,000.00
06-23-2020	DAVID A. LEDONNE	31 AVON STREET, UNIT 3 WAKEFIELD, MA 01880	FACEBOOK AD EXPENSES INCURRED BETWEEN 04-21-2020 TO 06-23-2020	674.37



Office of Campaign and Political Finance

Please print or type all information, except signatures.

	 	 	 	_					and t	_	. 3			
							1/18/22	DATE	Pursuant to M.G.L. Chapter 55 1. I certify that I am a cand 2. I certify that I have not r 3. I certify that I do not hav	☐ 8th day precedii	Type of Report: (Check One)	9	Reporting Period:	City or Town of:
							Scott Staiti	PRINT NAME	uant 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.	8th day preceding preliminary/primary	neck One)	,	Beginning:	VV ake
									contributions, made any committee.	☐ 8th day preceding election		(MM)	16/1/1	1210
							par At	SIGNATURE Signed under the penalties of perjury	Office. expenditures, or incurr			(MM/DD/YYYYY)	3	
							29		ed any obligations dur	30th day following election (town or special)			Ending:	
							Prestin Street	RESIDENTIAL ADDRESS (Street and Number)	ing this reporting perio	n (town or special)			ng: ∣∂	
					'SSV		十 1 16 16 18 18 18 18 18 18 18 18 18 18 18 18 18		d, and do not have a ca	20th day of Janu		(MM/DD/YYYY)	131/01	
					1: 22	Md Wd	BHUST &	II C	mpaign fund in existen	20th day of January (Year-End report)	e e			
							r.		, e					



Office of Campaign and Political Finance

								12/27/21 Kevin P. Scanlon	DATE PRINT NAME	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.	☐ 8th day preceding preliminary/primary ☐ 8th day	Type of Report: (Check One)		Reporting Period: Beginning: 01/01/2021	City or Town of: Wakefield
									SIGNATURE Signed under the penalties of perjury	vlunicipal Office. made any expenditures, or incurred any obl	8th day preceding election 30th day follow		(MM/DD/YYYY)		
2								4 Muriel Ave	RESIDENTIAL ADDRESS (Street and Number)	igations during this reporting period, and d	30th day following election (town or special)			Ending: 12/31/21 TOWN CLERK	2022 JAN P8 <sup>ase</sup>
								Library Trustee.	OFFICE SOUGHT	o not have a campaign fund in existence.	20th day of January (Year-End report)		WWY STANDING (A A KANDIDING )	ERK	2011 JAN Please print or type all information, except signatures.



# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance 12: 17

of Massachusetts	TOWN CLERK TOWN Clerk or Election Commiss
Fill in Reporting Period dates: Beginning Date: 1/1/20	2021 WANTENDER 12/31/2021
Type of Report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	30 day after election  year-end report dissolution
Thomas Boettcher  Candidate Full Name (if applicable)  Wakefield Municipal Gas and Light Commissioner  Office Sought and District	Campaign to Support Thomas Boettcher Committee Name Emily Rivera Name of Committee Treasurer
25 Wakefield Ave, Wakefield, MA 01880  Residential Address  E-mail: Thomas.Boettcher@tboettcher.com  Phone # (optional):	25 Wakefield Ave, Wakefield, MA 01880  Committee Mailing Address  E-mail: Emily.Rivera@tboettcher.com  Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	-196.13
Line 2: Total receipts this period (page 3, line 11)	216.00
Line 3: Subtotal (line 1 plus line 2)	19.87
Line 4: Total expenditures this period (page 5, line	ne 14) 216.00
Line 5: Ending Balance (line 3 minus line 4)	-196.13
Line 6: Total in-kind contributions this period (page	age 6) 0.00
Line 7: Total (all) outstanding liabilities (page 7)	927.62
Line 8: Name of bank(s) used: The Savings Bank	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
	ne best of my knowledge and belief, a true and complete statement of all campaign finatecordance with the requirements of M.G.L. c. 55. 1 have not received any contribution
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 periury:	its, in-kind contributions and liabilities for this reporting period and represents the

### SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/19/21	Boettcher, Thomas (Loan)	216.00	Senior Systems Engineer, Dell/EMC, Candidate
		*	
ine 9: Total Rece	eipts over \$50 (or listed above)	216.00	
ine 10: Total Rec	eipts \$50 and under* (not listed above)	0.00	
	RECEIPTS IN THE PERIOD	216.00	← Enter on page 1, line 2

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

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

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

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

### SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Paid				Amount
1/19/21	Wakefield Daily Item	26 Albion St Wakefield, MA 01880	12-month subscription to local newspaper	216.00
	5			
		•		
#1 <u></u>		Line 12: Total Expenditures ov	ver \$50 (or listed above)	216.00
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	0.00
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	216.0

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

Page 4

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		<u></u>		
		Line 12: Expenditures over \$50	0 (or listed above)	n/
		Line 13: Expenditures \$50 and	under* (not listed above)	n/
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDIT		n/

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

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	0.00
Line 16: In-Kind Contributions \$50 & under (not listed above)			0.0	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	CONTRIBUTIONS	0.0

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

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### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
1/25/19	Boettcher, Thomas	25 Wakefield Ave Wakefield, MA 01880	Staples 7x5 Cards (Partial Reimbursement made)	48.19
2/4/19	Boettcher, Thomas	25 Wakefield Ave Wakefield, MA 01880	Campaign Kickoff Public Kitchen Tip	82.00
1/16/20	Boettcher, Thomas	25 Wakefield Ave Wakefield, MA 01880	Wakefield Item Subscription	216.00
1/03/20	Boettcher, Thomas	25 Wakefield Ave Wakefield, MA 01880	Wix Website 1 yr	204.00
12/29/20	Boettcher, Thomas	25 Wakefield Ave Wakefield, MA 01880	Wix Website 2 yr	161.43
1/19/21	Boettcher, Thomas	25 Wakefield Ave Wakefield, MA 01880	Wakefield Item Subscription	216.00
		;		
	Enter on page 1, line	7 → Line 18: TOTAL OUTST	ANDING LIABILITIES (ALL)	927.62



Office of Campaign and Political Finance

2022 JAN 12 AM 7: 19 File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: 1/1/2021 TOWN Ending Date: 12/31/2021 Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Susan Veilleux Committee to elect Susan Veilleux Candidate Full Name (if applicable) Committee Name Wakefield School Committee Arianne Kidder Office Sought and District Name of Committee Treasurer 15 Aborn Ave, Wakefield, MA 01880 115 Pleasant st, Wakefield, MA 01880 Residential Address Committee Mailing Address E-mail: suzyforschoolcommittee@gmail.com E-mail: arianne.kidder@gmail.com Phone # (optional): Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 5.00 Line 2: Total receipts this period (page 3, line 11) 0 Line 3: Subtotal (line 1 plus line 2) 5.00 Line 4: Total expenditures this period (page 5, line 14) 5.00 Line 5: Ending Balance (line 3 minus line 4) **Line 6:** Total in-kind contributions this period (page 6) 0 Line 7: Total (all) outstanding liabilities (page 7) 0 Line 8: Name of bank(s) used: Wakefield Savings Bank Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Date: 1/10/2022 Signed under the penalties of perjury: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report. Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Date: 1/10/2022

(Candidate's signature)

ua Welles

Signed under the penalties of perjury:



# Form CPF M 102: Campaign Finance Report TOWN CLERK

**Municipal Form** 

WAKEFIELD, MA

Office of Campaign and Political Finance

7022 JAN -6 AM 9: 49
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Janua	ary 1, 2021 Ending Date: December 31, 2021
Type of Report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election 🛛 year-end report ☐ dissolution
Jonathan Chines	Committee to Elect Jonathan Chines
Candidate Full Name (if applicable) Town Council	Committee Name  Michelle Estrada
Office Sought and District	Name of Committee Treasurer
34 Hopkins Street, Wakefield, MA 01880  Residential Address	34 Hopkins Street, Wakefield, MA 01880  Committee Mailing Address
E-mail: jchines@alumni.tufts.edu	E-mail: jchines@alumni.tufts.edu
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	1,695
Line 2: Total receipts this period (page 3, line 11)	) 25
Line 3: Subtotal (line 1 plus line 2)	1,720
Line 4: Total expenditures this period (page 5, lin	ne 14) 1
Line 5: Ending Balance (line 3 minus line 4)	1,719
Line 6: Total in-kind contributions this period (pa	page 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	1,000
Line 8: Name of bank(s) used: The Savings Bank	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 1/3/2 a 2 2
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	pox only)
Candidate with Committee  Candidate with Com	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.
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	nts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 13/2022

### **SCHEDULE A: RECEIPTS**

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ine 9: Total Recei	pts over \$50 (or listed above)	J	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	25	
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	25	← Enter on page 1, line 2

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

### SCHEDULE B: EXPENDITURES

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

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

	To Whom Paid		
Date Paid	(alphabetical listing)	Address Purpose of Exper	nditure Amount
	1		
1			
	F		
		Line 12: Total Expenditures over \$50 (or listed above	e)
		The second secon	
		Line 13: Total Expenditures \$50 and under* (not liste	d above)
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITURES IN THE PER	OD

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

Page 4

### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
1/12/19	Jonathan Chines	34 Hopkins Street Wakefield, MA 01880	Initial funding for campaign	1,000
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	1,000



Office of Campaign and Political Robance AN -4 AM 10: 49

Fill in Reporting Period dates: Beginning Date: 1/1/2	File with: City or Town Clerk or Election Commission  /2021 Ending Date: 12/31/2021
Type of Report: (Check one)  [] 8th day preceding preliminary [] 8th day preceding election	☐ 30 day after election     year-end report   ☐ dissolution
Edward Dombroski	Friends of Ed Dombroski
Candidate Full Name (if applicable)	Committee Name
Town Council	Glen Curry  Name of Committee Treasurer
Office Sought and District 15 Chestnut Street Wakefield MA 01880	15 Chestnut Street Wakefield MA 01880
Residential Address	Committee Mailing Address
E-mail: ed@edforwakefield.com	E-mail: glen@edforwakefield.com
Phone # (optional): 617-290-2026	Phone # (optional): 781-248-9451
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	100
Line 2: Total receipts this period (page 3, line 1	11) 573
Line 3: Subtotal (line 1 plus line 2)	673
Line 4: Total expenditures this period (page 5,	line 14) 573
Line 5: Ending Balance (line 3 minus line 4)	100
Line 6: Total in-kind contributions this period	(page 6) 0
Line 7: Total (all) outstanding liabilities (page	7) 0
Line 8: Name of bank(s) used: The Savings Ban	nk
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in-k finance activity of all persons acting under the authority or on behalf of this committee.  Signed under the penalties of perjury:	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 te in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 1/4/2022
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidates check	t 1 hax agiv)
Candidate with Committee  Legrify that I have examined this report including attached schedules and it is, t	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disburser campaign finance activity of all persons acting under the authority or on behalf	to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 1/4/2022

### SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
AND THE PROPERTY OF THE PROPER			
Line 9: Total Rece	cipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)	573	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	573	← Enter on page 1, line 2

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Re	ceipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2  uld include only those receipts not itemized above.

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

### **SCHEDULE B: EXPENDITURES**

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				CHECKIONIST VICTORIA
			The state of the s	
			La del contra de la contra del la c	
Porto				
		Line 12: Total Expenditures o		
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	573
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	573

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

Page 4

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

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

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### SCHEDULE D: LIABILITIES

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

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



Office of Campaign and Political Finance

City or Town of:	City or Town of: Wakefield	d	2022 JAN -3 PH	1021 JAN -3 PH 2:PGGe print or type all information, except signatures.
Reporting Period:	Beginning:	01/01/2	Ending AKEFIELD, M	INGIA KEFIELD, MASS. (MM/DD/YYYY)
3		(MM/DD/YYYY)	מאוובי וברטי וו	MACO (MM/DD/YYYY)
Type of Report: (Check One)	ck One)			
8th day preceding	g preliminary/primary	☐ 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 candio	Chapter 55: am a candidate for or c	uant 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.

					12/7/2021	DATE
					Jeffrey Quinn	PRINT NAME
						SIGNATURE Signed under the penalties of perjury
					753 Main St.	(Street and Number)
					Library Board of Trustees	OFFICE SOUGHT



TOWN CLERK
WAKEFIELD, MA

Office of Campaign and Political Finance

Please print or type all information, except signatures.

this reporting the reporting t	or Town of:	WAKI		Finding: December 31 2021
th day preceding preliminary/primary	TIME LOTO			
th day preceding preliminary/primary	of Report: (	Check One)		
Int to M.G.L. Chapter 53: 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 is I certify that I do not have a political committee.    Signed under the penaltics of perjury   Signed under the penaltics of perjury	th day preced	П	П	ection (town or special)
WILLIAM M. D'AMORE  WILLIAM M. D'AMORE  WILLIAM M. D'AMORE	ant to M.G.I I. I certify the L. I certify the L. I certify the	L. Chapter 55:  at I am a candidate for or currently hold at I have not received any contributions, at I do not have a political committee.	Municipal Office. made any expenditures, or incurred any obligation	s during this reporting
WILLIAM M. D'AMORE  WILLIAM M. D'AMORE  WILLIAM M. D'AMORE  WILLIAM M. D'AMORE	DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)
	21/2021	WILLIAM M. D'AMORE	(Car)	GREEN STREET



Signed under the penalties of perjury:

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

Office of Campaign and Political Finance

2021 DEC 20 AM 11: 56

(Candidate's signature)

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1	1 - 2021 WAREFELD, MASS 31 - 2021
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Betsy Sheeran  Candidate Full Name (if applicable)  Town Clerk  Office Sought and District  27 Spruce Street  Residential Address  E-mail: betsysheeran @ rcn.com  Phone # (optional):	Comm. to Flect Betsy Sheeran  Committee Name  Richard W. Pearson  Name of Committee Treasurer  27 Spruce Street, Wakefield, Macommittee Mailing Address  E-mail:  Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	$\phi$
Line 2: Total receipts this period (page 3, line 11)	Ø
Line 3: Subtotal (line 1 plus line 2)	ф
Line 4: Total expenditures this period (page 5, line	e 14) (d
Line 5: Ending Balance (line 3 minus line 4)	$\phi$
Line 6: Total in-kind contributions this period (pa	ige 6)
Line 7: Total (all) outstanding liabilities (page 7)	ф
Line 8: Name of bank(s) used: The Savi wo	gs Bank
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf 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 authority or on behalf during this reporting	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  Date:
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	s, in-kind contributions and liabilities for this reporting period and represents the
	Date:



Office of Campaign and Political Finance

	File with City or Town Clerk or Election Commis
Il in Reporting Period dates: Beginning Date: May	28, 2021 Ending Date: December 31, 2021
rpe of Report: (Check one)	the state of the s
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
evin Scott Piskadlo	Piskadlo Committee
Candidate Full Name (if applicable)	Committee Name  Ryan M. Piskadlo
Office Sought and District Crosby Road, Wakefield, MA 01880	Name of Committee Treasurer 2 Crosby Road, Wakefield, MA 01880
Residential Address mailkpiskadlo@gmail.com	E-mail Committee Marling Address  E-mail piskadlocommittee@gmail.com
one = (optional)	Phone # (optional)
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	106,23
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	
Line 5: Ending Balance (line 3 minus line 4)	106.23
Line 6: Total in-kind contributions this period (pa	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: The Savings Bank	
incurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions loans, receipts expenditures dishare the finance activity.	contributions and habilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: / 2//5/2/  A only)  best of my knowledge and belief, a true and complete statement of all campaign final cordance with the requirements of M.G.L. c. 55. Thave not received any contribution period that are not otherwise disclosed in this report.
campaign finance activity of all persons acting under the authority or on behalf of this ed under the penalties of perjury:	s candidate in accordance with the requirements of M.G.L. c. 55  (Candidate's supporture)  Date: 13.6.21



Office of Campaign and Political Finance

2021 DEC -7 AM 8: 37

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: ///	Sed   Ending Date AKT FOR THASS.
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election year-end report ☐ dissolution
Candidate Full Name (if applicable)  THE COLLECTOR  Office Sought and District  A B HANT ST.  Residential Address  E-mail: KAPITY (a) Wakef. Leed MA  Phone # (optional): 131-124.5096	Committee Name  Name of Committee Treasurer  Committee Mailing Address  Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 11  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 7)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
	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)  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,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement of the finance activity.	



Office of Campaign and Political Finance

of Massachusetts	TOV	VN CLERK
Fill in Repo	orting Period dates: Beginning Date. A 01/0	
Type of Re	eport: (Check one)	· · · · · · · · · · · · · · · · · · ·
Annual Control of the	receding preliminary	20 days from alcotion
	our day preceding election	30 day after election
John J. McCa	arthy Ir	
	Candidate Full Name (if applicable)	
Treasurer - T	Town of Wakefield	Committee Name
	Office Sought and District	Name of Committee Treasurer
11 Morningsi	de Road, 11 Morningside Road, Wakefield, MA	Table of Committee Treasurer
F	Residential Address	Committee Mailing Address
E-mail:	john@mccarthyatty.com	E-mail:
Phone # (optional	l):	Phone # (optional):
	SUMMARY BALANC	E INFORMATION:
		3111
	Line 1: Ending Balance from previous report	0
	Line 2: Total receipts this period (page 3, line 11)	
	2 void receipts this period (page 5, line 11)	0
	Line 3: Subtotal (line 1 plus line 2)	0
	Line 4: Total expenditures this period (page 5, line	e 14) 0
	Time Fr. Ending Data (1)	
	Line 5: Ending Balance (line 3 minus line 4)	0
	Line 6: Total in-kind contributions this period (page	79.6)
	tonate ations this period (pa)	0
	Line 7: Total (all) outstanding liabilities (page 7)	0
	17 days 1	5
	Line 8: Name of bank(s) used: none	
Affidavit of Comm	niftee 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
finance activity of a	all contributions, loans, receipts, expenditures, disbursements, in-kind co all persons acting under the authority or on behalf of this committee in a	or my knowledge and belief, a true and complete statement of all campaign finance ontributions and liabilities for this reporting period and represents the campaign
	penalties of perjury:	ecordance with the requirements of M.G.L. c. 55,
		(Treasurer's signature) Date:
	PATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate wit	th Committee	
		est of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions,
7.5	portant during this reporting p	eriod that are not otherwise disclosed in this report.
Candidate wit	thout Committee	SSC 14 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4
		est of my knowledge and belief, a true and complete statement of all campaign n-kind contributions and liabilities for this reporting period and represents the
campaign finan	nce 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.
igned under the p	enalties of perjury:	(Candidate's signature) Date: // 29 /202/
57 5	TV -	(Candidate's signature)



Office of Campaign and Political Finance

2021 NOV 30 PH 5: 35

(MM/DD/YYYY)		(MM/DD/YYYY)		
WANEFIELD, MASS.	Ending: 12/31/2021		Beginning: 01/01/2021	Reporting Period:
Please print or type all information, except signatu			Vakefield	City or Town of: Wakefield

Pursuant to M.G.L. Chapter 55:

8th day preceding preliminary/primary

☐ 8th day preceding election

30th day following election (town or special)

20th day of January (Year-End report)

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

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

Name of the last	 						
						11/29/2021	DATE
						Aimee Lominac	PRINT NAME
						anni	Signed under the penalties of perjury
						8 Stark Ave	(Street and Number)
						Library Trustee	OFFICE SOUGHT



Office of Campaign and Political Finance

Reporting Period: City or Town of: Wakefield, MA Beginning: 01/01/21 (MM/DD/YYYY) Ending: 12/31/21 Please plan of hipe all information sexcept signatures. (MM/DD/YYYY) WAKEFIELD, MASS.

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.

			-	 (manufacture)	 	
					11/28/21	DATE
					Laurel S. Gourville	PRINT NAME
					L.S. Gourville	SIGNATURE Signed under the penalties of perjury
					33 Reynolds Road	RESIDENTIAL ADDRESS (Street and Number)
					Board of Health	OFFICE SOUGHT