



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 APR 22 AM 9:18

Fill in Reporting Period dates: Beginning Date: March 25, 2019 Ending Date: April 12, 2019 File with: City or Town Clerk or Election Commission

Type of Report: (Check one) Initial Report Correction of breakdown of individual contributions
☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Candidate Full Name (if applicable) _____

Office Sought and District _____

Residential Address _____

E-mail: _____

Phone # (optional): _____

Stop Voter Suppression

Committee Name
Susan E. Randolph-Frey, Treasurer

Name of Committee Treasurer
98 Cedar Street, Unit 7, Wakefield, MA

Committee Mailing Address
E-mail: srandolphfrey@outlook.com

Phone # (optional): 781-245-0519

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1,300</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1,300</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1,224.26</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>75.74</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>The Savings Bank, Wakefield, MA</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

Susan E. Randolph-Frey (Treasurer's signature)

Date: 4/21/19 correction

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury:

(Candidate's signature)

Date: _____

SCHEDULE A: RECEIPTS

(corrected page)

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)
3/28/19	Marie M. Ammer 8 Lakeview Ave., Wakefield, MA	\$50.00	
4/2/19	Patrick F. Bruno 2 Mackenzie Lane, Wakefield, MA	\$200.00	CPA, self-employed
4/2/19	Bronwyn Della-Volpe, 8 Cyrus Street, Wakefield, MA	(corrected) \$200.00	Retired
4/1/19	Eleanor Ixchel, 101 Broadway, Apt. 401, Wakefield, MA	\$100.00	Retired
3/29/19	Robert W. Mitchell 6 Spaulding Str., Wakefield, M	\$350.00	Software Consultant, Veritude
4/1/19	Susan E. Randolph-Frey 98 Cedar St., Unit 7, Wakefield, MA	\$200.00	Retired
4/2/19	Robert McLaughlin 376 Water Street, Wakefield, MA	(addition) \$200.00	Electrician, self-employed
Line 9: Total Receipts over \$50 (or listed above)		\$1,250	
Line 10: Total Receipts \$50 and under* (as not listed above)		50	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$1,300	← Enter on page 1, line 2

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

SCHEDULE 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
	NONE			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				0



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 12/31/2017 Ending Date: 4/16/19

Type of Report: (Check one)

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

PETER MAY
Candidate Full Name (if applicable)

Town Councilor
Office Sought and District

12 Garden Lane Waverford
Residential Address

Telephone Number (optional):

The Committee To Elect Peter May
Committee Name

Gilbert Shuman
Name of Committee Treasurer

12 Garden Lane Waverford
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>39.18</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>39.18</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>39.18</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0.00</u>
Line 8: Name of bank(s) used:	<u>The Savings Bank</u>

Affidavit of Committee Treasurer:

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

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

Date: 4/16/2019

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

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

Date: 4/16/2019

SCHEDULE A: RECEIPTS (continued)[illegible]

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

SCHEDULE 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.

[illegible]



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2019 Ending Date: 04/15/2019

Type of Report: (Check one)

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

Thomas F Markham III
Candidate Full Name (if applicable)

School Committee

Office Sought and District

42 Harrison Avenue, Wakefield, MA 01880

Residential Address

E-mail: tom.markham@comcast.net

Phone # (optional):

Committee to Elect Tom Markham

Committee Name

Diane Igo Markham

Name of Committee Treasurer

42 Harrison Avenue, Wakefield, MA 01880

Committee Mailing Address

E-mail: d.markham@comcast.net

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2,657.45
Line 2: Total receipts this period (page 3, line 11)	1,270.00
Line 3: Subtotal (line 1 plus line 2)	3,927.45
Line 4: Total expenditures this period (page 5, line 14)	349.50
Line 5: Ending Balance (line 3 minus line 4)	3,577.95
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
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:

Diane Igo Markham

(Treasurer's signature)

Date: 4/16/19

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury:

[Signature]

(Candidate's signature)

Date: 4/16/19

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/15/19	Anne Danehy 9 Overlook Road Wakefield, MA 01880	100.00	
2/15/19	Kevin Igo 24 Yale Avenue Wakefield, MA 01880	100.00	
2/15/19	Diane Igo Markham 42 Harrison Avenue Wakefield, MA 01880	200.00	Preschool Teacher Kindercare, Inc. of Wakefield
2/15/19	James MacKay 201 Broadway Wakefield, MA 01880	100.00	
2/15/19	Adrienne L Markham P.O. Box 1955 York Beach, ME 03910	250.00	Retired
2/15/19	Kevin Piskadlo 47 Hancock Road Wakefield, MA 01880	100.00	
Line 9: Total Receipts over \$50 (or listed above)		850.00	
Line 10: Total Receipts \$50 and under* (not listed above)		420.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,270.00	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)[illegible]

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/15/19	Dockside Restaurant	1099 Main Street Wakefield, MA 01880	campaign gathering; cost of food, beverages and host service	\$349.50
		Line 12: Total Expenditures over \$50 (or listed above)		349.50
		Line 13: Total Expenditures \$50 and under* (not listed above)		0.00
Enter on page 1, line 4 →		Line 14: TOTAL EXPENDITURES IN THE PERIOD		349.50

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

[illegible]

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

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.

[illegible]



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 11 12 PM 3:59

Fill in Reporting Period dates: Beginning Date: _____ Ending Date: _____ File with: City or Town Clerk or Election Commission

Type of Report: (Check one)

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

Annette Nardone
Candidate Full Name (if applicable)
Board of Health
Office Sought and District
47 Farm Street
Residential Address
E-mail: enayap1203@gmail.com
Phone # (optional): 781-953-2718

Committee to Elect Annette Nardone
Committee Name
Trudy Encarnado
Name of Committee Treasurer
Committee Mailing Address
E-mail:
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	

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: X

(Treasurer's signature)

Date: 4/16/2019

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

☒ **Candidate with Committee and no activity independent of the committee**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ **Candidate without Committee OR Candidate with independent activity filing separate report**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Annette Nardone

(Candidate's signature)

Date: 4/16/2019

SCHEDULE A: RECEIPTS (continued)[illegible]

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

SCHEDULE D: LIABILITIES

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

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



Commonwealth
of Massachusetts

Form CPF M 101 SFA: STATEMENT OF ORGANIZATION
CANDIDATE'S SEGREGATED FUND ACCOUNT
Office of Campaign and Political Finance

2019 APR 17 PM 3:59

File with: City or Town Clerk
or Local election official

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

1. Type of Fund (check one): ☐ Inaugural ☐ Recount ☐ Legal Defense

2. Segregated Fund Account Information:

Name of Fund: _____

Contact Person: _____

Mailing Address: _____

City / State / Zip: _____

Phone Number: _____

E-mail Address: _____

3. Financial Institution where the account is located:

Bank Name: X Eastern Bank

Address: _____

City / State / Zip: _____

4. Candidate on whose behalf the fund was created:

Candidate's Name: Annette Nardone

Mailing Address: 47 Farm Street

City / State / Zip: Wakefield MA 01880

Phone Number: 781-953-2710

E-mail Address: evenya1207@gmail.com

5. Authorized Signature:

Annette Nardone

Date: 3/3/2019

Authorized By (Candidate or Committee Treasurer): X Annette Nardone

Betsy Sheeran

TOWN CLERK
WAKEFIELD, MA

From: WILLIAM SPAULDING <billspa@aol.com>
Sent: Tuesday, April 16, 2019 9:12 PM
To: Betsy Sheeran
Subject: Re: Campaign Finance Reports

2019 APR 17 AM 7:47

Hello Betsy,

I missed you by 5 minutes this afternoon...
Attached you will find my CPF M 102 forms.

I have zero finances to report and I wasn't exactly sure which one so I am sending both.

Please let me know if there is anything else I need.

Bill Spaulding
781-405-5616

9.

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

File with City or Town Clerk or Equivalent Commission

Fill in Reporting Period dates: Beginning Date: 01/01/19 Ending Date: 04/30/19

Type of Report: (Check one)
☐ 30 day preceding election ☐ 30 day after election ☐ year-end report ☐ disclosure

Candidate Information
Candidate First Name (if applicable): WILLIAM LEE SPAULDING
Office Sought and District: PLANNING BOARD
Residential Address: 42 GOULD STREET
E-mail: W SPAULDING@1884@GMAIL.COM
Phone # (optional): 781-405-5616

Committee Information
Committee Name: N/A
Name of Committee Treasurer: N/A
Committee Mailing Address: N/A
E-mail: N/A
Phone # (optional): N/A

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	

Attestation of Candidate (Required):
I certify that I have reviewed 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 or in accordance with the requirements of M.G.L. c. 55, § 55. I have not received any false information.

FOR CANDIDATE SIGNATURE ONLY: Attestation of Candidate (check 1 box only)
☐ I certify that I have reviewed 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 or in accordance with the requirements of M.G.L. c. 55, § 55. I have not received any false information.

Attestation of Candidate (Required):
I certify that I have reviewed 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 or in accordance with the requirements of M.G.L. c. 55, § 55. I have not received any false information.

Signed under the penalties of perjury: William L. Spaulding Date: 04/30/19

5:56 p.m.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 APR 17 AM 7:47

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date: 4-16-19

Type of Report: (Check one)

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

Ann McGonigle Santos
Candidate Full Name (if applicable)
Wakefield Town Council
Office Sought and District
39 Converse St. Wakefield MA
Residential Address
E-mail: asantos613@gmail.com
Phone # (optional):

Committee to Elect Ann Santos
Committee Name
Ann Santos
Name of Committee Treasurer
same
Committee Mailing Address
E-mail: ann.santos613@gmail.com
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1648.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>5130.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>6778.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2926.98</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3851.02</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Wakefield Savings Bank</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Ann McGonigle Santos (Treasurer's signature)

Date: 4-16-19

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

☒ Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☒ Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Ann McGonigle Santos (Candidate's signature)

Date: 4-16-19

SCHEDULE A: RECEIPTS

Committee to elect
Ann Sanders ①

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2.28.19	Kathleen Beaulieu		
2.28.19	Robert Baile 3 Thomas Rd. Lynnfield MA	100 \$	
2.28.19	John Barnett 4 Ridge Rd. Wilmington MA	100 \$	
2.28.19	Michael Barnett 5 MacDonald Farm Rd. Wakefield, MA	100 \$	
2.28.19	Kathleen Beaulieu P.O. Box 274 Wakefield	100 \$	
2.28.19	Amoroso Cefalo 3 Evans Rd. Wakefield MA	100 \$	
2.28.19	Stacey Constan 25 Wave Ave Wakefield	100 \$	
2.28.19	Dennis Corrier 375 Gorham St. Lowell MA	100 \$	
2.28.19	Darci Burns 28 Marcel Circle Wakefield	100 \$	
2.28.19	Joe + Anita Difazio 60 Converse St. Wakefield	100 \$	
2.28.19	Fran Fuharo 154 Fairmount St. Lowell MA	100 \$	
2.28.19	50\$ and under *	\$1230	
Line 9: Total Receipts over \$50 (or listed above)		1000 \$	
Line 10: Total Receipts \$50 and under* (not listed above)		1230	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2000 \$	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Committee to Elect
Ann Santos (2)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2.28.19	John Geary Lowell MA 44 Park View Ave. Wakefield	100 \$	
2.28.19	Stephen Geary 25 Nob Way Lowell, MA	100 \$	
2.28.19	Jules Goft 16 Winship Drive Wakefield	\$100.	
2/28/19	Michael Goulding MA 3 Sargent Rd. Belmont	100 \$	
2/28/19	Kevin Haggerty 380 Vernon St. Wakefield	100 \$	
2/28/19	Michael Kuenzler 27 Westview Farm Rd. Dracut, MA	100 \$	
2/28/19	Michael + Jacqui Lamphiere 11 Sweetser St. Wakefield	150 \$	
2/28/19	Carolyn Mazzone 41 Park Ave Wakefield MA	100 \$	
2/28/19	Brian McCoubrey 82 Elm St. Wakefield MA 01880	100 \$	
2/28/19	Robin Lambert Wakefield 27 Rosemary Ave	100 \$	
2/28/19	Frank Nobrega 64 Oliver Drive Dracut MA	100 \$	
2/28/19	Daniel McGonigle 25 Princeton St. Peabody MA	100 \$	
2/28/19	Kristine + Bryan Regan 5 Patriot Circle	150 \$	
Line 9: Total Receipts over \$50 (or listed above)		1400 \$	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1400	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Committee to Elect Ann Santos

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/28/19	Saritin Rizzuto 122 Farm St. Wakefield	100 \$	
2.28.19	Brian Santos 995 Oak Hill Rd. Fitchburg MA	100 \$	
4.11.19	Arthur Santos 17 Emmett Way Lowell MA	100 \$	
4.11.19	Lisa + Tom Stewart 44 Chestnut St. Wakefield	100 \$	
2.28.19	Walter Schofield 175 North Ave #408 Wakefield	100 \$	
2.28.19	Christopher Jarr 27 Jackson Lane Wakefield	100 \$	
2.28.19	Wayne Jarr 27 Jackson Lane Wakefield	100 \$	
2.28.19	Tom Walsh 18 Bartley St. Wakefield	300 \$	Emergency management Director Wakefield
2.28.19	Michael Zaim 155 Mansur St. Lowell MA	500 \$	Attorney - self-employed

Line 9: Total Receipts over \$50 (or listed above)

1500 \$

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

5130.00

← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

Committee to Elect
Ann Santos ①

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
4-10-19	Vistaprint	Hudsonweg 8 Venlo, The Netherlands	postcards	111.54
2-28-19	Harvest Catering	23 Huckleberry Lane Hampton, MA	Fundraiser	909.25
4-3-19	Printgraphics	359 Salem St. Wakefield MA	yard signs	406.83
4-16-19	Printgraphics	359 Salem St. Wakefield MA	postage for mailings	804 804.54
3-19-19	The J. Stop	983 Main St. Wakefield MA	decals	159.76
2-28-19	Caporales Liquors	29 Broadway St. Wakefield MA	Fundraiser	276.49
4-16-19	US Post Office	1179 Main St. Wakefield MA	mailing, stamps	176.40

Line 12: Total Expenditures over \$50 (or listed above) 2926.98

Line 13: Total Expenditures \$50 and under* (not listed above)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD 2926.98

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



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2010 APR 16 PM 2:02

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-2-2019 Ending Date: 4-16-2019

Type of Report: (Check one)

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

PHILIP R. COURCY

Candidate Full Name (if applicable)

GASLIGHT COMMISSIONER

Office Sought and District

4 PINE HILL CIR. WAKEFIELD, MA 01880

Residential Address

E-mail: philip.courcy@comcast.net

Phone # (optional): 781-246-1827

COMMITTEE TO ELECT PHILIP COURCY

Committee Name

SUSAN M. COURCY

Name of Committee Treasurer

4 PINE HILL CIR. WAKEFIELD, MA 01880

Committee Mailing Address

E-mail: susan.courcy@comcast.net

Phone # (optional): 781-246-1837

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>5,645.-</u>
Line 3: Subtotal (line 1 plus line 2)	<u>5,645.-</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>4,208.16</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1,436.84</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>3,100.-</u>
Line 8: Name of bank(s) used:	<u>THE SAVINGS BANK</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Susan M. Courcy (Treasurer's signature)

Date: 4/16/19

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

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

Date: 4-16-19

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)
1-3-19 1-14-19 2-4-19	PHILIP COURROY 4 PINE HILL CIR WAKEFIELD, MA	100.- 2000- 1,000-	CANDIDATE = 3,100
2-21-19	WENDY DEPPIS 12 ARMORY ST WAKEFIELD, MA	100-	
2-18-19	PAUL DELIOS 29 PINE HILL CIR WAKEFIELD, MA	100-	
2-19-19	TED GAFFNEY 20 MORRISON RD WAKEFIELD, MA	200-	BEACON RAILROAD LEASING
3-2-19	ALBERT HODGIN 11 PHILLIPS AVE BURLINGTON, MA	100-	
2-8-19	THOMAS LYONS 7 PINE HILL CIR WAKEFIELD, MA	250-	RETIRED
2-5-19	JAMES MURPHY 44B SALEM ST WAKEFIELD, MA	100-	
2-21-19	JOHN PAGE PO BOX 305 WAKEFIELD, MA	100-	
1-16-19	JAMES SCOTT 75 ELM ST WAKEFIELD, MA	100-	
2-21-19	JULIE SCOTT PO BOX 174 WAKEFIELD, MA	100-	
1-21-19	ALFRED STANKUS 7175 AIA, UNIT B211 ST. AUGUSTINE, FL	100-	
2-21-19	JAMES SULLIVAN 6 HARWICK RD WAKEFIELD, MA	100-	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2-21-19	ALBERT TURCO 16 INDIAN LN WAKEFIELD, MA	100-	

Line 9: Total Receipts over \$50 (or listed above) 4550.-

Line 10: Total Receipts \$50 and under* (not listed above) 1,095-

Line 11: TOTAL RECEIPTS IN THE PERIOD 5645-

← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

[illegible]

Line 12: Total Expenditures over \$50 (or listed above)

3,993.43

Line 13: Total Expenditures \$50 and under* (not listed above)

214.73

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

4,208.16

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

3993.43

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
1-3-19	PHILIP COURCY	4 PINE HILL CIR WAKEFIELD, MA	LOAN TO CAMPAIGN	100 -
1-14-19	PHILIP COURCY	4 PINE HILL CIR WAKEFIELD, MA	LOAN TO CAMPAIGN	1,000 -
2-4-19	PHILIP COURCY	4 PINE HILL CIR WAKEFIELD, MA	LOAN TO CAMPAIGN	2,000 -
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	3,100



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

2019 APR 16 AM 8:41

File with: City or Town Clerk or Election Commission

Reporting Period dates: Beginning Date: 01/01/2019 Ending Date: 04/05/2019

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

5 Wakefield Ave. Wakefield, MA 01880

Residential Address

E-mail: Thomas.Boettcher@tboettcher.com

Phone # (optional):

Campaign to Support Thomas Boettcher

Committee Name

Mary Hajjar

Name of Committee Treasurer

25 Wakefield Ave. Wakefield, MA 01880

Committee Mailing Address

E-mail: Mary.Hajjar@tboettcher.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	3,966.19
Line 3: Subtotal (line 1 plus line 2)	3,966.19
Line 4: Total expenditures this period (page 5, line 14)	2,756.23
Line 5: Ending Balance (line 3 minus line 4)	1,209.96
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	1,330.19
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.

Witnessed under the penalties of perjury:

Mary Hajjar

(Treasurer's signature)

Date: 4-14-19

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Witnessed under the penalties of perjury:

Thomas H. Boettcher

(Candidate's signature)

Date: 4/14/19

SCHEDULE A: RECEIPTS (continued)[illegible]

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Apr 5, 2019	Democracy Engine, LLC.	2125 14th St NW, Washington, DC 20009	On-line Campaign Site Optional Charges, Charged directly to Donors	113.35
Apr 5, 2019	Democracy Engine, LLC.	2125 14th St NW, Washington, DC 20009	On-line Campaign Site Administrator Fees, Charged directly to Donors	90.09
1/30/2019	Connolly Printing	178 Gill St. Wakefield, MA 01880	Campaign Buttons	199.75
3/12/2019	Connolly Printing	178 Gill St. Wakefield, MA 01880	Campaign Palm Cards & Lawn Signs (Check # 101)	849.47
2/4/2019	Public Kitchen	397 Main Street, Wakefield, MA 01880	Campaign Kick-off Party Food / Drink	414.36
2/4/2019	Public Kitchen	397 Main Street, Wakefield, MA 01880	Campaign Kick-off Party Tip (CC loan-paid separately by Tom Boettcher)	82
3/25/2019	Staiti, Scott	29 Preston St Wakefield, MA 01880	Reimbursement for 3-9-19 Campaign Meeting Drinks/Food (Check 102)	46.96
Jan 25, 2019	Staples	34 Walkers Brook Dr. Reading, MA 01867	7X5 Campaign Cards (100 count) (CC Loan paid by Tom Boettcher)	76.99
1/26/2019	Unites States Postal Service (USPS)	321 Main St. Wakefield, MA 01880	USPS Campaign Mailings/stamps	70
2/15/2019	Wakefield Daily Item	26 Albion Street, Wakefield, MA 01880	Wakefield Daily Item Column(s)/ Editorials (2 @ 84 each)	168
3/22/2019	Wakefield Daily Item	26 Albion Street, Wakefield, MA 01880	Dear Friend Postcards (1,000) and half sheets (2,500)	494.06
1/17/2019	Wix.com	2601 Mission Street San Francisco, CA 94110	Web Site Hosting (CC Loan paid by Tom Boettcher)	151.2
Line 12: Total Expenditures over \$50 (or listed above)				2,756.23
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,756.23

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50 (or listed above)		
		Line 13: 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 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 6 on page 1.

[illegible]

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

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
1/4/2019	Boettcher, Thomas	25 Wakefield Ave, Wakefield, MA 01880	Initial Campaign Account opening (LOAN Cash)	20
1/17/2019	Boettcher, Thomas	25 Wakefield Ave, Wakefield, MA 01880	Wix.com- Campaign Web Site Hosting (Candidate Credit Card)	151.2
1/25/2019	Boettcher, Thomas	25 Wakefield Ave, Wakefield, MA 01880	Staples 7X5 Campain Cards 100 count (Candidate Credit Card)	76.99
2/4/2019	Boettcher, Thomas	25 Wakefield Ave, Wakefield, MA 01880	Campaign Kick-off: Public Kitchen Tip (Candidate Credit Card)	82
3/8/2019	Boettcher, Thomas	25 Wakefield Ave, Wakefield, MA 01880	Contribution to Campaign (LOAN Check # 436)	1,000
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				1,330.19



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

2019 APR 16 AM 8:41

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: Mar 25, 2019

Name of Individual Being Reimbursed: Scott Staiti

Committee Name: Campaign to Support Thomas Boettcher

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED:

46.96

46.96

Signed under the penalties of perjury:

Mary Haggan
Signature of Candidate / Treasurer

Date: 4-14-19

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

9.

Fill in Reporting Period dates: Beginning Date: 2-1-19 Ending Date: 4-11-19 File with: City or Town Clerk or Election Commission

Type of Report: (Check one)

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

WAYNE M. TARR
Candidate Full Name (if applicable)
WAGLD COMMISSIONER
Office Sought and District
27 JACKSON LN WAKEFIELD, MA
Residential Address
E-mail: wtarr3270@yahoo.com
Phone # (optional): 781-548-1005

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

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>- 0 -</u>
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 3745.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 2869.12</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 875.88</u>
Line 6: Total in-kind contributions this period (page 6)	<u>- 0 -</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>- 0 -</u>
Line 8: Name of bank(s) used:	<u>EASTERN BANK</u>

Affidavit of Committee Treasurer:

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

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

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

- ☐ Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
- ☒ Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Wayne M. Tarr (Candidate's signature)

Date: 4/16/19

SCHEDULE A: RECEIPTS (continued)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/2	CONNOLLY PRINTING	178 GILL ST WOBBURN, MA	SIGNS	493. ⁰⁰
3/3	HANNAFORD	1 GENERAL WAY READING	SOFT DRINKS	32.91
2/27	INK HEAD	WINDAR GA.	BAGS	240. ⁰⁰
4/2	LITTLETON PO	MAIN ST. LITTLETON, MA	STAMPS	55.70
3/6	MARYROSE TARR	27 JACKSON LN WAKEFIELD	PARTY EXPENSES	309.07
2/20	SANDULLA SIGNS	NORTH AVE WAKEFIELD	CARDS	190. ⁰⁰
2/20	THE SIGN SHOP	LINCOLN ST WAKEFIELD	STICKERS	362. ⁵⁰
3/25	THE SIGN SHOP	LINCOLN ST WAKEFIELD	CARDS	212. ⁵⁰
2/21	TOWN OF WAKEFIELD	LAFAYETTE ST WAKEFIELD	LICENSE	50. ⁰⁰
2/20	WAKEFIELD DAILY ITEM	ALBION ST. WAKEFIELD	ADS	405. ⁰⁰
2/28	WAKEFIELD DAILY ITEM	ALBION ST. WAKEFIELD	ADS	270. ⁰⁰
2/23	WAKEFIELD POST OFFICE	MAIN ST WAKEFIELD	STAMPS	70. ⁰⁰
2/21	WAKEFIELD RECREATION	LAFAYETTE ST WAKEFIELD	HALL RENTAL	80. ⁰⁰

Line 12: Expenditures over \$50 (or listed above) 2790.68

Line 13: Expenditures \$50 and under* (not listed above) 78.44

Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD** 2869.12

* 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
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Mar 1, 2019 Ending Date: Apr 15, 2019

Type of Report: (Check one)

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

Susan Veilleux

Candidate Full Name (if applicable)

Wakefield Public School Committee

Office Sought and District

15 Aborn Ave, Wakefield, MA 01880

Residential Address

E-mail: suzyforschoolcommittee@gmail.com

Phone # (optional):

Committee to Elect Susan Veilleux for School Committee

Committee Name

Arianne Kidder

Name of Committee Treasurer

115 Pleasant St, Wakefield, MA 01880

Committee Mailing Address

E-mail: arianne.kidder@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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

854.18

Line 3: Subtotal (line 1 plus line 2)

854.18

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

854.18

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

0

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

0

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

Line 8: Name of bank(s) used: The Savings Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

(Treasurer's signature)

Date: Apr 15, 2019

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury:

(Candidate's signature)

Date: Apr 15, 2019

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 7, 2019	Kidder, Arianne and William, 115 Pleasant Street, Wakefield, MA 01880	100	
Apr 7, 2019	Neal, Sarah and Justin, 266 Salem Street, Wakefield, MA 01880	100	
Apr 15, 2019	Veilleux, Susan, 15 Aborn Ave, Wakefield, MA 01880	209.18	Personal funds spend on campaign expenses
Line 9: Total Receipts over \$50 (or listed above)		409.18	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		445	
Line 11: TOTAL RECEIPTS IN THE PERIOD		854.18	

* 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 Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/19/2019	Connolly Printing	17B Gill Street, Woburn, MA 01801	Brochures	447.5
3/2/2019	SweatFixx	383 Lowell St, Wakefield, MA 01880	Fundraiser	200
4/2/2019	Public Kitchen	397A Main St, Wakefield, MA 01880	Campaign event	116.83
Line 12: Total Expenditures over \$50 (or listed above)				764.14
Line 13: Total Expenditures \$50 and under* (not listed above)				90.04
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				854.18

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 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 CONTRIBUTIONS		

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

SCHEDULE D: LIABILITIES

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

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

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

Office of Campaign and Political Finance

2019 APR 11 PM 12:14

City or Town of: WAKEFIELD

Please print or type all information, except signatures.

Fill in dates: Month Day Year Month Day Year
Reporting Period Beginning 1 1 2019 Ending 3 18 2017

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

[illegible]

Commonwealth
of Massachusetts

Please print or type all information, except signatures.

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.

Name of Individual Being Reimbursed:

Committee Name:

CPF ID #:

Amount of Reimbursement:

Date of Reimbursement:

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Signed under the penalties of perjury:

Signature of Candidate/Treasurer

Date _____

Please use a separate sheet for each reimbursement check issued.



Commonwealth
of Massachusetts

13.

Form CPF M T 101 : CHANGE OF TREASURER; ACCEPTANCE OF OFFICE BY TREASURER MUNICIPAL FORM

Office of Campaign and Political Finance

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures

1. Committee Name: _____

2. New Treasurer: _____

2a. Treasurer's Address: _____

Tel. No. _____

3. Committee Address: _____

(If different)

I hereby accept the office of treasurer of the above-named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election. I am aware that an appointed public employee may not serve as treasurer of a political committee and that a candidate or elected official may not serve as the treasurer of a political action committee except as authorized by M.G.L. c. 55, s. 5A.
SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature _____

Date _____

FOR CANDIDATE COMMITTEES ONLY

I hereby consent to the appointment of the new treasurer of this committee.
SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature _____

Date _____

SELECTED EXTRACTS FROM M.G.L. c. 55

Section 3 requires the director to "assess a civil penalty for any [late filed] report ... of ten dollars per day....[up to \$2,500]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate; and in all other instances, the civil penalty shall be assessed against the treasurer of a political committee....

Section 5 outlines statements of organization of political committees:Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid, or while the name and address of any of its officers or members, as originally or subsequently chosen, is not filed in accordance with the provisions of this section or chapter 52, as the case may be.

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

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



Commonwealth
of Massachusetts

145

Schedule E
Municipal Form
Disclosure of Assets Statement
Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

CPF ID# _____

This form should be filed by all candidates and committees with each year end and each dissolution report.

Committee Name: Brian Donegan Date of report: _____

All candidates and committees must fill in Part A or Part B.

Part A:

☒ No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement.

Part B:

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how value is determined.

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

Signed under the penalties of perjury:

Brian Donegan 3-18-19
Candidate signature Date

Signed under the penalties of perjury:

Treasurer signature Date

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.

9/96





Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 11 PM 12:14

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: _____ Ending Date: 3-18-19

Type of Report: (Check one)

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

Brian Donegan
Candidate Full Name (if applicable)
Board of Assessors
Office Sought and District
9 Shumway Cir
Residential Address
E-mail: Brian@Donegan-law.com
Phone # (optional): 781-710-1855

Committee Name

Name of Committee Treasurer

Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>0</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: _____ (Treasurer's signature) Date: 3-18-19

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

☒ **Candidate with Committee and no activity independent of the committee**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ **Candidate without Committee OR Candidate with independent activity filing separate report**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Candidate's signature) Date: 3-18-19

SCHEDULE A: RECEIPTS (continued)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom 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)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD			8	

Enter on page 1, line 4 →

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

SCHEDULE D: LIABILITIES

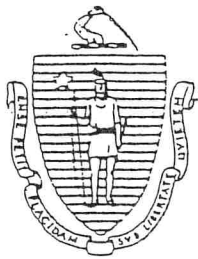
M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

Page 7



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF CAMPAIGN & POLITICAL FINANCE

ONE ASHBURTON PLACE ROOM 411

BOSTON MASSACHUSETTS 02108

MICHAEL J. SULLIVAN
DIRECTOR

TEL: (617) 727-8352
(800) 462-OCPF
FAX: (617) 727-6549

COMMON ERRORS MADE WHEN COMPLETING CAMPAIGN FINANCE REPORTS

Some errors tend to appear in campaign finance disclosure reports on a regular basis. OCPF has prepared this guide to help local candidates avoid those mistakes on their M-102 reports.

COVER PAGE

- **Correct dates:** Check with your local city or town clerk or election commission for the correct filing dates and periods covered, which depend on the dates of local elections.
- **Beginning balances:** Line 1 must be the same as Line 5 from your last report.
- **Negative balances:** Lines 1-5 are on a cash based system. Negative balances are possible only if your account is overdrawn.
- **Math errors:** If you are not using OCPF's software, please double check your calculations.
- **Signatures:** Original signatures of the candidate and, in the case of a committee, the treasurer are required.

SCHEDULE A

- **Date Received:** List the date a contribution was actually received by the committee, not the date of the check or the date it was deposited into the committee's bank account.
- **Contributor information:** Avoid using initials instead of first names. Provide residential addresses.
- **Interest earned:** Report as a receipt. You must account for all money that enters the account, including refunds and any funds provided by the candidate.
- **Occupation/Employer:** If information is not provided by the contributor, you must ask for it in writing within 45 days of receipt. Your report should indicate "Letter Sent" and the date of the letter.
- **Cash/Money Orders:** Contributions by cash and money order are limited to \$50 or less.

SCHEDULE B

- **Purpose of Expenditures:** Be specific. For example, list "thank you dinner for supporters," not "meals".
- **Candidate expenditures:** Include any personal funds spent by the candidate on behalf of the committee. Failing to include the candidate's own contributions and expenditures could result in a negative balance.
- **Reimbursements:** List the purpose of any reimbursement in addition to the actual recipient. If necessary, use the R-1 form to provide complete vendor/purpose/cost disclosure.

SCHEDULE D

- **Liabilities:** Report all outstanding liabilities, regardless of when incurred, that are still outstanding. If you have not received a bill, report amount as "to be determined."

PLEASE FILE ON TIME. Filing on time ensures the required disclosure and also avoids the \$10 per day penalty that may be imposed by law. If you have any questions as you complete your report, we encourage you to contact your local election official or OCPF for assistance.





Commonwealth
of Massachusetts

**Form CPF M T 101 : CHANGE OF TREASURER;
ACCEPTANCE OF OFFICE BY TREASURER
MUNICIPAL FORM**
Office of Campaign and Political Finance

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures

1. Committee Name: _____

2. New Treasurer: _____
_____ *N/A* _____
2a. Treasurer's Address: _____

3. Committee Address: _____

(If different)

Tel. No.

I hereby accept the office of treasurer of the above-named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election. I am aware that an appointed public employee may not serve as treasurer of a political committee and that a candidate or elected official may not serve as the treasurer of a political action committee except as authorized by M.G.L. c. 55, s. 5A.
SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature Date

FOR CANDIDATE COMMITTEES ONLY

I hereby consent to the appointment of the new treasurer of this committee.
SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature Date

SELECTED EXTRACTS FROM M.G.L. c. 55
Section 3 requires the director to "assess a civil penalty for any [late filed] report ... of ten dollars per day...[up to \$2,500]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate; and in all other instances, the civil penalty shall be assessed against the treasurer of a political committee...."
Section 5 outlines statements of organization of political committees:Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.
Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid, or while the name and address of any of its officers or members, as originally or subsequently chosen, is not filed in accordance with the provisions of this section or chapter 52, as the case may be.
Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election....
No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents....



Commonwealth
of Massachusetts

14-

Schedule E
Municipal Form
Disclosure of Assets Statement
Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

CPF ID# _____

This form should be filed by all candidates and committees with each year end and each dissolution report.

Committee Name: _____ Date of report: _____

All candidates and committees must fill in Part A or Part B.

Part A:

☒ No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement.

Part B:

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how value is determined.

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

Signed under the penalties of perjury:

Elaine M. Silva 4/10/19
Candidate signature Date

Signed under the penalties of perjury:

N/A
Treasurer signature Date

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.





Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 JAN 11 PM 12:15

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

January 1, 2019

Ending Date:

April 16, 2019

Type of Report: (Check one)

☒ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Elaine M. Silva

Candidate Full Name (if applicable)

Board of Health

Office Sought and District

1 Furness Circle

Residential Address

E-mail: nana5550@yahoo.com

Phone # (optional): 781-640-8749

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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

0

Line 3: Subtotal (line 1 plus line 2)

0

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

0

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

0

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

0

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

0

Line 8: Name of bank(s) used:

N/A

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

(Treasurer's signature)

Date:

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury:

Elaine M. Silva

(Candidate's signature)

Date:

4/10/2019

SCHEDULE A: RECEIPTS (continued)[illegible]

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

SCHEDULE D: LIABILITIES

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

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



WINKELT, G. 1990.

2019-10-AM 9:58

Please print or type all information, except signatures.

Reporting Period: Beginning: 01/01/2019

(MM/DD/YYYY)

Ending: 04/08/2019

(MM/DD/YYYY)

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

Pursuant to M.G.L. Chapter 55:

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

[illegible]



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 APR 10 PM 3:31

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2019 Ending Date: Apr 8, 2019

Type of Report: (Check one)

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

Anthony Longo

Candidate Full Name (if applicable)

Town Council

Office Sought and District

15 Fell Street

Residential Address

E-mail:

Phone # (optional):

Committee to Elect Tony Longo

Committee Name

Franklin Leone Jr

Name of Committee Treasurer

15 Fell Street

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	15.21
Line 2: Total receipts this period (page 3, line 11)	4,414.73
Line 3: Subtotal (line 1 plus line 2)	4,429.94
Line 4: Total expenditures this period (page 5, line 14)	1,903.89
Line 5: Ending Balance (line 3 minus line 4)	2,526.05
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	The Savings Bank

Affidavit of Committee Treasurer:

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

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

Date: Apr 10, 2019

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

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

Date: Apr 10, 2019

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)
Jan 24, 2019	Dan Benjamin, 10 Foster St	100	
Mar 18, 2019	Mike Boudreau, PO Box 2035	100	
Feb 28, 2019	Lorraine Breithaupt, 16 Fell St	100	
Jan 24, 2019	John Carney, 3 Coolidge Park	100	
Jan 24, 2019	Ed Dombrowski, 15 Chestnut St	100	
Feb 28, 2019	Evan Kenney, 9 Cedar St	100	
Jan 24, 2019	Kip King, 150 Broadway St	100	
Jan 24, 2019	Amy Leeman, 10 Fox road	100	
Apr 1, 2019	David Morales, 20 Magnolia Terrace	100	
Jan 24, 2019	William Nardone, 45 Outlook Road	200	SELF EMPLOYED
Jan 24, 2019	Khatchick Ohannessian, 81 High St, Stoneham, MA	100	
Feb 1, 2019	Maria Palomino, 11 Newell Road	100	
Line 9: Total Receipts over \$50 (or listed above)		1,300	
Line 10: Total Receipts \$50 and under* (not listed above)		2,514.73	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4,414.73	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Jan 24, 2019	Mike Prisco, 12 Bishops Way, North Reading	100	
Jan 24, 2019	Wayne Tarr, 27 Jackson Lane	100	
Jan 29, 2019	Jack Urbaczuwski, 27 Orsini Drive	100	
Feb 1, 2019	Lorri Wheeler, 62 Andrews Road	100	
Jan 24, 2019	Yujin Zhou, 6 Gates Lane	100	
Jan 29, 2019	Walton Zink, 2 Sunset Drive	100	
Line 9: Total Receipts over \$50 (or listed above)		600	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

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

SCHEDULE 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
Feb 1, 2019	The T Stop	983 Main Street	Stickers for Signs	531.25
Feb 8, 2019	Wakefield Daily Item	25 Albion Street	Advertisement	50
Feb 22, 2019	Wakefield Daily Item	25 Albion Street	Advertisement	365
Mar 14, 2019	Wakefield Daily Item	25 Albion Street	Print Postcards	472.81
Apr 5, 2019	Wakefield Public Schools	60 Farm St	Doyle School Fundraiser Donation	150
Mar 23, 2019	Honey Dew Donuts	915 Main Street	Coffee for Volunteers	20.1
Mar 29, 2019	The Farm Land	415 Main Street	Fundraiser Food	85.5
Mar 29, 2019	Rapid Liquors	Stoneham	Fundraiser Food	203.43
Line 12: Total Expenditures over \$50 (or listed above)				1,878.09
Line 13: Total Expenditures \$50 and under* (not listed above)				25
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,903.09

Enter on page 1, line 4 →

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

[illegible]

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

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.

[illegible]



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2019 Ending Date: April 5, 2019

Type of Report: (Check one)

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

Jonathan Chines

Candidate Full Name (if applicable)

Town Council

Office Sought and District

34 Hopkins Street, Wakefield, MA 01880

Residential Address

E-mail: jchines@alumni.tufts.edu

Phone # (optional):

Committee to Elect Jonathan Chines

Committee Name

Michelle Estrada

Name of Committee Treasurer

34 Hopkins Street, Wakefield, MA 01880

Committee Mailing Address

E-mail: jchines@alumni.tufts.edu

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$9,079.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$9,079.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$4,448.97</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$4,630.03</u>
Line 6: Total in-kind contributions this period (page 6)	<u>\$50.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>\$2,000.00</u>
Line 8: Name of bank(s) used: <u>The Savings Bank</u>	

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Michelle Estrada (Treasurer's signature)

Date: 4/12/19

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

☒ **Candidate with Committee and no activity independent of the committee**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ **Candidate without Committee OR Candidate with independent activity filing separate report**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

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

Date: 4/12/2019

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)
1/25/19	Arkinstall, Elizabeth 74 Gould Street Wakefield, MA 01880	\$100	
2/13/19	Beaulieu, Kathleen 10 Davey Lane Wakefield, MA 01880	\$100	
1/17/19	Bench, Clinton 8118 Loma Verde Avenue Canoga Park, CA 91304	\$100	
2/7/19	Benjamin, Daniel 10 Foster Street #205 Wakefield, MA 01880	\$100	
1/17/19	Bergan, Michael 164 Pond Street Cohasset, MA 02025	\$200	Partner, Tremont Strategies Group
2/13/19	Briggs, Kate 12 Church Street Wakefield, MA 01880	\$100	
2/2/19	Campbell, Kathleen 305 Salem Street #110 Woburn, MA 01801	\$75	
1/21/19	Campbell, Loretta 24 Channings Lane Rochester, NH 03867	\$100	
1/5/19	Chines, Jonathan 34 Hopkins Street Wakefield, MA 01880	\$5	
1/12/19	Chines, Jonathan 34 Hopkins Street Wakefield, MA 01880	\$2,000 LOAN	Health Care Executive, Reliant Medical Group
1/17/19	Chines, Peter 11 Carrington Way Bradford, MA 01835	\$100	
1/17/19	Chines, Susan 11 Carrington Way Bradford, MA 01835	\$100	

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/17/19	Claffey, Maria 56 Deepwood Drive Newington, CT 06111	\$100	
2/13/19	Dwyer-Heidkamp, Sarah 1627 G Street SE Washington, D.C. 20003	\$250	Attorney, Council Baradel Kosmeri & Nolan PA
2/7/19	Giovenelli, Michele 1789 Great Pond Road North Andover, MA 01845	\$100	
2/7/19	Giovenelli, Vincent 1789 Great Pond Road North Andover, MA 01845	\$100	
4/4/19	Heidkamp, Andrew 5 Lakeview Avenue Wakefield, MA 01880	\$100	
1/25/19	Herr, Brett 250 Meridian Street Unit 606 Boston, MA 02128	\$100	
1/25/19	Holland, Jessica 116 Marbleridge Road North Andover, MA 01845	\$100	
2/13/19	Knox, Stephen 146 Moreland Street Worcester, MA 01609	\$250	Administration, Reliant Medical Group
4/4/19	Kozak, Steve 141 Sheridan Street North Easton, MA 02356	\$100	
1/25/19	Kroft, Barbara 201 Acton Street Watertown, MA 02472	\$100	
1/17/19	Martin, Jason 70 Alpine Street Arlington, MA 02474	\$150	
1/17/19	Melvin, Anne 16 Ox Bow Road Wellesley Hills, MA 02481	\$250	Learning Development Professional, Harvard University
2/2/19	Mermell, Jesse 149 Winthrop Rd Apt 8 Brookline, MA 02445	\$100	
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

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

SCHEDULE 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
4/4/19	ActBlue	P.O. Box 441146 Somerville, MA 02144	Credit card processing fee	\$180.86
2/6/19	Connolly Printing	17B Gill Street Woburn, MA 01801	Campaign lapel stickers, rally signs, and palm cards	\$1,049.75
3/13/19	Connolly Printing	17B Gill Street Woburn, MA 01801	Campaign dear friend cards, lawn signs, and stakes	\$1,146.44
2/14/19	Jonathan Chines	34 Hopkins Street Wakefield, MA 01880	Campaign kick-off event; Reimbursement	\$486.60
3/14/19	Jonathan Chines	34 Hopkins Street Wakefield, MA 01880	Stamps for thank you cards to donors; Reimbursement	\$55.00
4/1/19	Jonathan Chines	34 Hopkins Street Wakefield, MA 01880	Stamps for dear friend cards and supplies to assemble signs; Reimbursement	\$229.32
4/1/19	Jonathan Chines	34 Hopkins Street Wakefield, MA 01880	Campaign website hosting; Reimbursement	\$156.00
1/21/19	Massachusetts Democratic Party	11 Beacon Street Suite 410 Boston, MA 02108	Access to 2018 Votebuilder database	\$600.00
2/6/19	Wakefield Item Company	26 Albion Street Wakefield, MA 01880	Five campaign advertisements in local newspaper	\$545.00
Line 12: Total Expenditures over \$50 (or listed above)				\$4,448.97
Line 13: Total Expenditures \$50 and under* (not listed above)				0.00
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$4,448.97

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 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)		\$50
Enter on page 1, line 6 →		Line 17: TOTAL IN-KIND CONTRIBUTIONS		\$50

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
1/12/19	Jonathan Chines	34 Hopkins Street Wakefield, MA 01880	Initial funding for the campaign	\$2,000
Enter on page 1, line 7 →		Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)		\$2,000

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 Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/21/19	Mitsch, Sarah 47 Gilbert Road Weymouth, MA 02189	\$150	
3/21/19	Murphy, James 44 B Salem Street Wakefield, MA 01880	\$100	
1/9/19	Muti, Mary Rose 305 Salem Street Unit 312 Woburn, MA 01801	\$100	
4/4/19	Nishino, Michiya 42 Hopkins Street Wakefield, MA 01880	\$100	
4/4/19	Nishino, Ha 42 Hopkins Street Wakefield, MA 01880	\$100	
2/7/19	Rauch, Evan 224 Country Way Needham, MA 02492	\$250	Actuary, Sun Life Financial
4/5/19	Rizzuto, David 122 Farm Street Wakefield, MA 01880	\$75	
1/17/19	Schnirman, Jack 310 West Beech Street Long Beach, NY 11561	\$100	
1/26/19	Schuchter, Janet 68 Holland Road Wakefield, MA 01880	\$100	
2/13/19	Spooner, Marc 22 Pine Ridge Road Wayland, MA 01778	\$100	
2/13/19	St. Amant, Brendan 66 Auburn Street Medford, MA 02155	\$100	
3/8/19	Yeh, Yiaway 35 Northampton Avenue Berkeley, CA 94707	\$100	
Line 9: Total Receipts over \$50 (or listed above)		\$6,255	
Line 10: Total Receipts \$50 and under* (not listed above)		\$2,824	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$9,079	← 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.



Commonwealth
of Massachusetts

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:		2/14/19
Name of Individual Being Reimbursed:	Jonathan Chines	
Committee Name:	Committee to Elect Jonathan Chines	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/7/19	Dockside Restaurant	1099 Main Street Wakefield, MA 01880	Campaign kick-off event	\$486.60

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$486.60
Line 2: Expenditures \$50 or under (not itemized):	0.00
Line 3: TOTAL AMOUNT REIMBURSED:	\$486.60

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 4/12/19

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth
of Massachusetts

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:		3/14/19
Name of Individual Being Reimbursed:	Jonathan Chines	
Committee Name:	Committee to Elect Jonathan Chines	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/21/19	United States Postal Service	321 Main Street Wakefield, MA 01880	Stamps for thank you cards to donors	\$55.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

\$55.00

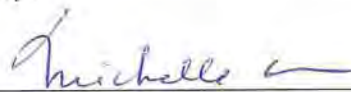
Line 2: Expenditures \$50 or under (not itemized):

0.00

Line 3: TOTAL AMOUNT REIMBURSED:

\$55.00

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 4/12/19

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth
of Massachusetts

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: 4/1/19

Name of Individual Being Reimbursed: Jonathan Chines

Committee Name: Committee to Elect Jonathan Chines

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/20/19	United States Postal Service	321 Main Street Wakefield, MA 01880	Stamps for dear friend cards	\$175.00
3/20/19	The Home Depot	60 Walkers Brook Drive Reading, MA 01867	Supplies to assemble campaign signs	\$54.32

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

\$229.32

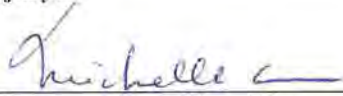
Line 2: Expenditures \$50 or under (not itemized):

0.00

Line 3: TOTAL AMOUNT REIMBURSED:

\$229.32

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 4/12/19

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth
of Massachusetts

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:		4/1/19
Name of Individual Being Reimbursed:	Jonathan Chines	
Committee Name:	Committee to Elect Jonathan Chines	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
1/27/19	WIX.Com	500 Terry Francois Boulevard San Francisco, CA 94158	Campaign website hosting	\$156.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$156.00
Line 2: Expenditures \$50 or under (not itemized):	0.00
Line 3: TOTAL AMOUNT REIMBURSED:	\$156.00

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 4/12/19

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 MAY -9 PM 6:29

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

4-16-19

Ending Date:

4-24-19

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☒ 30 day after election

☐ year-end report

☐ dissolution

Christopher M. Barrett

Candidate Full Name (if applicable)

Library Trustee

Office Sought and District

31 Pinchill Circle

Residential Address

E-mail: cmbarette@jbarrett.com

Phone # (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

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:

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:

5-9-19

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury:

(Candidate's signature)

Date:



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

2019 MAY 23 PM 5:46
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 04/06/2019 Ending Date: 05/24/2019

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
25 Wakefield Ave. Wakefield, MA 01880
Residential Address
E-mail: Thomas.Boettcher@tboettcher.com
Phone # (optional):

Campaign to Support Thomas Boettcher
Committee Name
Mary Hajjar
Name of Committee Treasurer
25 Wakefield Ave. Wakefield, MA 01880
Committee Mailing Address
E-mail: Mary.Hajjar@tboettcher.com
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,209.96
Line 2: Total receipts this period (page 3, line 11)	295
Line 3: Subtotal (line 1 plus line 2)	1,504.96
Line 4: Total expenditures this period (page 5, line 14)	1,701.09
Line 5: Ending Balance (line 3 minus line 4)	-196.13
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	130.19
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: Mary Hajjar (Treasurer's signature)

Date: 5/22/19

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury: Thomas H. Boettcher (Candidate's signature)

Date: 5/22/19

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 26, 2019	Amazon.com, Inc.	410 Terry Ave., Seattle, WA 98109	Campaign Thank You Cards (60 Pack X 2)	27.6
5/1/2019	Democracy Engine, LLC.	2125 14th St NW, Washington, DC 20009	On-line Campaign Site Optional Charges, Charged directly to Donors	10
5/1/2019	Democracy Engine, LLC.	2125 14th St NW, Washington, DC 20009	On-line Campaign Site Administrator Fees, Charged directly to Donors	12.73
Apr 13, 2019	Dunkin Donuts	632 Main Street, Wakefield, MA 01880	Campaign Volunteer Coffee/Food	29.64
May 14, 2019	Thomas Boettcher	25 Wakefield Ave., Wakefield, MA 01880	Reimbursement for Loans	1,200
Apr 11, 2019	United States Postal Service (USPS)	1179 Main Street, Wakefield, MA 01880	USPS Campaign stamps	175
Apr 19, 2019	United States Postal Service (USPS)	1179 Main Street, Wakefield, MA 01880	USPS Campaign stamps	63
Apr 19, 2019	United States Postal Service (USPS)	321 Main Street, Wakefield, MA 01880	USPS Campaign stamps	28
Apr 13, 2019	Wakefield Daily Item	26 Albion Street, Wakefield, MA 01880	Campaign 4 X 6 Postcards (100 Count)	155.12
Line 12: Total Expenditures over \$50 (or listed above)				1,701.09
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,701.09

* 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
1/25/2019	Boettcher, Thomas	25 Wakefield Ave, Wakefield, MA 01880	Staples 7X5 Campain Cards 100 count (Candidate Credit Card of \$76.99) - Partial Reimb. Made	48.19
Feb 4, 2019	Boettcher, Thomas	25 Wakefield Ave, Wakefield, MA 01880	Campaign Kick-off: Public Kitchen Tip (Candidate Credit Card)	82
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				130.19



Commonwealth
of Massachusetts

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:		May 14, 2019
Name of Individual Being Reimbursed:	Thomas Boettcher	
Committee Name:	Campaign to Support Thomas Boettcher	
CPF ID Number (if applicable):		Telephone Number (optional):

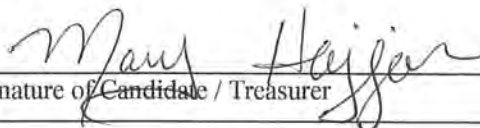
ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Mar 8, 2019	Thomas Boettcher	25 Wakefield Ave., Wakefield, MA 01880	Reimbursement for \$1,020 in LOANED Check/Cash contributions to Campaign	\$1,000.00
Jan 17, 2019	Wix.com	2601 Mission St. San Francisco, CA 94110	Reimbursement for Wix.com web site hosting paid by Tom via private credit card	\$151.20
Jan 25, 2019	Staples	34 Walkers Brook Drive, Reading, MA 01867	Partial Reimbursement (\$28.80 of \$76.99) for Staples Campaign Cards paid via private credit card	\$28.80

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	1,180
Line 2: Expenditures \$50 or under (not itemized):	20
Line 3: TOTAL AMOUNT REIMBURSED:	1,200

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 5-21-19

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 MAY 23 AM 9:48

Fill in Reporting Period dates:

Beginning Date:

4-16-19

Ending Date:

5-23-19

File with: City or Town Clerk or Election Commission

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☒ 30 day after election

☐ year-end report

☐ dissolution

WILLIAM HARRISON GARRARD

Candidate Full Name (if applicable)

MONITOR

Office Sought and District

48 FOREST ST.

Residential Address

E-mail: BGARRARD518@YAHOO.COM

Phone # (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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

0

Line 3: Subtotal (line 1 plus line 2)

0

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

0

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

0

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

0

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

0

Line 8: Name of bank(s) used:

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

(Treasurer's signature)

Date:

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury:

(Candidate's signature)

Date:

5/23/19



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: April 6, 2019 Ending Date: May 13, 2019

Type of Report: (Check one)

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

Jonathan Chines
Candidate Full Name (if applicable)
Town Council
Office Sought and District
34 Hopkins Street, Wakefield, MA 01880
Residential Address
E-mail: jchines@alumni.tufts.edu
Phone # (optional):

Committee to Elect Jonathan Chines
Committee Name
Michelle Estrada
Name of Committee Treasurer
34 Hopkins Street, Wakefield, MA 01880
Committee Mailing Address
E-mail: jchines@alumni.tufts.edu
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$4,630.03
Line 2: Total receipts this period (page 3, line 11)	\$945.00
Line 3: Subtotal (line 1 plus line 2)	\$5,575.03
Line 4: Total expenditures this period (page 5, line 14)	\$3,880.03
Line 5: Ending Balance (line 3 minus line 4)	\$1,695.00
Line 6: Total in-kind contributions this period (page 6)	\$0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$1,000.00
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: Michelle Estrada (Treasurer's signature) Date: 5/20/19

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

☒ **Candidate with Committee and no activity independent of the committee**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ **Candidate without Committee OR Candidate with independent activity filing separate report**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Jonathan Chines (Candidate's signature) Date: 05/20/2019

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)
4/11/19	Arnold, Shannon 33 Elm Street Unit 2 Wakefield, MA 01880	\$75	
4/22/19	Chines, Peter 11 Carrington Way Harrington, MA 01835	\$200	Not employed
4/25/19	Csar, Trey 3535 Riverside Avenue Jacksonville, FL 32205	\$250	COO, Impact Florida
4/11/19	McClintock, Anne 132 Brooks Street Medford, MA 02155	\$100	
4/22/19	Roosevelt, Jr. , James 15 Meadow Way Cambridge, MA 02138	\$100	
Line 9: Total Receipts over \$50 (or listed above)		\$725	
Line 10: Total Receipts \$50 and under* (not listed above)		\$220	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$945	← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/10/19	Connolly Printing	17B Gill Street Woburn, MA 01801	Campaign postcards	\$2,047.54
4/10/19	Jonathan Chines	34 Hopkins Street Wakefield, MA 01880	Stamps for dear friend cards; Reimbursement	\$210.00
4/30/19	Jonathan Chines	34 Hopkins Street Wakefield, MA 01880	Food for volunteers, Election day party food, and stamps for dear friend cards; Reimbursement	\$463.94
5/3/19	Jonathan Chines	34 Hopkins Street Wakefield, MA 01880	Loan repayment	\$1,000.00
5/10/19	Jonathan Chines	34 Hopkins Street Wakefield, MA 01880	Facebook campaign advertisements; Reimbursement	\$125.94
Line 12: Total Expenditures over \$50 (or listed above)				\$3,847.42
Line 13: Total Expenditures \$50 and under* (not listed above)				\$32.61
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$3,880.03

Enter on page 1, line 4 →

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



Commonwealth
of Massachusetts

Form CPF 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:		4/10/19
Name of Individual Being Reimbursed:	Jonathan Chines	
Committee Name:	Committee to Elect Jonathan Chines	
CPF ID Number (if applicable):		Telephone Number (optional):

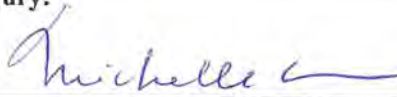
ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/10/19	United States Postal Service	321 Main Street Wakefield, MA 01880	Stamps for dear friend cards	\$210.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$210.00
Line 2: Expenditures \$50 or under (not itemized):	0.00
Line 3: TOTAL AMOUNT REIMBURSED:	\$210.00

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 5/20/19

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth
of Massachusetts

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:		4/30/19
Name of Individual Being Reimbursed:	Jonathan Chines	
Committee Name:	Committee to Elect Jonathan Chines	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/13/19	United States Postal Service	321 Main Street Wakefield, MA 01880	Stamps for dear friend cards	\$210.00
4/23/19	Public Kitchen	397A Main Street Wakefield, MA 01880	Election day party food	\$218.97

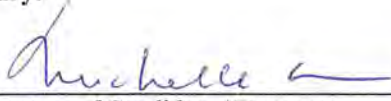
(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): \$428.97

Line 2: Expenditures \$50 or under (not itemized): \$34.97

Line 3: TOTAL AMOUNT REIMBURSED: \$463.94

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 5/20/19

Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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:		5/10/19
Name of Individual Being Reimbursed:	Jonathan Chines	
Committee Name:	Committee to Elect Jonathan Chines	
CPF ID Number (if applicable):		Telephone Number (optional):

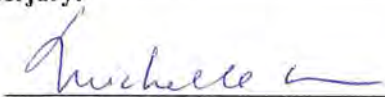
ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$0.00
Line 2: Expenditures \$50 or under (not itemized):	\$125.94
Line 3: TOTAL AMOUNT REIMBURSED:	\$125.94

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 5/20/19

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 MAY 24 AM 8:42 File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4-17-2019 Ending Date: 5-24-2019

Type of Report: (Check one)

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

Philip R. Courcy

Candidate Full Name (if applicable)

Gas & Light Commissioner

Office Sought and District

4 Pine Hill Circle, Wakefield, MA 01880

Residential Address

E-mail: philip.courcy@comcast.net

Phone # (optional): 781-246-1827

Committee to elect Philip Courcy

Committee Name

Susan M. Courcy

Name of Committee Treasurer

4 Pine Hill Circle, Wakefield, MA 01880

Committee Mailing Address

E-mail: susan.courcy@comcast.net

Phone # (optional): 781-246-1827

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,436.84
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	1,436.84
Line 4: Total expenditures this period (page 5, line 14)	-1,239.58
Line 5: Ending Balance (line 3 minus line 4)	197.26
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	THE SAVINGS BANK

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Susan Courcy (Treasurer's signature) Date: 5-24-19

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

Candidate with Committee

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

Candidate without Committee

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

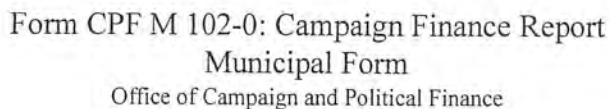
Signed under the penalties of perjury: Philip Courcy (Candidate's signature) Date: 5-24-19

SCHEDULE B: EXPENDITURES

I.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep ailed 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.)

[illegible]



Please print or type all information, except signatures.

Type of Report: (Check One)

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

Pursuant to M.G.L. Chapter 55:

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

[illegible]



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

Office of Campaign and Political Finance

TOWN CLERK
WAKEFIELD, MA

2019 MAY 22 AM 10:00

City or Town of: WAKEFIELD

Please print or type all information, except signatures.

Fill in dates: Month Day Year Month Day Year
Reporting Period Beginning 04 23 2019 Ending 05 22 2019

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

[illegible]

TOWN CLERK
WAKEFIELD, MA

Effective Date: April 24, 2019

2019 MAY 22 AM 10:00

Western Surety Company

CONSTABLE'S BOND

Bond No. 64614831

Christian Kevin Lopes, as Principal and WESTERN SURETY COMPANY, as Surety

The undersigned Principal and Surety are held and firmly bound unto the Collector-Treasurer of Town of Wakefield, Commonwealth of Massachusetts in the sum of Five Thousand and 00/100 DOLLARS (\$ 5,000.00), to be paid to said Collector-Treasurer to which payment well and truly to be made they jointly and severally bind themselves, their heirs, executors, administrators, successors and assigns.

The condition of this obligation is, that if the undersigned Principal, having been appointed and confirmed a Constable of Town of Wakefield, Commonwealth of Massachusetts, to hold office for the term ending April 24, 2022, and until another be appointed and confirmed in his place, shall faithfully perform his duties as Constable in the service of all civil processes committed to him, this obligation shall become of no effect, otherwise it shall continue in full force.

Signed, sealed and delivered April 26, 2019

In the presence of

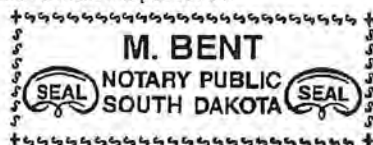
A. Vigor Witness
Pat Jettisen

By _____ Principal
WESTERN SURETY COMPANY
By Paul T. Bruflat Surety
Paul T. Bruflat, Vice President

ACKNOWLEDGMENT OF SURETY (Corporate Officer)

STATE OF SOUTH DAKOTA }
County of Minnehaha } ss

On this 26th day of April, 2019, before me appeared Paul T. Bruflat, to me personally known, who being by me duly sworn, did say that he is the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that the seal affixed to foregoing instrument is the corporate seal of said corporation, and that said instrument was signed and sealed in behalf of said corporation by authority of its board of directors, and said officer acknowledged said instrument to be the free act and deed of said corporation.



M. Bent
Notary Public

My Commission Expires March 2, 2020

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Vice President
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One CONSTABLE TOWN OF WAKEFIELD

bond with bond number 64614831

for CHRISTIAN KEVIN LOPES

as Principal in the penalty amount not to exceed: \$5,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by
Vice President with the corporate seal affixed this 26th day of April,
2019.

ATTEST

L. Nelson

L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By

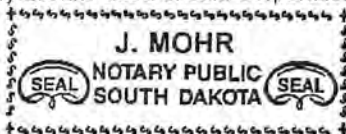
Paul T. Bruflat

Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA } ss
COUNTY OF MINNEHAHA }

On this 26th day of April, 2019, before me, a Notary Public, personally appeared
Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President
and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



My Commission Expires June 23, 2021

J. Mohr

Notary Public

To validate bond authenticity, go to www.enasurety.com > Owner/Obligee Services > Validate Bond Coverage.





Municipal Form

Office of Campaign and Political Finance

Please print or type all information, except signatures.

(MM/DD/YYYY)

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

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

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

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

[illegible]



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 JUL 23 PM 6:06

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Apr 9, 2019 Ending Date: May 23, 2019

Type of Report: (Check one)

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

Anthony Longo Candidate Full Name (if applicable)	Committee to elect TonyLongo Committee Name
Town Council Office Sought and District	Franklin Leone Jr Name of Committee Treasurer
15 Fell Street Residential Address	15 Fell St Committee Mailing Address
E-mail: _____	E-mail: _____
Phone # (optional): _____	Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2,526.05
Line 2: Total receipts this period (page 3, line 11)	75
Line 3: Subtotal (line 1 plus line 2)	2,601.05
Line 4: Total expenditures this period (page 5, line 14)	945.82
Line 5: Ending Balance (line 3 minus line 4)	1,655.23
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	The Savings Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 5/23/19

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 5/23/19

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)
4/11/2019	Saritin Rizzuto	75	
Line 9: Total Receipts over \$50 (or listed above)		75	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		75	

* 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
May 1, 2019	Frank Leone	Wakefield	(Caporales) Fundraiser Beverages	119.27
Apr 23, 2019	Ann Santos	Wakefield	(Sakura) Election Night Gathering	160
May 1, 2019	Jen Theriault	Wakefield	(Rapid Liquor) Fundraiser Beverages	366.05
Apr 9, 2019	Wakefield Daily Item	Wakefield	Advertising	300.5
Line 12: Total Expenditures over \$50 (or listed above)				945.82
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				945.82

Enter on page 1, line 4 →

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



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 APR 29 AM 7:45

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2019 Ending Date: 4/24/2019
4/24/2019

Type of Report: (Check one)

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

PETER JAMES MAY
Candidate Full Name (if applicable)

TOWN COUNCIL
Office Sought and District

12 GARDEN LANE WAKEFIELD MA
Residential Address

E-mail: PJTHEDJ@COMCAST.NET

Phone # (optional): 781-799-8137

THE COMMITTEE TO ELECT PETER MAY
Committee Name

ELLEN SHANNON
Name of Committee Treasurer

12 GARDEN LANE WAKEFIELD MA
Committee Mailing Address

E-mail: PJTHEDJ@COMCAST.NET

Phone # (optional): 781-799-8137

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>- 2,732.45</u>
Line 2: Total receipts this period (page 3, line 11)	<u>+ 4,195.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>+ 1,462.55</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>- 4,966.63</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>- 3,504.08</u>
Line 6: Total in-kind contributions this period (page 6)	<u>+ 4,195.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>- 3,504.08</u>
Line 8: Name of bank(s) used:	<u>THE SAVINGS BANK</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 4/24/2019

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

Candidate with Committee and no activity independent of the committee
☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report
☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Peter J. May (Candidate's signature) Date: 4/24/2019

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/5/2019	PGI Printing	359 Salem St Wakefield, MA 01880	Fundraiser Cards - Post cards	102.-
2/1/2019	Town of Wakefield	1 Lafayette St. Wakefield, MA 01880	Liquor License	50.-
2/1/2019	Town of Wakefield American Civil Center	1 Lafayette St. Wakefield MA 01880	Fundation for Empty Room Rental	75.-
2/1/2019	The Sign Shop	5 Lincoln St. Wakefield, MA 01880	Stakes for Signs Bumper stickers	211.-
2/1/2019	US Post Office	Main St. Wakefield MA 01880	Postage	55.-
2/5/2019	The Sign Shop	5 Lincoln St. Wakefield, MA 01880	Political signs	230.-
2/5/2019	CAPORALE Liquors	29 Broadway St. Wakefield, MA 01880	Beer cooler for Fundraising ice, cups	202.-
2/5/2019	Cibola	1179 Main St. Wakefield, MA 01880	Food + Pastries for Fundraising	200.-
2/20/2019	The Sign Shop	5 Lincoln Street Wakefield, MA 01880	Political signs	306.-
3/7/2019	The T Stop	983 Main St. Wakefield, MA 01880	Stickers to change signs from BOB to TC	398.44
3/13/2019	PGI	359 Salem St. Wakefield MA 01880	Re-Alert form Flyers	297.50
3/15/2019	PGI	359 Salem St. Wakefield MA 01880	Friend Post Cards	377.19
3/16/2019	USPS	Main St Wakefield MA 01880	Stamps	550.-
7/16/2019	USPS	Main St Wakefield MA 01880	Stamps	550.-
4/10/2019	The Daily From Wakefield	26 Albion St. Wakefield, MA 01880	Two Ads for Paper	480.-

Page 2 Total (add to Line 1 on Page 1):

Continued →

ITEMIZE EXPENDITURES IN EXCESS OF \$50

[illegible]

Page 2 Total (add to Line 1 on Page 1):

TOTAL

4,966.63

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 Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/24/2019	JOHN CARNEY 3 COOLIDGE PARK WAKEFIELD, MA 01880	100.-	
2/1/2019	JACK + KIM PALANO 20 TURNBULL AVE WAKEFIELD, MA 01880	150.-	
2/1/2019	CHAI TARA 27 JACKSON AVE WAKEFIELD, MA 01880	100.-	
2/1/2019	WAYNE TANA 27 JACKSON AVE WAKEFIELD, MA 01880	100.-	
2/5/2019	WILLIAM YASI 11 GARDEN LANE WAKEFIELD, MA 01880	200.-	YASI CONSTRUCTION CONSTRUCTION COMPANY
2/5/2019	BRIAN MCGARR 81 OUTFLOOK DRIVE WAKEFIELD, MA 01880	50.-	
2/5/2019	KEVIN + JUDY GILL 12 MITCHELL LANE WAKEFIELD, MA 01880	100.-	
2/5/2019	JAMES + SARA MURPHY 44B SALON STREET WAKEFIELD, MA 01880	100.-	
2/5/2019	DR. STEPHEN + DOMINIQUE MAIO 62 ABBOTT AVENUE WAKEFIELD, MA 01880	50.-	
2/5/2019	JULIE + JIM SCOTT 75 ELM STREET WAKEFIELD, MA 01880	35.-	
2/5/2019	MICHAEL MCARTHY 1 CENTER STREET SUITE 205 WAKEFIELD, MA 01880	100.-	
2/5/2019	KAREN FAUER 222 LOWELL STREET WAKEFIELD, MA 01880	25.-	

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

Continued

← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/5/2019	PAUL & PAUL DI NOCCIO 17 WILEY STREET WAKEFIELD, MA	50.-	
2/5/2019	DR. PAUL & KATHY FALVIN 6 BUGLI LANE WAKEFIELD, MA 01880	100.-	
2/5/2019	RICHARD STANSON 4 NORWAY STREET WAKEFIELD, MA 01880	50.-	
2/5/2019	JULIE SMITH FALVIN 28 GRAFTON STREET WAKEFIELD, MA 01880	25.-	
2/5/2019	AMER PURCELL 53 EVANES LANE WAKEFIELD, MA 01880	50.-	
2/5/2019	PAUL CANCELLIERE 71 MYRTLE STREET WAKEFIELD, MA 01880	50.-	
2/5/2019	PHILIP CONROY 4 PINE HILL WAKEFIELD, MA 01880	50.-	
2/5/2019	JAMES THOMASINI 9 GORSINI DRIVE WAKEFIELD, MA 01880	200.-	ATTORNEY - HIS OWN PRACTICE
2/5/2019	LISA REYNOLDS & LISA THOMASINI 9 GORSINI DRIVE WAKEFIELD, MA 01880	100.-	
2/5/2019	JEANNE & ROBERT MCINNEY 34 WOODLAND ROAD WAKEFIELD, MA 01880	50.-	
2/5/2019	NICHOLAS MATO 2 JACKSON AVE WAKEFIELD, MA 01880	50.-	
2/5/2019	EDMOND & DEBORAH FOX 12 MYRTLE WAKEFIELD, MA 01880	50.-	
2/5/2019	STEPHEN MATO 35 PRESTON STREET WAKEFIELD, MA 01880	50.-	

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

Continued

← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/15/2019	Edward Dombrowski Jr. + Glen Curry 15 CHESTNUT STREET WAKEFIELD, MA 01880	100-	
2/15/2019	Robert + Tracy Vincent 22 FLANDERS BLVD WAKEFIELD, MA 01880	100-	
2/15/2019	STEPHAN + JEAN MAIO 2 JACKSON STREET WAKEFIELD, MA 01880	50-	
2/15/2019	STEPHAN + GINA FINNELL 6 RIVERS LANE WAKEFIELD, MA 01880	100-	
2/15/2019	GRANT + RUBY LECHEMAN 10 FOX ROAD WAKEFIELD MA 01880	100-	
2/15/2019	JEANNE STINSON 4 NORWAY STREET WAKEFIELD, MA 01880	50.-	
2/15/2019	MARK + KERRI FRAPPE 44 ANDREWS ROAD WAKEFIELD MA 01880	50-	
2/15/2019	SUSAN MAJESKI 30 BOND STREET WAKEFIELD, MA 01880	20-	
2/15/2019	AL TURCO 16 INDIAN LANE WAKEFIELD, MA 01880	50.-	
2/15/2019	DAN + LOIS BENTON 10 FOSTER STREET A 205 WAKEFIELD, MA 01880	50-	
2/15/2019	JOHN MURRAY 497 LOWELL STREET WAKEFIELD, MA 01880	40-	
2/15/2019	Cathy CAUGHTMAN 605 ALMOND STREET WAKEFIELD, MA 01880	50-	

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

Continued

← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2/18/2019	Brian McCoubrey 82 Elm Street Worcester, MA 01880	50-	
3/1/2019	Maria + Julie Slasky 72 West Park Drive Worcester, MA 01880	100-	
3/10/2019	Michael Burr 894 Main St. Worcester, MA 01880	100-	
3/15/2019	Walter Schofield North Ave Worcester, MA 01880	100-	
4/24/2019	Samuel Rizzuto 122 Park Street Worcester, MA 01880	100-	
1/15/2019	Michael Reilly 73 Troy Road East Greenwich NY 12061	1000-	Insurance Integro USA

Line 9: Total Receipts over \$50 (or listed above)

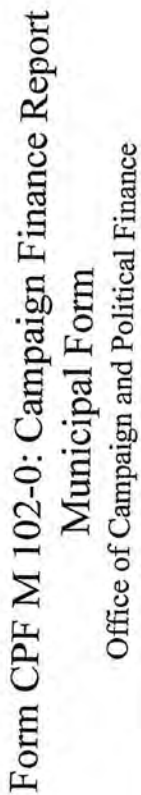
Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

\$4,195

← 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.

Commonwealth
of Massachusetts

Please print or type all information, except signatures.

City or Town of: Wakefield

Reporting Period: Beginning: 04/16/19

Ending: 05/23/2019

(MM/DD/YYYY)

(MM/DD/YYYY)

Type of Report: (Check One)

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

Pursuant to M.G.L. Chapter 55:

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

[illegible]



Commonwealth
of Massachusetts

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

Office of Campaign and Political Finance

City or Town of: Wakefield

Fill in Reporting Period dates: Beginning Date: Jan 2, 2019 Ending Date: April 21, 2019

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

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
4/26/19		753 Main St.	Library Trustee



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 JUL 22 AM 9:03

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4-16-19 Ending Date: 5-22-19

Type of Report: (Check one)

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

Ann McGonigle Santos
Candidate Full Name (if applicable)

Wakefield Town Council
Office Sought and District

39 Converse St. Wakefield MA 01880
Residential Address

Telephone Number (optional): 617-529-8690

Committee to Elect Ann Santos
Committee Name

Ann Santos
Name of Committee Treasurer

Same
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>3851.02</u>
Line 2: Total receipts this period (page 3, line 11)	<u>150.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>4001.02</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2725.99</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1275.03</u>
Line 6: Total in-kind contributions this period (page 6)	<u>100.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Wakefield Savings Bank</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Ann Santos (Treasurer's signature) Date: 5-22-19

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

☒ **Candidate with Committee and no activity independent of the committee**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ **Candidate without Committee OR Candidate with independent activity filing separate report**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Ann Santos (Candidate's signature) Date: 5-22-19

* 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
4.23.19	Ann Santos	39 Converse St Wakefield MA	Repayment of personal funds	1097.05
4.22.19	US Post office	1179 Main St Wakefield MA	Stamps	176.40
4.20.19	Boys + Girls Club Wakefield	467 Main St Wakefield	donation	250.00
4.22.19	P6 I Printing	359 Salem St Wakefield	printing	802.54
4.23.19	Sakura	397 Main St. Wakefield MA	function	400.
Line 12: Expenditures over \$50 (or listed above)				2725.99
Line 13: Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2725.99

Enter on page 1, line 4 →

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

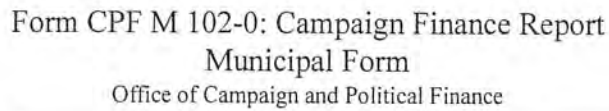
SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4.23.19	Tony Lago	15 Fell St. Wakefield MA	function	160.00
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	160.00
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	160.00

* 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.

2019 MAY 17 AM 11:25



Please print or type all information, except signatures.

05/24/2019
(MM/DD/YYYY)

MM/DD/YYYY)

(MM/DD/YYYY)

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

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

[illegible]



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

4-12-19

Ending Date:

5-17-19

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☒ 30 day after election

☐ year-end report

☐ dissolution

WAYNE M. TARR

Candidate Full Name (if applicable)

WMGLD COMMISSIONER

Office Sought and District

27 JACKSON LN WAKEFIELD MA

Residential Address

E-mail: wtarr337@yahoo.com

Phone # (optional): 781-548-1005

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

875.88

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

1750.00

Line 3: Subtotal (line 1 plus line 2)

2625.88

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

4192.06

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

(1566.18)

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

0

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

1566.18

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:

(Treasurer's signature)

Date:

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury:

Wayne M. Tarr

(Candidate's signature)

Date:

5/23/19

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
4/12/19	Connolly Printing	178 Gull St. Woburn MA	PRINTING	2096 ⁰³ -
4/16/19	Connolly Printing	178 Gull St. Woburn MA	PRINTING	2096 ⁰³ -
Line 12: Total Expenditures over \$50 (or listed above)				4192.06
Line 13: Total Expenditures \$50 and under* (not listed above)				—
Line 14: TOTAL EXPENDITURES IN THE PERIOD				4192.06

* 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
4/16/19	WAYNE M. TARR	27 JACKSON LN WAKEFIELD, MA	BALANCE PRINTING	\$1566.18
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$1566.18



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

arriane.kidder@gmail.com

2019 MAY 23 PM 12:27
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/16/19 Ending Date: 5/23/19

Type of Report: (Check one)

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

Susan Veilleux Candidate Full Name (if applicable) Wakefield Public School Committee Office Sought and District 15 Aborn Ave, Wakefield, MA 01880 Residential Address E-mail: <u>SUZYL925@yahoo.com</u> Phone # (optional): <u>781 696 1979</u>	Committee to Elect Susan Veilleux for School Committee Committee Name Arianne Kidder Name of Committee Treasurer 115 Pleasant St, Wakefield, MA 01880 Committee Mailing Address E-mail: <u>arriane.kidder@gmail.com</u> Phone # (optional):
---	---

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	25
Line 3: Subtotal (line 1 plus line 2)	25
Line 4: Total expenditures this period (page 5, line 14)	20
Line 5: Ending Balance (line 3 minus line 4)	5
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	The Savings Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 5/23/19

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

Candidate with Committee

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

Candidate without Committee

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

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

Date: 5/23/19



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-1-19 Ending Date: 12-31-19

Type of Report: (Check one)

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

Christopher Callanan
Candidate Full Name (if applicable)
School Committee
Office Sought and District
600 Salem St
Residential Address
E-mail: chrise.northshore.poolspa.com
Phone # (optional): _____

Wakefield Sch Committee & Elect Chris Callanan
Committee Name
Adam Callanan
Name of Committee Treasurer
600 Salem St Wakefield MA
Committee Mailing Address
E-mail: chrise.northshore.poolspa.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>266.68</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>266.68</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>266.68</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>The Savings Bank</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Adam Callanan (Treasurer's signature)

Date: 12-19-19

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

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

Date: _____

SCHEDULE A: RECEIPTS (continued)[illegible]

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

SCHEDULE D: LIABILITIES

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

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



Lominac, Aimee

Office of Campaign and Political Finance

2019 DEC 18 PM 12: 4

✓ City or Town of:

Wakefield

Please print or type all information, except signatures.

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

[illegible]

11/97





Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2020 JAN -2 AM 7:34

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2019 Ending Date: 12/31/2019

Type of Report: (Check one)

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

Albert J. Turco
Candidate Full Name (if applicable)

16 Indian Lane, Wakefield, MA 01880
Office Sought and District
Residential Address

E-mail: albert_turco@hotmail.com

Phone # (optional): _____

Committee to Elect Albert J. Turco
Committee Name

Daniel C. Calore
Name of Committee Treasurer

16 Indian Lane, Wakefield, MA 01880
Committee Mailing Address

E-mail: albert_turco@hotmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>657.88</u>
Line 2: Total receipts this period (page 3, line 11)	<u>—</u>
Line 3: Subtotal (line 1 plus line 2)	<u>657.88</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>350.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>307.88</u>
Line 6: Total in-kind contributions this period (page 6)	<u>—</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>—</u>
Line 8: Name of bank(s) used:	<u>Wakefield Co-operative Bank</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Daniel C. Calore (Treasurer's signature)

Date: January 2, 2020

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

- ☒ **Candidate with Committee and no activity independent of the committee**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
- ☐ **Candidate without Committee OR Candidate with independent activity filing separate report**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Albert J. Turco (Candidate's signature)

Date: January 2, 2020

SCHEDULE A: RECEIPTS (continued)[illegible]

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

See Page 4

Line 12: Expenditures over \$50 (or listed above)

Line 13: 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 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
	None			
Enter on page 1, line 7 →				Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>



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

Please print or type all information, except signatures.

or Town of: **WAKEFIELD**

Beginning: January 1, 2019

(MM/DD/YYYY)

Ending: December 31, 2019

(MM/DD/YYYY)

of Report: (Check One)

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

tant to M.G.I. Chapter 55;

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

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

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

[illegible]



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

City or Town of:

Waktfeld

Reporting Period:

(MM/DD/YYYY)

Ending:

(MM/DD/YYYY)

Type of Report: (Check One)

☐ 8th day preceding preliminary/primary ☐ 8th day preceding election

☐ 8th day preceding election☐ 30th day following election (town or special)

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

Pursuant to M.G.L. Chapter 55:

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

[illegible]



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning 01/01/2019 Ending 12 31 2019

Type of report: (Check one)

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

PAUL DiNOCCO

Full Name of Candidate (if applicable)

Office Sought and District

17 Wilex St.

Residential Address

WAKEFIELD, MA 01880

781-245-8874

Tel. No. (optional)

Committee to Re-elect
PAUL DiNOCCO

Committee Name

DIANE MULCAHY

Name of Committee Treasurer

20 Pleasant St. #1

Committee Mailing Address

WAKEFIELD, MA 01880

781-258-1771

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 100.00

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

Line 3: Subtotal (line 1 plus line 2) \$

Line 4: Total expenditures this period (page 3, line 14) \$ 100.00 DN

Line 5: Ending balance (line 3 minus line 4) \$ 0

Line 6: Total in-kind contributions this period (page 4) \$

Line 7: Total (all) outstanding liabilities (page 4) \$

Line 8: Name of bank(s) used EASTERN 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 (in ink)

Diane Mulcahy

Date

1/3/2020

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

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

☐ Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury:

Candidate signature (in ink)

Paul R DiNocco

Date

1/3/2020

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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

[illegible]

Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

This page may be copied 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	
		Line 12: Expenditures over \$50		400	00
		Line 13: Expenditures \$50 and under*		100	00
		Line 14: TOTAL EXPENDITURES		100	00

Enter on page 1, line 4

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

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

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

SCHEDULE D: LIABILITIES

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

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



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2020 MAY 15 10:05 AM
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: May 14, 2019 Ending Date: December 31, 2019

Type of Report: (Check one)

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

Jonathan Chines
Candidate Full Name (if applicable)
Town Council
Office Sought and District
34 Hopkins Street, Wakefield, MA 01880
Residential Address
E-mail: <u>jchines@alumni.tufts.edu</u>
Phone # (optional):

Committee to Elect Jonathan Chines
Committee Name
Michelle Estrada
Name of Committee Treasurer
34 Hopkins Street, Wakefield, MA 01880
Committee Mailing Address
E-mail: <u>jchines@alumni.tufts.edu</u>
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$1,695
Line 2: Total receipts this period (page 3, line 11)	\$0
Line 3: Subtotal (line 1 plus line 2)	\$1,695
Line 4: Total expenditures this period (page 5, line 14)	\$0
Line 5: Ending Balance (line 3 minus line 4)	\$1,695
Line 6: Total in-kind contributions this period (page 6)	\$0
Line 7: Total (all) outstanding liabilities (page 7)	\$1,000
Line 8: Name of bank(s) used:	<u>The Savings Bank</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Michelle Estrada (Treasurer's signature)

Date: 1/7/2020

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

Candidate with Committee

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

Candidate without Committee

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

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

Date: 01/07/2020

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.

[illegible]



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

1/1/2019

Ending Date:

12/31/2019

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

Joseph S Tringale
Candidate Full Name (if applicable)

Library Trustee
Office Sought and District

33 Brook St. Wakefield
Residential Address

E-mail: josephstringale@gmail.com

Phone # (optional):

CTE Joseph S Tringale
Committee Name

Joseph V Tringale
Name of Committee Treasurer

33 Brook St. Wakefield
Committee Mailing Address

E-mail: jvt1234@yahoo.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

150.00

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

0

Line 3: Subtotal (line 1 plus line 2)

150.00

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

0

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

150.00

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

0

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

0

Line 8: Name of bank(s) used:

The Savings Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

(Treasurer's signature)

Date: 1/7/2020

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

Candidate with Committee:

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

Candidate without Committee:

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

Signed under the penalties of perjury:

(Candidate's signature)

Date: 1/7/2020

SCHEDULE A: RECEIPTS

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

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

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

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

SCHEDULE A: RECEIPTS (continued)[illegible]

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

SCHEDULE B: EXPENDITURES

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

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

[illegible]

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

[illegible]

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

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.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

C



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2020 JAN -9 AM 7:53

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4-17-19 Ending Date: 12-31-19

Type of Report: (Check one)

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

Ann McGonigle Santos
Candidate Full Name (if applicable)
Town Council / (State Rep. after 1/1/2020)
Office Sought and District
39 ~~Converse~~ Converse St. Wakefield
Residential Address
E-mail: asantose.suffolk.edu
Phone # (optional):

Committee to Elect Ann Santos
Committee Name
Ann Santos / Mike Boudreau (State Rep)
Name of Committee Treasurer
39 Converse St. Wakefield MA
Committee Mailing Address
E-mail: asantose.suffolk.edu
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2439.52</u>
Line 2: Total receipts this period (page 3, line 11)	<u>8255. -</u>
Line 3: Subtotal (line 1 plus line 2)	<u>10,694.52</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1700. (pending)</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>10,694.52</u>
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	<u>1700. -</u>
Line 8: Name of bank(s) used:	<u>Wakefield Savings Bank</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Ann McGonigle Santos (Treasurer's signature) Date: 1-9-2020

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

☒ **Candidate with Committee and no activity independent of the committee**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ **Candidate without Committee OR Candidate with independent activity filing separate report**
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Ann McGonigle Santos (Candidate's signature) Date: 1-9-2020

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)
12.23.19	Rob Darnell 115 Paulding Rd Wakefield	55.00	Contractor
12.23.19	Roderick Urquhart 19 Sterling Rd. N. Billerica MA 01822	250.00	President - Custom Chemical
12.23.19	Roderick Urquhart P.O Box 358 N. Billerica MA	250.00	President - Custom Chemical
12.23.19	Chris + Ali Jani (Wakefield MA) 27 Jackson Lane	150.00	
12.23.19	Nick Maio 2 Jackson Lane Wakefield MA	100.00	
12-23-19	Steve + Jean Maio 2 Jackson Lane Wakefield MA	200.00	Town Administrator Wakefield MA
12-23-19	Mike + Cynthia 27 Westview Farm Rd. Dracut MA 01826	200.00	Business Owner - self employed
12-23-19	Greg + Kim Judice 30 Morrison Rd. West Wakefield MA	100.00	
12-23-19	Michael + Paula Barrett 5 Macdonald Farm Rd. Wakefield MA	100.00	
12-23-19	Anne + Kevin Danczy 9 Overlook Rd. Wakefield	50. -	
12-23-19	Thomas Walsh Jr. 18A Bartley St. Wakefield MA	400.00	Emergency Manager Tmn of Wakefield
12.23.19	Mary + David Macauley 38 Howard St. Melrose MA 02176	100.00	
Line 9: Total Receipts over \$50 (or listed above)		1655.-	
Line 10: Total Receipts \$50 and under* (not listed above)		50.-	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1705.-	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
12.23.19	Rob Darnell 11 Spaulding Rd Wakefield	55.00	Contractor
12.23.19	Roderick Urquhart 19 Sterling Rd. n. Billerica MA 01822	250.00	President - Custom Chemical
12.23.19	Roderick Urquhart P.O. Box 358 n. Billerica MA	250.00	President - Custom Chemical
12.23.19	Chris + Ali Jani (Wakefield MA) 27 Jackson Lane	150.00	
12.23.19	Nick Maio 2 Jackson Lane Wakefield MA	100.00	
12-23-19	Steve + Jean Maio 2 Jackson Lane Wakefield MA	200.00	Town Administrator Wakefield MA
12-23-19	Mike + Cynthia 27 Westview Farm Rd. Dracut MA 01826	200.00	Business Owner - self. employed
12-23-19	Greg + Kim Judice 30 Morrison Rd. West Wakefield MA	100.00	
12-23-19	Michael + Paula Barrett S Macdonald Farm Rd. Wakefield MA	100.00	
12-23-19	Anne + Kevin Dancy 9 overlook Rd. Wakefield	50. -	
12-23-19	Thomas Walsh Jr. 18 A Bartley St. Wakefield MA	400.00	Emergency Manager Town of Wakefield
12-23-19	Mary + David Macaulay 38 Howard St. Melrose MA 02176	100.00	

Line 9: Total Receipts over \$50 (or listed above) 1655. -

Line 10: Total Receipts \$50 and under* (not listed above) 50. -

Line 11: TOTAL RECEIPTS IN THE PERIOD 1705. -

← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
12.28.19	John Cox 25 Derby Lane Jyngham MA	100 -	
12.28.19	Wayne + Mary Rose Terr 27 Jackson Lane Wakefield	100 -	
12.28.19	Alan + Cheryl Sayer 23 Berkeley Ave. Lowell MA	200 -	Custodian - Lowell public schools
12.28.19	Henri + Colleen Asselin 129 Westmen Rd. Lowell	100 -	
12.28.19	Anthony + Karen Visalli 223 Burlington Ave. Wilmington	100 -	
12.28.19	Hank Pasquerella 3 Summit Dr. Unit 64 Reading	200 -	Retired
12.28.19	Michail Zaim 155 Mansur St. Lowell	1000. -	Attorney - self-employed
12.28.19	Arthur Santos 24 Webber St. Lowell	100. -	Attorney
12.28.19	Edward Bedrosian 18 meadowbrook Rd Wellesley	100 -	
12.28.19	Anthony Gnardia 27 Davey Lane Wakefield	500.00	Director. Boys + Girls club A Wakefield - Stoughton
Line 9: Total Receipts over \$50 (or listed above)		2500. -	
Line 10: Total Receipts \$50 and under* (not listed above)		-	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2500	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
12.23.19	Nancy + Fran Furaro 154 Fairmont St. Lowell MA	100.00	Attorney
	Chris + Stacey Constan 25 Wave Ave. Wakefield MA	250.00	Attorney Stander Corp.
	Kristne + Bryan Regan Slatnot Circle Wakefield MA	50.-	
	Christopher Wilson 24 Pheasantwood Terr. Wakefield MA	50.-	
	Paul + Angela Tanuzzi 47 Walton St. Wakefield	100.-	
	Gary Hill 10 Turbill Ave. Apt. 2 Wakefield MA	50.-	Wakefield firefighter
	Lynda Bryages 30 Walden Rd. Wakefield MA	150.-	Busar BBN School
	Steve + Kim Leone 120 Summer St. Wakefield MA 01880	200.00	President - self employed
	Glenn + Carolyn Schuster 41 Park Ave. Wakefield	100.-	
	Mack + Susan Simeola 11 Stevens Rd. Melrose MA	100.-	Attorney
	Thomas Mackay 27 Plymouth Rd. Wakefield	250.-	owner - construction company
	Betty + Bob Barile 3 Thomas Rd. Lynnfield MA	200.-	Retired
	Jane Macdonald 102 Central St. Unit. 3B Saugus MA	100.-	Retired
Line 9: Total Receipts over \$50 (or listed above)		1000 1600	
Line 10: Total Receipts \$50 and under* (not listed above)		1000 100	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1700	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
12.23.19	Dan McGonigle 25 Princeton St. Peabody, MA	500.-	Retired
12.23.19	Bob + Suzanne Nolan 36 Parkway Rd. Stoughton	100 -	
12.23.19	Michael Boyages 26 Chestnut St. Unit 12 Wakefield	100 -	Retired
12.23.19	Michael Goulding 3 Sargent Rd Belmont	100	Chief of Police Weston PD
12.23.19	Julie Smith Galvin + Shoma Galvin 28 Grafton St. Wakefield	100	
12.23.19	Chris Callanan 600 Salem St. Apt 209 Wakefield	100.-	Business owner
12.23.19	Erica + James Rago 3 Cave Rock Rd. Saugus	100	
12.23.19	William Carroll, Attorney 599 North Ave. Suite 7 Wakefield	200.	Attorney - self employed
12.23.19	Brian McGrail, Atty. 599 North Ave. Suite 7 Wakefield	200 -	attorney, self. employed
12.26.19	Dennis + Mel Lauhorne 46 Federal St. Reading MA	500.	owner of construction company, self. employed
12.26.19	Jack Boyages 30 Walden Rd. Wakefield	350.-	Retired
12.26.19	Brian + Julie Duskan 47 Alcott St. Lowell MA	100 -	Attorney
Line 9: Total Receipts over \$50 (or listed above)		2350.-	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		2350	← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

SCHEDULE 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
12-19-19	Ann Santos (candidate)	39 Converse St. Wakefield MA 01880	candidate loan for social media advertiser	400.-
12-16-19	Ann Santos (candidate)	39 Converse St. Wakefield MA 01880	Candidate loan for votebuilder	1300.-
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2020 JUN 13 AM 7:51

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 05/24/2019 Ending Date: 12/31/2019

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
25 Wakefield Ave. Wakefield, MA 01880
Residential Address
E-mail: Thomas.Boettcher@tboettcher.com
Phone # (optional):

Campaign to Support Thomas Boettcher
Committee Name
Mary Hajjar
Name of Committee Treasurer
25 Wakefield Ave. Wakefield, MA 01880
Committee Mailing Address
E-mail: Mary.Hajjar@tboettcher.com
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	-196.13
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	-196.13
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	-196.13
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	130.19
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: Mary Hajjar (Treasurer's signature)

Date: 1/9/20

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury:

Thomas H Boettcher

(Candidate's signature)

Date: Jan 3, 2020

SCHEDULE A: RECEIPTS

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

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

[illegible]

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

SCHEDULE A: RECEIPTS (continued)[illegible]

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

SCHEDULE B: EXPENDITURES

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

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

[illegible]

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

[illegible]

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	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.

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 6 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 CONTRIBUTIONS	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.

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
1/25/2019	Boettcher, Thomas	25 Wakefield Ave, Wakefield, MA 01880	Staples 7X5 Campaign Cards 100 count (Candidate Credit Card of \$76.99) - Partial Reimb. Made	48.19
Feb 4, 2019	Boettcher, Thomas	25 Wakefield Ave, Wakefield, MA 01880	Campaign Kick-off: Public Kitchen Tip (Candidate Credit Card)	82
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				130.19

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.

[illegible]



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2019 Ending Date: December 31, 2019

Type of Report: (Check one)

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

Jennifer Kallay

Candidate Full Name (if applicable)

Gas and Light Commissioner

Office Sought and District

25 Sylvan Ave., Wakefield, MA 01880

Residential Address

E-mail: jindak@gmail.com

Phone # (optional):

Committee to Elect Jennifer Kallay

Committee Name

John Wilson

Name of Committee Treasurer

25 Sylvan Ave., Wakefield, MA 01880

Committee Mailing Address

E-mail: jeollierw@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>338.21</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>338.21</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>338.21</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>The Savings Bank</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

(Treasurer's signature)

Date: 1/9/20

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury:

(Candidate's signature)

Date: 1/8/20

SCHEDULE A: RECEIPTS

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

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

[illegible]

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

SCHEDULE A: RECEIPTS (continued)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

C

Line 10: Total Receipts \$50 and under* (not listed above)

C

Line 11: TOTAL RECEIPTS IN THE PERIOD

C

← 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.



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-1-19 Ending Date: 12-31-19

Type of Report: (Check one)

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

Christian Kevin Lopes
Candidate Full Name (if applicable)
Constable Middlesex Wakefield
Office Sought and District
125 OAK ST. WAKEFIELD
Residential Address
E-mail: deputylopes@comcast.net
Phone # (optional): 781-820-0119

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

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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

0

Line 3: Subtotal (line 1 plus line 2)

0

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

0

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

0

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

0

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

0

Line 8: Name of bank(s) used:

N/A

Affidavit of Committee Treasurer:

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

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

Date: _____

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury: Chris A. Lopez (Candidate's signature)

Date: 1/5/20



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 9/26/2019 Ending Date: 12/31/2019

Type of Report: (Check one)

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

Colleen E. Guida
Candidate Full Name (if applicable)
School Committee
Office Sought and District
49 Renwick Road Wakefield MA 01880
Residential Address
E-mail: northshore49@gmail.com
Phone # (optional): _____

Committee to Elect Colleen Guida
Committee Name
Lucy Skeldon
Name of Committee Treasurer
16 Frost Road Wakefield, MA 01880
Committee Mailing Address
E-mail: Vredskeldn@gmail.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0.00</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0.00</u>
Line 8: Name of bank(s) used:	<u>MA The Savings Bank</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: _____

(Treasurer's signature)

Date: 1/10/2020

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury: _____

(Candidate's signature)

Date: 1/10/2020

SCHEDULE A: RECEIPTS

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

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

[illegible]

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

SCHEDULE A: RECEIPTS (continued)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

[illegible]

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

Line 12: Expenditures over \$50 (or listed above)

Line 13: Expenditures \$50 and under* (not listed above)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

0.

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

[illegible]

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

SCHEDULE D: LIABILITIES

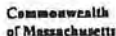
M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

0. —



Office of Campaign and Political Finance

City or Town of:

WAKEFIELD

Fill in dates: Month Day Year Month Day Year
Reporting Period Beginning 5 30 19 Ending 12 31 19

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

[illegible]

11/97





Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/19 Ending Date: 12/31/19

Type of Report: (Check one)

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

Shaun Margerism
Candidate Full Name (if applicable)
Board of Selectman
Office Sought and District
171 Salem Street, Wakefield, MA.
Residential Address
E-mail: Shaun.Margerism@gmail.com
Phone # (optional): _____

Committee Name

Name of Committee Treasurer

Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report \$809.29
Line 2: Total receipts this period (page 3, line 11) \$0.00
Line 3: Subtotal (line 1 plus line 2) \$809.29
Line 4: Total expenditures this period (page 5, line 14) \$0.00
Line 5: Ending Balance (line 3 minus line 4) \$809.29
Line 6: Total in-kind contributions this period (page 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: _____ (Treasurer's signature)

Date: 1/15/20

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

Candidate with Committee

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

Candidate without Committee

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

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

Date: 1/15/20

SCHEDULE A: RECEIPTS

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

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

[illegible]

Line 9: Total Receipts over \$50 (or listed above)

510.00

Line 10: Total Receipts \$50 and under* (not listed above)

510

Line 11: TOTAL RECEIPTS IN THE PERIOD

\$0.5

← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

[illegible]

Line 12: Total Expenditures over \$50 (or listed above) \$5.00

Line 13: Total Expenditures \$50 and under* (not listed above) 0.00

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD \$ 0.00

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

[illegible]

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) \$0.00	



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

1-2-19

Ending Date:

12-31-19

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

Betsy Sheeran

Candidate Full Name (if applicable)

Town Clerk - Wakefield

Office Sought and District

27 Spruce St., Wakefield, MA

Residential Address

Telephone Number (optional):

Comm-to Elect Betsy Sheeran

Committee Name

Richard W. Pearson

Name of Committee Treasurer

27 Spruce Street, Wakefield, MA

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$ 1595.35

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

00.00

Line 3: Subtotal (line 1 plus line 2)

\$ 1595.35

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

\$ 990.00

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

\$ 605.35

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

0

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

0

Line 8: Name of bank(s) used:

The Savings Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

Richard W. Pearson

(Treasurer's signature)

Date:

12-18-19

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury:

Betsy Sheeran

(Candidate's signature)

Date:

12-18-19

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/23/19	Comm. to Elect Paul Brodeur	125 Trenton Street Melrose, MA 02176	Campaign Donation	\$ 100. ⁰⁰
5/23/19	Comm. to Elect Jason Lewis	61 Church Street Winchester, MA 01890	Campaign Donation	\$ 100. ⁰⁰
6/1/19	U.S.P.O.	Main Street Wakefield, MA 01880	500 Stamps	\$ 245. ⁰⁰
9/4/19	Wakefield Interfaith Food Pantry	Memory of Jas. E. Good	Donation	\$ 100. ⁰⁰
10/16/19	Mystic Valley Elder Services	300 Commercial St Malden, MA 02148	Donation	\$ 100. ⁰⁰
12/2/19	Great Dog Rescue of N.E.	Boston, MA	Memory of John Haggerty	\$ 100. ⁰⁰
12/4/19	U.S.P.O.	Main Street Wakefield, MA 01880	500 Stamps	\$ 245. ⁰⁰
Line 12: Expenditures over \$50 (or listed above)				\$ 990. ⁰⁰
Line 13: Expenditures \$50 and under* (not listed above)				—
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$ 990. ⁰⁰

Enter on page 1, line 4 →

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

SCHEDULE D: LIABILITIES

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

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



357 Main Street
Wakefield, MA 01880

Statement Ending 01/15/2020

Page 1 of 2

RETURN SERVICE REQUESTED

>000191 7230055 0001 092688 10Z 1

COMMITTEE TO ELECT BETSY SHEERAN
27 SPRUCE ST
WAKEFIELD MA 01880-2524



Managing Your Accounts

- Main Office 357 Main Street
Wakefield, MA 01880
- Mailing Address PO Box 30
Wakefield, MA 01880
- Customer Service 1-800-246-2009
- Online Banking www.tsbawake24.com

Depositors who are 65 or older or 18 or younger may be eligible for reduced fees and service charges. For additional information about your eligibility contact a Customer Service Representative.

Summary of Accounts



Account Type	Account Number	Ending Balance
FREE CHECKING	XXXXXXXXX6415	\$453.38

FREE CHECKING-XXXXXXXXX6415

Account Summary

Date	Description	Amount
12/14/2019	Beginning Balance	\$453.38
	0 Credit(s) This Period	\$0.00
	0 Debit(s) This Period	\$0.00
01/15/2020	Ending Balance	\$453.38

Account Activity

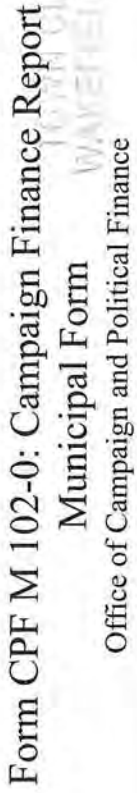
Post Date	Description	Debits	Credits	Balance
12/14/2019	Beginning Balance			\$453.38
	No activity this statement period			
01/15/2020	Ending Balance			\$453.38

Overdraft and Returned Item Fees

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

000191 7230055 000192 000383 0001/0001



Commonwealth
of Massachusetts

Please print or type all information, except signatures.

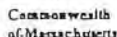
12 / 31 / 2019

(MM/DD/YYYY)

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

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

[illegible]



Office of Campaign and Political Finance

2020 JAN 15 PM 6: 57

WAKEFIELD

Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning	12	31	2018	Ending	12	31 2019

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

[illegible]



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2020 JUN 15 AM 8:55

File with: City or Town Clerk or Election Commission

File in Reporting Period dates:

Beginning Date:

4/24/2019

Ending Date:

1/15/20

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

Peter James May

Candidate Full Name (if applicable)

Town Council

Office Sought and District

12 Garden Lane, Wakefield, MA

Residential Address

E-mail:

pjthedj@comcast.net

Phone # (optional):

781-799-8137

The Committee to Elect Peter May

Committee Name

Eileen Shannon

Name of Committee Treasurer

12 Garden Lane, Wakefield, MA

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

- 3504.08

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)

- 3504.08

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

—

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

- 3504.08

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: 1-15-20

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury:

(Candidate's signature)

Date: 1-15-20



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2020 JAN 15 AM 7:20

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2019 Ending Date: Dec 31, 2019

Type of Report: (Check one)

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

Anne Fortier

Candidate Full Name (if applicable)

Member, School Committee, Town of Wakefield

Office Sought and District

78 Greenwood Ave, Wakefield, MA 01880

Residential Address

E-mail:

Phone # (optional):

Committee to Elect Anne Fortier

Committee Name

Julie Smith-Galvin

Name of Committee Treasurer

28 Grafton Street, Wakefield, MA 01880

Committee Mailing Address

E-mail: julie.smithgalvin87@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>43.45</u>
Line 2: Total receipts this period (page 3, line 11)	<u>100</u>
Line 3: Subtotal (line 1 plus line 2)	<u>143.45</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>3.95</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>139.5</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>606.13</u>
Line 8: Name of bank(s) used:	<u>The Savings Bank</u>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

(Treasurer's signature)

Date: Jan 14, 2020

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury:

(Candidate's signature)

Date: Jan 14, 2020

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)
May 4, 2016	Valerie Frias 20 Englewood Ave Brookline, MA 02445	100	
Line 9: Total Receipts over \$50 (or listed above)		100	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		100	

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

SCHEDULE A: RECEIPTS (continued)[illegible]

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			Line 12: Total Expenditures over \$50 (or listed above)	0
			Line 13: Total Expenditures \$50 and under* (not listed above)	3.95
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	3.95

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
Apr 16, 2018	Julie Smith-Galvin, Candidate	28 Grafton Street, Wakefield, MA 01880	Outstanding fro last report - Campaign expenses - printing, email marketing, website, instante supplies refreshments	890.72
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				890.72



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK
WAKEFIELD, MA

2020 JAN 14 AM 9:31

Fill in Reporting Period dates: Beginning Date: 4/15/2019 Ending Date: 1/2/2020 File with: City or Town Clerk or Election Commission

Type of Report: (Check one)

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

Mehreen N Butt
Candidate Full Name (if applicable)
Councilor
Office Sought and District
894 Main St #10, Wakefield, MA 01880
Residential Address
E-mail: mehreennb@gmail.com
Phone # (optional):

Committee to Elect Mehreen N. Butt
Committee Name
Nadia Butt
Name of Committee Treasurer
894 Main St #10, Wakefield, MA 01880
Committee Mailing Address
E-mail: nadiab26@gmail.com
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2740.05</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1825.00</u>
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	<u>1151.43</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3413.62</u>
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	<u>Wakefield Savings Bank</u>

Affidavit of Committee Treasurer:

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

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

Date: 1/13/2020

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

☒ Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

☐ Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

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

Date: 1/13/2020

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)
12/30	Asad Butt - 8007 N. Oswego Ave, Portland, OR	500.00	Startup Advisor, Kinship
1/2	Diane Courtney - 448 Main St, Lynnfield, MA	50	
1/2	Alison Darnell - 11 Spaulding, Wakefield, MA	100	
1/2	Margot Fleischman 145 Page Rd, Bedford, MA	100	
1/2	Anu Gerweck 17 Robert St, Wakefield, MA	100	
1/2	Rebecca Gilling 12 Hickory Hill Rd, Wakefield	50	
1/2	Liz Hayard 125 Pleasant St Apt 403 Arlington, MA	50	
1/2	Afroz Khan 85 Prospect St, Newburyport	250	Engineer, The Forward Curve
1/2	Susan McDonough 167 Bourque Rd, Lynnfield, MA	50	
1/24	Sarah Mitsch 47 Weymouth, MA Gilbert Ave	200	N/A
1/2	Marcella Radeno 122 Lake St Arlington, MA	50	
1/2	Yvonne Spicer 3 North Lane Framingham, MA	100	
Line 9: Total Receipts over \$50 (or listed above)		1800.00	
Line 10: Total Receipts \$50 and under* (not listed above)		75.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1875.00	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/2	Therese Wizenann 4247 Arbor Lane Dayton, PA	100	
1/2	Denise Geanakoplos 125A Smith St, N Attleboro, MA	50	
Line 9: Total Receipts over \$50 (or listed above)		150 -	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
7/18 5/18	Farmland		Food	61.47
12/09	Marketbasket		Food	63.94
12/07	Maya Indian Rest		Dinner for Friends of the Library	117.35
9/3	Public Kitchen		Food	69.85
12/3	V. staprint		Printing	334.12
11/23	Wakefield Post office		Stamps	253.00
6/6	Wakefield Post office		Mailing	41.70
5/7	Wakefield Town		Room Rental	80.00
11/16	Wreaths Across America		Donation	75.00
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				55.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1151.43

Enter on page 1, line 4 →

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



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: May 25, 2018 Ending Date: Dec 31, 2018

Type of Report: (Check one)

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

Julie Smith-Galvin

Candidate Full Name (if applicable)

Town Councilor, m Town of Wakefield

Office Sought and District

28 Grafton Street, Wakefield, MA 01880

Residential Address

E-mail:

Phone # (optional):

Committee to Elect Julie Smith-Galvin

Committee Name

Kristina Patt

Name of Committee Treasurer

28 Grafton Street, Wakefield, MA 01880

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	64.36
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	64.36
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)	890.72
Line 8: Name of bank(s) used:	The Savings Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Kristina M. Patt (Treasurer's signature)

Date: Jan 14, 2020

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

Signed under the penalties of perjury: Julie Smith-Galvin (Candidate's signature)

Date: Jan 14, 2020

SCHEDULE A: RECEIPTS

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

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

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

* 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 Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

[illegible]

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

SCHEDULE B: EXPENDITURES (continued)[illegible]

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

[illegible]

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

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
Mar 13, 2017	Anne Fortier	78 Greenwood Ave Wakefield, MA 01880	Loan to pay Staples - Previously Reported	116.13
Apr 13, 2017	Anne Fortier	78 Greenwood Ave Wakefield, MA 01880	Loan to pay USPS for postage/ mailings - Previously Reported	490
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	606.13



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

TOWN CLERK
WAKEFIELD, MA

Fill in Reporting Period dates:

Beginning Date:

1/1/19

Ending Date:

12/31/19

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ Year-end report

☐ dissolution

John J. Warchol

Candidate Full Name (if applicable)

~~Committee to Elect Jack Warchol~~

Office Sought/District

10 Richardson Ave., Wakefield, MA

Residential Address

E-mail: jackwarchol@comcast.net

Phone # (optional):

Committee to Elect Jack Warchol

Committee Name

Anita Laughlin

Name of Committee Treasurer

13 Stafford Rd., Wakefield, MA

Committee Mailing Address

E-mail: anital62@aol.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

454.29

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

0

Line 3: Subtotal (line 1 plus line 2)

454.29

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

150.00

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

304.29

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

0

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

0

Line 8: Name of bank(s) used:

The Savings Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

Anita M. Laughlin

(Treasurer's signature)

Date: 13 Jan 2020

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

Candidate with Committee and no activity independent of the committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, loans or made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

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

John J. Warchol

(Candidate's signature)

Date: 1/13/2020

Office of Campaign and Political Finance

TONN CLARK
WAKEFIELD, MA

2020 JAN 14 PM 4: 27

City or Town of: WAKEFIELD

Please print or type all information, except signatures.

Fill in dates: Month Day Year Month Day Year
Reporting Period Beginning 1~~st~~ JAN 19 2019 Ending JAN 20 2020

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

[illegible]



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2020 JAN 14 PM 2:59

File with: City or Town Clerk or 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

Susan Veilleux
Candidate Full Name (if applicable)
Wakefield Public School Committee
Office Sought and District
15 Aborn Ave, Wakefield, MA 01880
Residential Address
Telephone Number (optional):

Committee to Elect Susan Veilleux for School Committee
Committee Name
Arianne Kidder
Name of Committee Treasurer
115 Pleasant St, Wakefield, MA 01880
Committee Mailing Address
Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	5
Line 2: Total receipts this period (page 3, line 11)	/
Line 3: Subtotal (line 1 plus line 2)	5
Line 4: Total expenditures this period (page 5, line 14)	/
Line 5: Ending Balance (line 3 minus line 4)	5
Line 6: Total in-kind contributions this period (page 6)	/
Line 7: Total (all) outstanding liabilities (page 7)	/
Line 8: Name of bank(s) used:	The Savings Bank

Affidavit of Committee Treasurer:

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

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

Date:

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

Candidate with Committee and no activity independent of the committee

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

Candidate without Committee OR Candidate with independent activity filing separate report

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

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

Date:

Office of Campaign and Political Finance
2019

ance
2019 DEC 17 PM 3:06

Please print or type all information, except signatures.

City or Town of: Wakefield

Reporting Period: Beginning: 09/26/19

(MM/DD/YYYY)

Ending: 12/31/19

(MM/DD/YYYY)

Type of Report: (Check One)

☐ 8th day preceding preliminary/primary ☐ 8th day preceding election

☐ 30th day following election (town or special)☒ 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

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

[illegible]

[illegible]



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2019 Ending Date: Dec 31, 2019

Type of Report: (Check one)

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

John J. McCarthy, Jr. Candidate Full Name (if applicable)	N/A
Treasurer - Town of Wakefield	Committee Name
Office Sought and District	Name of Committee Treasurer
11 Morningside Road, Wakefield, MA 01880	Committee Mailing Address
Residential Address	E-mail:
E-mail: john@mccarthyatty.com	Phone # (optional):
Phone # (optional): 781-246-8301	

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="0"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="0"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="0"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="0"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="N/A"/>

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: _____ (Treasurer's signature) Date: Dec 6, 2019

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury: _____ (Candidate's signature) Date: Dec 6, 2019



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 DEC - 8 AM 9:16

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

1/20/19

Ending Date:

1/20/20

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

KATHLEEN M. KELLY
Candidate Full Name (if applicable)

TAX COLLECTOR
Office Sought and District

21 BRYANT ST.
Residential Address

E-mail: KKelly@walpole.ma.us

Phone # (optional): 1-781-224-5096

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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

Line 3: Subtotal (line 1 plus line 2)

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

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

0

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

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

Line 8: Name of bank(s) used:

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

(Treasurer's signature)

Date:

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury:

Kathleen M. Kelly (Candidate's signature)

(Candidate's signature)

Date:

12/9/19