

# 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:	File with: City or Town Clerk or Election Commiss  March 25, 2019 Ending Date: April 12, 2019
Type of Report: (Check one) Initial Report Correction  Sth day preceding preliminary    8th day preceding election	tion of breakdown of individual contributions
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 CedarStreet, Unit 7, Wakefield, MA  Committee Mailing Address  E-mail: srandolphfrey@outlook.com  Phone # (optional): 781-245-0519
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 1	11) 1,300
Line 3: Subtotal (line 1 plus line 2)	1,300
Line 4: Total expenditures this period (page 5, I	
Line 5: Ending Balance (line 3 minus line 4)	75.74
Line 6: Total in-kind contributions this period (	(page 6) 0
Line 7: Total (all) outstanding liabilities (page 7	7) 0
Line 8: Name of bank(s) used: The Savings B	Bank, Wakefield, MA
ance activity of all persons acting under the authority or on behalf of this committee is gred under the penalties of perjury:  Susan E. Randolph-Frey  OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be a Candidate with Committee and no activity independent of the committee and control of the con	box only)  Date: 4/21/19 correction  box only)  The best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, and period.  Separate report  the best of my knowledge and belief, a true and complete statement of all campaign
ned under the penalties of perjury:	(Candidate's signature)

# STOP VOTER SUPPRESSION (corrected page)

#### SCHEDULE A: RECEIPTS

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

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

Date Received Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
3/28/19	Marie M. Ammer 8 Lakeview Ave., Wakefield, MA	\$50,00	, sale of sale of more)	
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	
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	
e 9: Total Receipt	ts over \$50 (or listed above)	\$1,250		
	ots \$50 and under* (next listed above)	50		
e 11: TOTAL RE	CCEIPTS IN THE PERIOD	\$1,300 ←	Enter on page 1, line 2	

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

## STOP VOTER SUPPRESSION

## 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 → 1	Line 18: TOTAL OUTSTANDING	GI IARH ITIES (ALL)	0



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

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 121	File with: City or Town Clerk or Election Commiss  31 2011 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
Candidate Full Name (if applicable)	THE COMMITTEE TO ELECT PLIKANY COMMITTEE Name
Office Sought and District	Name of Committee Treasurer
Telephone Number (optional):  Telephone Number (optional):  Telephone Number (optional):	Committee Mailing Address
SUMMARY BALANCE II	NFORMATION:
Line 1: Ending Balance from previous report	79.18
Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)	0.00
Line 4: Total expenditures this period (page 5, line 14)	39,15
Line 5: Ending Balance (line 3 minus line 4)	79.18
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:	0,50
fiidavit of Committee Treasurer	Anny
certify that I have examined this report including attached schedules and it is, to the best of my ka tivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribut nance activity of all persons acting under the authority or on behalf of this committee in accordan	nowledge and belief, a true and complete statement of all campaign finance ions and liabilities for this reporting period and represents the campaign are with the requirements of M.G.L. c. 55.
gned under the penalties of perjury:	(Treasurer's signature) Date: 4/14/2012
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 mactivity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period.  Candidate without Committee OR Candidate with independent activity filing separate re I certify that I have examined this report including attached schedules and it is, to the best of m finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind of campaign finance activity of all persons acting under-the authority or on behalf of this committee.	port  y knowledge and belief, a true and complete statement of all campaign
campaign finance activity of all persons acting under the authority or on behalf of this committeed under the penalties of perjury:	ee in accordance with the requirements of M.G.L. c. 55.  (Candidate's signature) Date: 4/14/3019

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			(cor source and an experience)
			*
ne 9: Total Receipts	over \$50 (or listed above)		
ne 10: Total Receipts	\$50 and under* (not listed above)		
	EIPTS IN THE PERIOD		24.5.5.7.5
	eipts of \$50 and under, include them in line 9		Enter on page 1, line 2

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

## SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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			*	
				D.O. D.O. D.O. D.O. D.O. D.O. D.O. D.O.
	2			
	, 1	Line 12: Expenditures over \$50 (	(or listed above)	
	7	Line 13: Expenditures \$50 and un	nder* (not listed above)	
	F		<u>L</u>	
	1	Line 14: TOTAL EXPENDITU	I I	
you have itemiz	zed expenditures of \$50 and under.	nclude them in line 12. Line 13 sho	uld include only those expenditures	-4:4 : 1

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

#### SCHEDULE 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
	*			
			7	
	,			
	Enter on page 1, line $7 \rightarrow 1$	ine 18: TOTAL OUTSTANDL	NG LIABILITIES (ALL)	



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

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 01/0	D1/2019 Ending Date: 04/15/2019
Type of Report: (Check one)	
8th day preceding preliminary Sth day preceding election	30 day after election year-end report dissolution
Thomas F Markham III	Committee to Elect Tom Markham
Candidate Full Name (if applicable)	Committee Name
School Committee	Diane Igo Markham
Office Sought and District	Name of Committee Treasurer
2 Harrison Avenue, Wakefield, MA 01880	42 Harrison Avenue, Wakefield, MA 01880
Residential Address -mail: tom.markham@comcast net	Committee Mailing Address
communicating conteast. Het	E-mail: d.markham@comcast.net
hone # (optional):	Phone # (optional):
SUMMARY BALANC	CE 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	e 14) 349.50
Line 5: Ending Balance (line 3 minus line 4)	3,577.95
Line 6: Total in-kind contributions this period (page	ge 6) 0.00
Line 7: Total (all) outstanding liabilities (page 7)	0,00
Line 8: Name of bank(s) used: Eastern Bank	
Idavit of Committee Treasurer:  Partify that I have examined this report including attached schedules and it is, to the best of this property, including all contributions, loans, receipts, expenditures, disbursements, in-kind connect activity of all persons acting under the authority or on behalf of this committee in an end under the penalties of perjury:  OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box 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 beactivity, of all persons acting under the authority or on behalf of this committee in accommittee and it is not made any expenditures on my behalf during this reporting purpose. Candidate without Committee OR Candidate with independent activity filling separate in the property of the committee of the com	(Treasurer's signature)  Date: 4/16/19  conly)  best of my knowledge and belief, a true and complete statement of all campaign financordance with the requirements of M.G.L. c. 55.  I have not received any contributions period.
I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts expenditures, distursements, i campaign finance activity of all persons acting under the authority of on behalf of this comparison.	nest of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L. c. 55.
ed under the penalties of perjury:	(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.)

	Name and Residential Address	g	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(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 Receip	ots over \$50 (or listed above)	850.00	
Line 10: Total Recei	pts \$50 and under* (not listed above)	420.00	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	1,270.00	← Enter on page 1, line 2

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

#### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required) Amoun		Occupation & Employer ount (for contributions of \$200 or more)	
			2 1	
			10/	
ne 9: Total Receipts	s over \$50 (or listed above)		A V	
	ts \$50 and under* (not listed above)		Vo	
	CEIPTS IN THE PERIOD sceipts of \$50 and under, include them in line	<b>/</b>	Enter on page 1, line 2	

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

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

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

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
2/15/19	Dockside Restaurant	1099 Main Street Wakefield, MA 01880	campaign gathering; cost of food, beverages and host service	\$349.5
		Line 12: Total Expenditures o	ver \$50 (or listed above)	349.50
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	0.00
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	349.50

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

Page 4

#### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				* = =
		l l		
			1	1
			1	
				/
		Line 12: Expenditures over 5	550 (or listed above)	/
		Line 13: Expenditures \$50 an	nd under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	

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

Page 5

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

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

Date Received	From Whom Received*	Residential Address Description of Contribution	Value
			-
		110	
		Line 15: In-Kind Contributions over \$50 (or listed above)	0.00
		Line 16: In-Kind Contributions \$50 & under (not listed above)	0.00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CONTRIBUTIONS	0.00

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

Page 6

#### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
			)/	
		1.1		
	Enter on page 1. line 7 →	Line 18: TOTAL OUTSTANDING	LIADII ITIEC (ALL)	0.0



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 11 17 PM 3 59

Fill in Reporting	Period dates:	Beginning Date:	En	File with: City or Tov	vn Clerk or Election Commis
Type of Report:	(Check one)				- V
8th day preceding					
our day preceding	g preliminary	8th day preceding election	1 ☐ 30 day after electi	ion year-end rep	oort dissolution
Ann	eHI Ward	one	committe		
7 1	Candidate Full Name (	(if applicable)	100000	Committee Name	Inne tre Nordine
Board o	Office Sought and	A Disease a	_ Truby &	The state of the s	
47 FC	um Strer			Name of Committee Treas	urer
	Docidontial 4.4	1000	-		
E-mail: e young	Residential Add	mail. com	E-mail:	Committee Mailing Addre	ess
Phone # (optional):	781-953-2	27/8	Phone # (optional):		
			(-pacinal),		
		SUMMARY BALAN	ICE INFORMATIO	N:	This is a second of the second
Line	1: Ending Balan	ace from previous report			
1 1			1	0	
Line 2	2: Total receipts	this period (page 3, line 1	1)	er	
	: Subtotal (line			U	
Zane S	. Suototai (iiie	1 plus line 2)	2	0	
Line 4	: Total expendi	tures this period (page 5, 1i	ne 14)		
1			14)	0	
Line 5	: Ending Balanc	ce (line 3 minus line 4)			
Line 6	: Total in-kind c	contributions this period (p	age 6)	M	=
				( <del>)</del>	
Line 7:	Total (all) outs	tanding liabilities (page 7)	(	3	=714
Line 8:	Name of bank(	s) used:			
davit of Committee Trea	evruou.				
rtify that I have examined t	blace to the	tached schedules and it is, to the best expenditures, disbursements, in-kind	of my knowled		
nce activity of all persons a	tions, loans, receipts, ex ecting under the author	tached schedules and it is, to the best expenditures, disbursements, in-kind ity or on behalf of this committee in	contributions and liabilities for t	true and complete statement of this reporting period and repre-	of all campaign finance
ed under the penalties of	perjury:	y or on behalf of this committee in	The state of the s	113 OT 141, G.L. C. 33.	sens the campaign
			(Treasure	er's signature) Date:	4/16/2019
		ffidavit of Candidate: (check 1 bo	x only)		
		ependent of the committee	research state of		
activity, of all persons activities nor	ng under the authority	lependent of the committee g attached schedules and it is, to the or on behalf of this committee in acc s on my behalf during this reporting	best of my knowledge and belie cordance with the requirements of	of M.G.L.c. 55. I have not	ent of all campaign finance
Candidate without Comm	ittes OD C 111	The post of the control of the contr			
certify that I have examine	ed this report including	with independent activity filing seg g attached schedules and it is, to the ceipts, expenditures, disbursements,	parate report	C a to	
ampaign finance activity o	fall persons acting und	g attached schedules and it is, to the ceipts, expenditures, disbursements, der the authority or on behalf of this	in-kind contributions and liabili	ties for this reporting period	ent of all campaign
		i on benan of this	committee in accordance with the	he requirements of M.G.L. c.	55.
d under the penalties of p	aniom.	H. 1.		de signatura) Date:	1 1

## SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address  Occupation &		
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			( and the state of
44			
111			
		•	
ne Q: Total Daggints	Y/On \$50 (on lists 1, 1, 1, 1)	(X)	
	ver \$50 (or listed above)	Ø	
ne 10: Total Receipts S	S50 and under* (not listed above)	X	
	EIPTS IN THE PERIOD		
		0 +	Enter on page 1, line 2 aclude only those receipts not itemized above.

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	Amoun
				Amoun
		Note of the second second		
	Ĺi	ne 12: Expenditures over \$5	0 (or listed above)	
		ne 13: Expenditures \$50 and		
	Enter on page 1, line 4 → Li			

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

## SCHEDULE D: LIABILITIES

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

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



# Form CPF M 101 SFA: STATEMENT OF ORGANIZATION CANDIDATE'S SEGREGATED FUND ACCOUNT

Office of Campaign and Political Finance

7010 17 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: astem Bank Address: City / State / Zip: 4. Candidate on whose behalf the fund was created: Candidate's Name: Mailing Address: City / State / Zip: Phone Number: 5. Authorized Signature: Authorized By (Candidate or Committee Treasurer):

From: Sent:

To:

WILLIAM SPAULDING <a href="mailto:spa@aol.com">billspa@aol.com</a> Tuesday, April 16, 2019 9:12 PM

Betsy Sheeran

Subject:

Re: Campaign Finance Reports

2019 PR 17 AM 7: 47

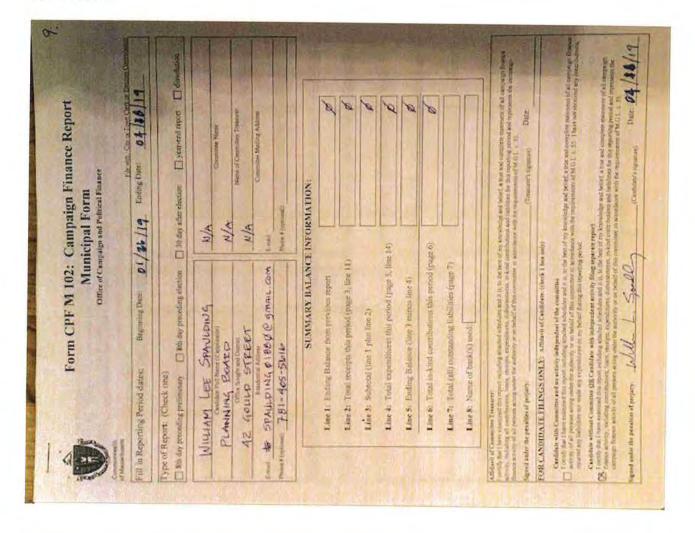
Hello Betsy,

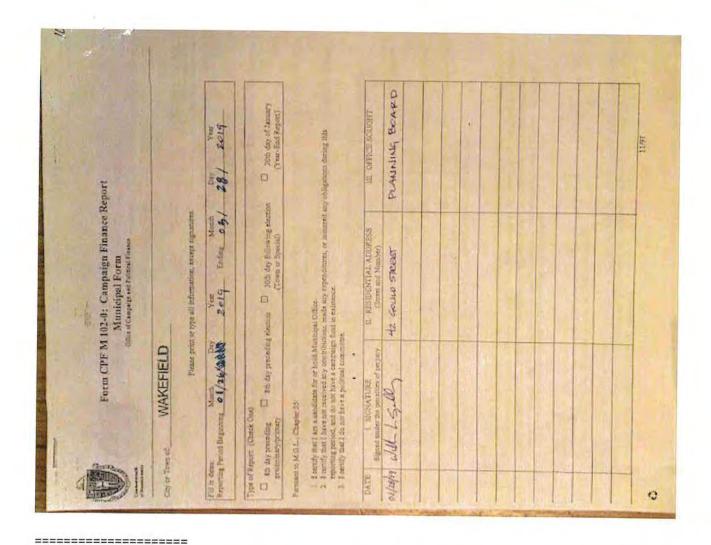
I missed you by 5 minutes this afternoon... Attached you will find my CPF M 102 forms.

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





On Apr 9, 2019, at 08:49, Betsy Sheeran < bsheeran@wakefield.ma.us > wrote:

#### Candidates!

Please submit your campaign finance reports ON OR BEFORE TUESDAY, APRIL 16, 2019.

The reports can be dropped off at my office, e-mailed to me or mailed via the USPS.

If you have any questions, please do not hesitate to contact me.

Betsy



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

Office of Campaign and Political Finance

# 7: 47

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission  Ending Date: 4-16-19
Type of Report: (Check one)  ☐ 8th day preceding preliminary  8th day preceding election	☐ 30 day after election Wear-end report ☐ dissolution
Candidate Full Name (if applicable)  Wakefuld Jown Council  Office Sought and District  39 Converse St. Wallfuld MA  Residential Address  E-mail: @Bask am. Santo St. 13 Egmail.com  Phone # (optional):	Committee Name  Committee Name  Ann Sants  Name of Committee Treasurer  Jame  Committee Mailing Address  E-mail: ann · Santos & 13 c gmaul · Com  Phone #(optional):
SUMMARY BALANCI	E 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  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used: Wakefuld	3851.02
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind continuous activity of all persons acting under the authority or on behalf of this committee in accident and the penalties of perjury:  EOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of Candidate with Committee and no activity independent of the committee	cordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 4./6-19
I certify that I have examined this report including attached schedules and it is, to the be activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting personal certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this continued under the penalties of perjury:	rate report st of my knowledge and belief, a true and complete statement of all campaign

#### SCHEDULE A: RECEIPTS

Committle to sleet Ann Sandos C

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)
10819	Letter Begiven		
2.28.19	Robert Baile 3 Thomas Rd. Lynn Reld	100.4	
2.28 19	John Barrett 4 Eidge Rd. Wilmington MA	100.4	
2.2819	Michael Barnett 5 Machonald Farm Rd, M4	100	
2:2819	Kathleen Beautien p.o. Boy 274 waterfield	100 d/	
2.28.19	Amonso Cefalo 3 Evans Rd. Wakefold mt	100 \$	
2.28.19	Stacey Constas 25 wave the webefold	100 d	
2.28-19	Dennis Cornier 375 Gorham St. Lowell MA	100\$	
2.28.19	Darci Burns Wakeful	100\$	
2.28.19	Joe + Amta Difazió 60 Conversest. Wakefielld	100d	
2.28.19	from Funaro 154 fairmount St. Lawell	100 \$	
2.28.19	50\$ and under.	\$1230	
ine 9: Total Recei	pts over \$50 (or listed above)	10004	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	1230	
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	COBOUL .	- Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued) Commottly & Elect 2

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2.28 19	John beary Lowell may 44 Park vow Ave. Well	100 91	
2.28.19	Stephen Geary 25 Nob Way Lowell, MA	100\$	
22819	Jyles GOAT 16 Winship Drive Wakefold	\$100.	
428/19	Michael Goulding MA 3 Sargent Rd. Belmmt	lov \$1	
428/19	Kevin Haggerty 380 Vernonst Nahefuld	100 d	
2/28/19	Michael Kuenzler 27 westween Farm Rd.	100 \$	
428/19	Michael + Jacqui Lamphiere 11 Sweetser St. Wakefield	150\$	
2/28/19	(arolyn mazzone 41 Park Ave Wateredom	1004	
2/28/19	Bran McCoubrey 82 Elm St. Wakefold MA	100\$	
2/28/19	Robin Lamberti Wakefuld	[box]	
2/28/19	Frank Nobreg a 64 Oliver Drive Pracub	10081	
2/28/19	Daniel McGonigle 25 Princeton St. Peabody M4	100\$	
2/28/19	Kristme + Bryan Regan Spatnot Circle	150\$	
ine 9: Total Recei	pts over \$50 (or listed above)	1400\$	
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	COROR +	Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Occupation & Employer
contributions of \$200 or more)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
428/19	Santin Rizzuto 122 farm st. Wakefuld	100\$	
2.28.19	Bran Sandos 995 Oak Hill Ed. Fitchburg MA	100\$	
4-11-19	Arthur Santos 17 Emmett way Lower	1004	
4.11-19	Usa + Jom Stewart 41 Achestrut St. Walefold	1000	
27819	Walter Schofield 175 north Ave # 408 Waleful	1004	
2.2819	Christopher Jam 27 Jacksmlane Waletibl	100\$1	
2.28.19	Wayne Jam water 27 Jackson lane field	150 d	
2, 28.19	Tom walsh 18 Bautley St. Watefuld	3∞\$	Emergency management Priviler watefuld
2.28.19	Michael Zaim 155 Mansur St. Lowell	500\$	Attorney - sect-employed
ine 9: Total Recei	pts over \$50 (or listed above)	1500\$	
ine 10: Total Recei	ipts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD 5/30 🏾	OBELL	← Enter on page 1, line 2

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

#### SCHEDULE B: EXPENDITURES

committe to Elect 8 Ann SantoS

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)	mittee name and a page number or  Address	Purpose of Expenditure	Amount
4-10-19 MOAN	Vistapnnt	Venlo, The Netherlands	postcards	111.54
2.28:19	Harvest Catering	J3 Huck leberry Lane Hampton, 194	Fundraiser	909.25
4.3.19	Printgraphics	359 Salem St. Wakefuld MA	yard signs	406.53
4.16.19	Printgraphics	359 Salemst Wakefuld MA	postage for marlings	804:542
3.19.19	The J. Stop	983 Main St. Wallefild MA	decalo	159.76
	inventori :			
2.28.19	Carporales liquors	29 Broadway St. Wahefuld IMA	Fundraiser	274.49
4.16.19	UsPostophie	1179 mainst. Wakefuld MA	mailing, stamps	176.40
		Line 12: Total Expenditures over	er \$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 EXPENDITU	URES IN THE PERIOD	2926.98

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

Page 4



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

7010 FM 16 FM 2: 02

Fill in Reporting Period dates: Beginning Date:	-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)	COMMITTEE TO ELECT PHILIP COURCY
GAS & LIGHT COMMISSIONER	Committee Name
Office Sought and District	SUSAN M. COURCY Name of Committee Treasurer
4 PINE HILL CIR. WAKEFIELD, HA 01880 Residential Address	4 PINEHILL CIR., WAKEFIELD, MA 01880 Committee Mailing Address
E-mail: Philip. courcy @ comcast-net	
Phone # (optional): 781 - 246 - 1827	E-mail: susan, courcy @ comeast, net
11010 # (optional). 131-246-13 61	Phone # (optional): 781 - 246 - 1837
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	5,645.
Line 3: Subtotal (line 1 plus line 2)	5,645 -
Line 4: Total expenditures this period (page 5, line	14) 4208.16
Line 5: Ending Balance (line 3 minus line 4)	1,436.84
Line 6: Total in-kind contributions this period (page	ge 6) Ø
Line 7: Total (all) outstanding liabilities (page 7)	3,100 -
Line 8: Name of bank(s) used: THE SAVING	SS BANK
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best of civity, including all contributions, loans, receipts, expenditures, disbursements, in-kind committee in accommance activity of all persons acting under the authority or on behalf of this committee in accommand under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box 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 beautifully, of all persons acting under the authority or on behalf of this committee in accommand and lightlife activity.	ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 4/1//  Only)  Dest of my knowledge and belief, a true and complete statement of all campaign finance with the requirements of M.G.L. c. 55. Lhave not received assessing to the requirements of M.G.L. c. 55. Lhave not received assessing to the requirements of M.G.L. c. 55. Lhave not received assessing to the requirements of M.G.L. c. 55. Lhave not received assessing to the requirements of M.G.L. c. 55. Lhave not received assessing to the requirements of M.G.L. c. 55. Lhave not received assessing to the requirements of M.G.L. c. 55. Lhave not received assessing to the requirements of M.G.L. c. 55.
Candidate without Committee OR Candidate with independent activity filing separate certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this continuous under the penalties of perjury:	arate report sets of my knowledge and belief, a true and complete statement of all campaign

#### 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.)

report an receipts. I	lease include your committee name and a pa		Occupation & Employer
	Name and Residential Address	Amount	(for contributions of \$200 or more)
Date Received	(alphabetical listing required)		
1-3-19	PHILLA COURCY	100	CANDIDATE
1-14-19	4 PINE HILL CIR WAVEFIELD, HA	3000-	= 3,100
2-4-19	WALLET PELL, HIT	1,000 -	- 31/00
	WENDY DEPHIS		
2-21-19	12 ARMORY ST	100-	·
	WAKEFIELD, MA		
	PAUL DELIOS		
2-18-19	29 PINE HILL CIR	100-	
	WAKEFIELD, MA		
Part Service Control of the Control	TED GAFFNEY		
2-19-19	ZOMORRISON AD	200-	BEACON RAIL RUAD LEASING
	WAKEFIELD, MA	200	
2 3 10	ALBERT HODGIN	100 -	
3-2-19	BURLINGTON, MA	700	
2 5 10	THOMAS LYONS	7.~	RETIRED
2-8-19	7 PINE HILL CIR	250 -	NETICED
	WAKEFIELD, MA		
*	JAMES HURPHY.		
2-5-19	44B SALEM ST	100-	
	WAKEFIELD, MA		
	JOHN PACE		
2-21-19	PO BOX 305	100-	
	WAKEFIELD, MA		
	TAMES SCOTT		-
1-16-19	75 ELM ST	100-	-
	WAKEFIELD, MA		
	JULIE SCOTT		
2-21-19	PO BOX 174	100-	
,	WAKEFIELD, MA		
	ALFRED STANKUS		
1-21-19	7175 AIA, UNIT BZII	100-	
	ST. AUGUSTINE, FL		
3 - 10	TAMES SULLIVAN	100-	
2-21-19	6 HARWICK RD	100-	
	WAKEFIELD, MA	11	
Line 9: Total Recei	ipts over \$50 (or listed above)		
I ! 10 . T-/ . 1 D	sinta PSO and undow* (not listed above)		
Line IU: I otal Rece	ripts \$50 and under* (not listed above)		4
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
		0 7: 10 1	

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

## SCHEDULE 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-	
		,	
ne 9: Total Receipts	s over \$50 (or listed above)	4550	
ne 10: Total Receipt	s \$50 and under* (not listed above)	1,095 -	
ne 11: TOTAL RE	CEIPTS IN THE PERIOD	51645 - ←	Enter on page 1, line 2

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

#### SCHEDULE B: EXPENDITURES

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

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

	To Whom Paid	nittee name and a page number of		T
Date Paid		Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)			Amount
2-18-19	LIQUOR JUNCTION	I GENERAL WAY READING, MA	BEVERACE	79.75
2-19-19	WAKEFIELD, TOWN OF	I KAFAYETTE 3T WAKEFIELD, MA	RECEPTION + LICENSE	100,-
	,	4		
1				
			•	
		_		
	,	Line 12: Total Expenditures ov	rer \$50 (or listed above)	3,993,43
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	214.73
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	4,208.16

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

Page 4

## SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
1-3-19	PHILIP COURCY	WAREFIELD, MA	LOAN TO CAMPAIGN	100-
1-14-19	PHILIP COURCY	4 PINE HILL OIL WAKEFIELDINA	LOAD TO CAMPAIGN	1,000 -
2-4-19	PHILIPOURAY	WAKEFIELD, MA	HOAN TO CAMPAIEN	2,000 -
		Line 18: TOTAL OUTSTANDI		



City or Town of:

# Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance | 9 | Fill | 6

		7 7	
+			
City or Town of:	WAKEFIELD		To the second

Fill in dates: Reporting Period Beginning	Month 03	Day Q7	Year 2019	Month Ending 04	Day -	Year 2019
Type of Report: (Check One			P			
8th day preceding preliminary/primary		y preceding election		day following election or Special)		th day of January ar-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.

DATE	l. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
04/16/19	Christian Soper	125 OAK STREET	CONSTABLE
			*
	•		14
			(4)
	14. 2.		
		1	
		ν ω 	
-			1 24
-			
~	2:	*	



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

	Report: (Check one) preceding preliminary   8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
omas Boe		Campaign to Support Thomas Boettcher
kefield I	Candidate Full Name (if applicable)  Municipal Gas and Light Commissioner	Committee Name  Mary Hajjar
	Office Sought and District	Name of Committee Treasurer
Wakefie	ld Ave. Wakefield, MA 01880	25 Wakefield Ave. Wakefield, MA 01880
	Residential Address	Committee Mailing Address
ail:	Thomas.Boettcher@tboettcher.com	E-mail: Mary.Hajjar@tboettcher.com
ne# (optio	nal):	Phone # (optional):
Ī	SUMMARY BALANC	CE 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	ne 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	age 6) 0
	Line 7: Total (all) outstanding liabilities (page 7)	1,330.19
	Line 8: Name of bank(s) used: The Savings Bank	
fy that I h	ommittee Treasurer:  ave examined this report including attached schedules and it is, to the best of all contributions, loans, receipts, expenditures, disbursements, in-kind of all persons acting under the authority or on behalf of this committee in a	st of my knowledge and belief, a true and complete statement of all campaign finance contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.

ed under the penalties of perjury:

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

(Candidate's signature)

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.

#### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			The state of the s
no O. Total Desci-	to over \$50 (on listed shows)		
	ts over \$50 (or listed above)		
ne 10: Total Receip	ets \$50 and under* (not listed above)		
ne 11: TOTAL RI	ECEIPTS IN THE PERIOD	€	Enter on page 1, line 2

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

#### **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

eport all expen	To Whom Paid	mittee name and a page number or	ı each page.)	
Date 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	er \$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 EXPENDIT	URES IN THE PERIOD	2,756.23
If you have iten	nized expenditures of \$50 and under	include them in line 12. Line 13 sh	nould include only those expenditures	not itemized

ave itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

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

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
	PONEMENT CONTROL OF THE PARTY O				
		Line 12: Expenditures over \$50	(or listed above)		
		T. 10 D			
		Line 13: Expenditures \$50 and u	inder* (not listed above)		
	Enter on page 1. line 4 →	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD		
If you have itemi	1		ould include only those expenditures	L	

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

### 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 $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

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

Page 6

### **SCHEDULE D: LIABILITIES**

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

Date Incurred	To Whom Due	Address	Purpose	Amount
1/4/2019	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



### 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	e of Reimbursement: Mar 25, 2019	
Name of Individual	Being Reimbursed: Scott S	taiti		
Committee Name:	Campa	ign to Support Thomas Boettcher		
CPF ID Number (if	applicable):	Telephone	Number (optional):	
	ITI	EMIZE EXPENDITURES IN EXCE	SS OF \$50	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
	(Include items listed on Page 2)	→ Line 1: Expenditures in excess of	f \$50 (itemized above):	
		Line 2: Expenditures \$50 or under	er (not itemized):	46.96
		Line 3: TOTAL AMOUNT RE	IMBURSED:	46.96
gned under the pe	nalties of perjury:	u Heisin	Date:	4-14-19



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

410 JAN 12 MM 8: 52

City or Town of: Wakefield		
-	se print or type all information, excep	ot signatures.
Fill in dates: Month Reporting Period Beginning 1	Day Year 2 Ending	Month Day Year g 4 - 12 - 19
Type of Report: (Check One)  8th day preceding preliminary/primary  8th day pre	eceding election	lowing election 20th day of January (Year-End Report)
Pursuant to M.G.L., Chapter 55:  1. I certify that I am a candidate for or hol 2. I certify that I have not received any coreporting period, and do not have a cam 3. I certify that I do not have a political co	ntributions, made any expenditures, apaign fund in existence.	or incurred any obligations during this
DATE 1. SIGNATURE	II. RESIDENTIAL ADI	5. H. (1985년 - 1985년 -

DATE	SIGNATURE  Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
4/12/19	4Mm 2:	753 Main St.	Library Trustee
-			
		~	H - H
			V.
		-1-	



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

Type of Report: (Check one)  ☐ 8th day preceding preliminary  ☐ 8th day preceding election	☐ 30 day after election ☐ year-end report	dissolution
MAYNEM TARR		
Candidate Full Name (if applicable)  WMGLD / OMM 15510 NER	Committee Name	
27 JACKSON IN WAKEFIELD MA	Name of Committee Treasurer	7.1
E-mail: Wtarr 3570 @ Yahoo : Com	Committee Mailing Address E-mail:	
Phone # (optional): 781 - 548 - 1005	Phone # (optional):	***
SUMMARY BALANCI	E INFORMATION:	4
Line 1: Ending Balance from previous report	- 0-	# =
Line 2: Total receipts this period (page 3, line 11)		
Line 3: Subtotal (line I plus line 2)	\$ 3745.00	
Line 4: Total expenditures this period (page 5, line	/-	- 1
Line 5: Ending Balance (line 3 minus line 4)	\$ 875.88	
Line 6: Total in-kind contributions this period (page		
Line 7: Total (all) outstanding liabilities (page 7)	- 0 -	1
Line 8: Name of bank(s) used: EASTERN	BANK	
davit of Committee Treasurer:		
tify that I have examined this report including attached schedules and it is, to the best of n rity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contr ace activity of all persons acting under the authority or on behalf of this committee in acco	ny knowledge and belief, a true and complete statement of all car ributions and liabilities for this reporting period and represents th	npaign finance e campaign
ed under the penalties of perjury:	Treasurer's signature)  Date:	
R CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box on	ly)	
Candidate with Committee and no activity independent of the committee certify that I have examined this report including attached schedules and it is, to the best activity, of all persons acting under the authority or on behalf of this committee in accordance or many liabilities nor made any expenditures on my behalf during this reporting period.	of my knowledge and belief, a true and complete statement of all ance with the requirements of M.G.L. c. 55. I have not received a	l campaign finance
Candidate without Committee OR Candidate with independent activity filing separate	od.	campaign

### SCHEDULE A: RECEIPTS (continued)

Date Received (alphabetical listing required)  Name and Residential Address (alphabetical listing required)  Amount  Occupation & Employ (for contributions of \$200 or	or more)
11	
	,#A
	,
ine 9: Total Receipts over \$50 (or listed above)	
ine 10: Total Receipts \$50 and under* (not listed above) 374500	
ine 11: TOTAL RECEIPTS IN THE PERIOD 3745.00  Enter on page 1, line 2	
f you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized.	

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

3.			(continued)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/2	CONNOLLY	17\$ GILL ST WOBURN, MA	51625	1493,00
3/3	HANNAFORD	1 GENERALUM READING	SUFT DRINKS	32.91
2/27	INK HEAD	WINDAR GA.	BA65	240 °C
4/2	LITTLETON PO	MAIN ST. LITTLETON ME	3779MP5	55.70
3/6	MANYROSE TARR	27 JACKSONIN WAKEFIELD	PARTY EXPENSES	309,07
2/20	SANDLUA SIMS	NORTH ANE WAKEFIELD	CANDS	190 00
2/20	THE SIBN 5 HOP	LINCOLN ST WAKEFIELD	STI CICERS	362 50
3/25	THE SLOW SHOP	LINCOLN ST WAKEFIELD	CARDS	2/250
2/21	TOWN OF WAKEFIELD	LARAYETTE ST WALFICLD	LICENSE	5000
2/20	DAILY TEN	ALBION ST. WAKEFICZD	AD5	405-00
2/28	DAILY ITEM	ALBION ST. WAKEVIERD	ASS	27000
2/23	WARSFIELD POSTOFFICE	MAN ST WAKEFFIELD	5 TAMPS	7000
2/21	WAKCFICO RECREATION	LAPAYETE ST.	HARL	80,00
	Lin	e 12: Expenditures over \$50 (c	or listed above)	790.68
		e 13: Expenditures \$50 and und		28 44
f vou have itemize	Enter on page 1, line $4 \rightarrow $ Lin d expenditures of \$50 and under, incl	e 14: TOTAL EXPENDITUR	~/	1869.12

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

### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amoun
			1	
			NACCO AND ADDRESS OF THE PROPERTY OF THE PROPE	
	Enter on page 1, line 7 → Lin			



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

Office of Campaign and Political Finance

of Wassachusetts	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)	Committee to Elect Susan Veilleux for School Committee  Committee Name
Wakefield Public School Committee	Arianne Kidder
Office Sought and District	Name of Committee Treasurer
15 Aborn Ave, Wakefield, MA 01880  Residential Address	115 Pleasant St, Wakefield, MA 01880  Committee Mailing Address
E-mail: suzyforschoolcommittee@gmail.com	E-mail: arianne.kidder@gmail.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	E INFORMATION.
	E 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	e 14) 854,18
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pa	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: The Savings Bank	
activity, of all persons acting under the authority or on behalf of this committee in acc	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  [(Treasurer's signature)]  Date: Apr 15, 2019  a only)  best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties of perjury:	parate report best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the

### 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 Rece	ipts over \$50 (or listed above)	409.18	
Line 10: Total Rece	cipts \$50 and under* (not listed above)	445	
Line 11: TOTAL 1	RECEIPTS IN THE PERIOD	854,18	← Enter on page 1, line 2

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

### SCHEDULE A: RECEIPTS (continued)

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

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

### **SCHEDULE B: EXPENDITURES**

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.)

герогі ан ехреп	To Whom Paid	mittee name and a page number or	l cach page.)	The same of the sa
Date 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
	,			
	<i>y</i> .			
		Line 12: Total Expenditures ov	er \$50 (or listed above)	764.14
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	90.04
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	854.18

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

Page 4

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			atoto	
	-			
		,		
ti		8		
				PRODUCTION OF THE PARTY OF THE
			,	
	<i>↓</i>			
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
		include them in line 12. Line 13 sk		

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

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

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

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

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

Page 6

### **SCHEDULE D: LIABILITIES**

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

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



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

7010 AND 16 AND: 12

City or Town of:_	8	WAKEFIELD

Please print or type all information, except signatures.

Fill in dat Reporting	es: Period Beginning	Month /	Day /	Year 19	• Mon Ending 4	th Day	Year 5 / G
Type of R	leport: (Check On	e)		,			
	day preceding iminary/primary	X 8th day 1	preceding election		th day following ele wn or Special)	ection $\square$	20th day of January (Year-End Report)
1. I cer 2. I cer repo	o M.G.L., Chapter rtify that I am a car rtify that I have no orting period, and o tify that I do not h	ndidate for or l t received any do not have a c	contributions, m ampaign fund in	ade any expe	enditures, or incurre	ed any obligatio	
5. 1.00	any macrao not n	ave a pontical	•				
DATE	I. SIG Signed under the	NATURE penalties of pe	II.		IAL ADDRESS d Number)	Ш.	OFFICE SOUGHT
Ph 2019	- 1	1-		BROADL	SAY	3 Chao	COMM: TIER
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				- 8			
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	-						
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	-						
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			1				



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

7019 ATR 1 1 FM 12: 14

City or Town of: WAKEFIELD		
Please pr	rint or type all information, except signatur	rës.
Fill in dates: Month D Reporting Period Beginning	Year Month 2019 Ending	Day Year 7017
Type of Report: (Check One)  8th day preceding Sth day preced preliminary/primary	ling election  30th day following ele (Town or Special)	ction 20th day of January (Year-End Report)
<ol> <li>I certify that I am a candidate for or hold.M</li> <li>I certify that I have not received any contril reporting period, and do not have a campaig</li> <li>I certify that I do not have a political comm</li> </ol>	butions, made any expenditures, or incurre gn fund in existence.	d any obligations during this
DATE I. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT
Signed under the penalties of perjury	(Street and Number)	
3-18-19 De / Pe	9 Shumway Cw	Boark of Assessor
		3
	· ·	
	-11	1
		- 1
:		× 1
4		



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

Commonwealth of Massachusetts

to the Co
Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108

Please print or type all information, except signatures.

Please print of type an 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.

he amount shown	on the remotiscinent form.		
Name of Individua	l Being Reimbursed:		
Committee Name:			
Amount of Reimb	ursement:		
Date of Reimburse	ement:	- N	
	ITEMIZE EXPENDIT	TURES IN EXCESS OF \$50	
Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amo	unt
60				
				,
	1	Expenditures in excess of \$50 (listed above)		
		Expenditures \$50 and under (not listed above)		
		TOTAL AMOUNT REIMBURSED		

Signed under the penalties of perjury:		
Signature of Candidate/Treasurer	Date	



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

Office of Campaign and Political Finance

	Please print or type all information, except signatures		
1. Committee Name:	- rease print of type an information, except signatures		
2. New Treasurer:			
2a, Treasurer's Address:		Tel. No.	
3. Committee Address: (If different)			*
		minuce. I understand	mar i am subject
	I hereby accept the office of treasurer of the above-named come to certain duties and liabilities under M.G.L. c. 55, including reports and keeping detailed accounts and records of all campa years from the date of the relevant election. I am aware that a serve as treasurer of a political committee and that a candidate of treasurer of a political action committee except as authorized by SIGNED UNDER THE PENALTIES OF PERJURY:	the timely filing of aign finance activity i an appointed public e or elected official ma	campaign finance for a period of six employee may not y not serve as the
	to certain duties and liabilities under M.G.L. c. 55, including reports and keeping detailed accounts and records of all campa years from the date of the relevant election. I am aware that a serve as treasurer of a political committee and that a candidate of treasurer of a political action committee except as authorized by	the timely filing of aign finance activity i an appointed public e or elected official ma	campaign finance for a period of six employee may not y not serve as the
FOR CANDIDATE COMM	to certain duties and liabilities under M.G.L. c. 55, including reports and keeping detailed accounts and records of all campa years from the date of the relevant election. I am aware that a serve as treasurer of a political committee and that a candidate of treasurer of a political action committee except as authorized by SIGNED UNDER THE PENALTIES OF PERJURY:  Treasurer's signature	the timely filing of aign finance activity is an appointed public e or elected official may M.G.L. c. 55, s. 5A.	campaign finance for a period of six employee may not y not serve as the
FOR CANDIDATE COMM	to certain duties and liabilities under M.G.L. c. 55, including reports and keeping detailed accounts and records of all campa years from the date of the relevant election. I am aware that a serve as treasurer of a political committee and that a candidate of treasurer of a political action committee except as authorized by SIGNED UNDER THE PENALTIES OF PERJURY:  Treasurer's signature	the timely filing of aign finance activity is an appointed public e or elected official may M.G.L. c. 55, s. 5A.  Date	campaign finance for a period of six employee may not y not serve as the

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....

M T 101 11/94



### Schedule E Municipal Form

### Disclosure of Assets Statement

Office of Campaign and Political Finance

Massachusette				
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 diss	olution report.
	melin		Date of re	
	didates and c	ommittees must fill in Pa	art A <u>or</u> Part B.	
Part A:  No assets* were acquired or dispo  Part B:  Assets acquired: List all assets acqu				
have filed, list all assets.	7	Durant Tangtion	Manage Anguired	Cost/Value
Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/ value
Assets disposed of: List all assets sole  Asset  Include year, model or other identifying information, if applicable.	d, traded or tra Date Acquired	nsferred during the report Disposition to: Name and Address	ting period covered by  Date and Manner  of Disposition	this statement.  Disposition Value Attach statement of how value is determined.
1 12		•		
	t he used for the	political numose for which th	ne committee is organized as	nd must remain the proper
of that committee. Assets may be disposed of An asset is defined as any one item that has	f at any time, but a useful life of i	must be disposed of prior to	ilssolution.	
Assets acquired by a political committee must of that committee. Assets may be disposed of An asset is defined as any one item that has a cost/value of \$1,000 or more at the time of a signed under the penalties of perjury:	f at any time, but a useful life of i	must be disposed of prior to of more than one year, would be	ilssolution.	siness environment, and h

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



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

Z019 / mm | | PM 12: | 4

Fill in Reporting Period dates: Beginning Date:		Ending Date:	3-18	k or Election Commissio
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding elec	ction 30 day	after election ye	ar-end report	dissolution
Brian Doneear				
Board of Assessors		Commi	ttee Name	
Office Sought and District		Name of Com	mittee Treasurer	
Residential Address	-	Committee N	failing Address	
E-mail: SKIAN Q Jonegar-law. con Phone # (optional): 181-110-1855		all and the		
Thore a (optional). 781 /10 / 1833	Phone # (o	ptional):		
SUMMARY BAI	LANCE INFOR	RMATION:		
Line 1: Ending Balance from previous repo	ort		0	
Line 2: Total receipts this period (page 3, li	ne I1)		8	7
Line 3: Subtotal (line 1 plus line 2)			0	ī
Line 4: Total expenditures this period (page	e 5, line 14)	1	7	1
Line 5: Ending Balance (line 3 minus line 4	) [		<u>K</u>	i I
Line 6: Total in-kind contributions this period	od (page 6)	(	)	<del>-</del>
Line 7: Total (all) outstanding liabilities (pa				
Line 8: Name of bank(s) used:	ige /)	0		-
Line 6. Ivalite of bank(s) used.		0		], []
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to etivity, including all contributions, loans, receipts, expenditures, disbursements, i inance activity of all persons acting under the authority or an behalf of this comm signed under the penalties of perjury:	in-kind contributions ar	d liabilities for this reporting	period and represent	Il campaign finance its the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (che	eck I box only)			- No.
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it i activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this re	is, to the best of my kno see in accordance with t	wledge and belief, a true and one requirements of M.G.L. c. 5	complete statement 55. I have not recei	of all campaign finance wed any contributions,
Candidate without Committee OR Candidate with independent activity I I certify that I have examined this report including attached schedules and it is finance activity, including contributions, loans, receipts, expenditures, disburs campaign finance activity of all persons acting under the authority or on beha	s, to the best of my kno	outions and liabilities for this r	aporting pariod and	I management that
igned under the penalties of perjury:		(Candidate's signature)	Date:	3-18-19

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	>		
ine 9: Total Receip	ts over \$50 (or listed above)		
ne 10: Total Receip	ots \$50 and under* (not listed above)		
ine 11: TOTAL RI	ECEIPTS IN THE PERIOD	(0)	Enter on page 1, line 2

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

### SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			Turpose of Expenditure	Amount
	-			
	-			
	,			
		Line 12: Expenditures over \$50	(or listed above)	
			י (טו ווזוטע מטטעד)	
		Line 13: Expenditures \$50 and u	under* (not listed above)	
		i and the state of	(	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	8
If you have item		include them in line 12. Line 13 sh		L

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

### 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
		The Control of the Co		
		TO A CONTRACT OF THE PROPERTY		



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

2012 AFR 1 1 PM 12: 15

City or Town of: WAKEFIELD	•	*
Please pri	nt or type all information, except signature	es.
Fill in dates: Month Day Reporting Period Beginning /	Year Month	Day Year 9.019
Type of Report: (Check One)  8th day preceding	ng election 30th day following election (Town or Special)	etion 20th day of January (Year-End Report)
<ol> <li>I certify that I am a candidate for or hold. Mu</li> <li>I certify that I have not received any contribute reporting period, and do not have a campaign</li> <li>I certify that I do not have a political committee.</li> </ol>	utions, made any expenditures, or incurred n fund in existence.	d any obligations during this
DATE I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
10/19 Claire M. Lilva	. 1 Furness arde	Board of Health
/		1
		A.
	, FL	40
		4-1



# 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) 462-0CPF 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.



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

of Massachusetts	
Office of Campaign and Political Finance	
One Ashburtan Place	

One Ashburton Place Boston, MA 02108 (617) 727-8352

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.

the amount shows on the remouss	B31 (SIL)	1/1/1	*	
Name of Individual Being Reimbursed:		10/71		
Committee Name:	-		CPF ID #:	
Amount of Reimbursement:				
Date of Reimbursement:		1	Tide .	+
Date of Reimours	3/3/			

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amo	unt
-				
				, and the second
		4-		
		Expenditures in excess of \$50 (listed above)		
	×	Expenditures \$50 and under (not listed above)		
		TOTAL AMOUNT REIMBURSED		10

Signed under the penalties of perjury:	/ /
Elin M. Som	4/10/2019
Signature of Candidate/Treasurer	Date /



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

Office of Campaign and Political Finance

City or Town Clerk or Election Com		1.0		
1. Committee Name:	Please print or type all information, e	xcept signatures		
1. Committee Name.	/^			
2. New Treasurer:	N/A			
2a. Treasurer's Address:	1		Tel. Na.	
3. Committee Address: (If different)			Tel, No.	
	The language of transport of the	above named commit	Tee I IIDAercia	
	I hereby accept the office of treasurer of the to certain duties and liabilities under M.G.L. reports and keeping detailed accounts and revears from the date of the relevant election. serve as treasurer of a political committee and treasurer of a political action committee excep SIGNED UNDER THE PENALTIES OF PER	. c. 55, including the cords of all campaign I am aware that an all that a candidate or elet as authorized by M.O.	timely filing of finance activit appointed public elected official r	of campaign finance ty for a period of six c employee may not may not serve as the
*	to certain duties and liabilities under M.G.L. reports and keeping detailed accounts and revears from the date of the relevant election. serve as treasurer of a political committee and treasurer of a political action committee excep	c. 55, including the cords of all campaign I am aware that an a d that a candidate or e of as authorized by M.O. CJURY:	timely filing of finance activit appointed public elected official r	of campaign finance ty for a period of six c employee may not may not serve as the
- FOR CANDIDATE COMM	to certain duties and liabilities under M.G.L. reports and keeping detailed accounts and revears from the date of the relevant election. serve as treasurer of a political committee and treasurer of a political action committee excep SIGNED UNDER THE PENALTIES OF PERTreasurer's signature	c. 55, including the cords of all campaign I am aware that an a d that a candidate or e of as authorized by M.O. CJURY:	timely filing of finance activity appointed public elected official r G.L. c. 55, s. 54	of campaign finance ty for a period of six c employee may not may not serve as the
FOR CANDIDATE COMM	to certain duties and liabilities under M.G.L. reports and keeping detailed accounts and revears from the date of the relevant election. serve as treasurer of a political committee and treasurer of a political action committee excep SIGNED UNDER THE PENALTIES OF PERTreasurer's signature	c. 55, including the cords of all campaign I am aware that an all that a candidate or elet as authorized by M.C. UURY:  I w treasurer of this com	timely filing of finance activity appointed public lected official r G.L. c. 55, s. 54	of campaign finance ty for a period of six c employee may not may not serve as the

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....

MT 101 11/94



### Schedule E Municipal Form

# Disclosure of Assets Statement Office of Campaign and Political Finance

	n		CPF ID#	ŧ
This form should be filed by	all candidates	and committees with each	n year end and each diss	solution report.
Committee Name:			Date of re	eport:
All can	didates and co	ommittees must fill in Pa	art A <u>or</u> Part B.	
No assets* were acquired or dispo	sed of by this	candidate/committee dur	ing the period covered	by this statement.
Part B:  Assets acquired: List all assets acque have filed, list all assets.	ired since the	committee last filed this	statement. If this is the	he first Schedule E yo
Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value
Assets disposed of: List all assets solo  Asset Include year, model or other identifying	Date	Disposition to:	Date and Manner	Disposition Value Attach statement of how
Asset Include year, model or other identifying				Disposition Value
	Date	Disposition to:	Date and Manner	Disposition Value Attach statement of how
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.
Asset Include year, model or other identifying information, if applicable.  Assets acquired by a political committee mus of that committee. Assets may be disposed of the Anasset is defined as any one item that has	Date Acquired  t be used for the lat any time, but a useful life of n	Disposition to: Name and Address  political purpose for which the must be disposed of prior to describe the second	Date and Manner of Disposition  The committee is organized and dissolution.	Disposition Value Attach statement of how value is determined.
Asset Include year, model or other identifying information, if applicable.  Assets acquired by a political committee mus f that committee. Assets may be disposed of	Date Acquired  t be used for the lat any time, but a useful life of n	Disposition to: Name and Address  political purpose for which the must be disposed of prior to describe than one year, would be	Date and Manner of Disposition  The committee is organized and dissolution.	Disposition Value Attach statement of how value is determined.  and must remain the proper

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



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 17 11 171 12: 15

Fill in Reporting Period dates: Beginning Date:	Sanuary 1, 2019 Ending Date: April 16, 2019
Type of Report: (Check one)	
	ction 30 day after election year-end report dissolution
4 ,, o,	year-cha report assorbition
Elaine M. Silva	
Candidate Full Name (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
_ / Furness Circle	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail nana 5550 @ yahoo com	E-mail:
Phone # (optional): 781-640-8749	Phone # (optional):
SUMMARY BAL	LANCE INFORMATION:
Line 1: Ending Balance from previous repo	ort O
Line 2: Total receipts this period (page 3, lin	ine 11) 6
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page	e 5, line 14)
Line 5: Ending Balance (line 3 minus line 4	(i) O
Line 6: Total in-kind contributions this period	od (page 6)
Line 7: Total (all) outstanding liabilities (pa	ige 7)
Line 8: Name of bank(s) used:	NA
affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to etivity, including all contributions, loans, receipts, expenditures, disbursements, i mance activity of all persons acting under the authority or on behalf of this commitgued under the penalties of perjury:	the best of my knowledge and belief, a true and complete statement of all campaign finance in-kind contributions and liabilities for this reporting period and represents the campaign nittee in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (che	eck 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 activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this re	is, to the best of my knowledge and belief, a true and complete statement of all campaign finance tee in accordance with the requirements of M.G.L. c. 55. There not received any contributions
f finance activity, including contributions, loans, receipts, expenditures, disburs campaign finance activity of all persons acting under the authority or on behal	is, to the best of my knowledge and belief, a true and complete statement of all campaign sements, in kind contributions and liabilities for this reporting period and represents the alf of this committee in accordance with the requirements of M.G.L. c. 55.
gned under the penalties of perjury: Claim M	1. Allva (Candidate's signature) Date: 4/10/2019

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		•	
			Martiner union and
			The state of the s
ne 9: Total Receipt	s over \$50 (or listed above)		
ne 10: Total Receip	ts \$50 and under* (not listed above)		
	CEIPTS 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
	1 anno anno anno anno anno anno anno ann			
		Line 12: Expenditures over	\$50 (or listed above)	
		Eme 15, Expenditures \$50 a	and under* (not listed above)	
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENI	DITURES IN THE PERIOD	

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

### SCHEDULE 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
			an anguna jan	
		ne 18: TOTAL OUTSTANDI		



City or Town of:

Wakefield

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

Office of Campaign and Political Finance

Finance 7019 AFB 10 AM 9: 58

Please print or type all information, except signatures.

Reporting Period:	Beginning: 01/01/2019	01/2019 (MM/DD/YYYY)	Ending: 04/08/2019	3/2019	(MM/DD/YYYY)
Type of Report: (Check One)	One)				
☐ 8th day preceding pro	eliminary/primary	☐ 8th day preceding preliminary/primary  ☐ 8th day preceding election	30th day following election (town or special)		20th day of January (Year-End report)
Pursuant to M.G.L. Chapter 55:  1. I certify that I am a candidate for or currently hol 2. I certify that I have not received any contribution 3. I certify that I do not have a political committee.	nter 55:  a candidate for or ce not received any not have a political	uant to M.G.L. Chapter 55:  1. I certify that I am a candidate for or currently hold Municipal Office.  2. I certify that I have not received any contributions, made any expenditure 3. I certify that I do not have a political committee.	suant 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.	ting period, and	do not have a campaign fund in existence.

04/09/2019 DATE John J. McCarthy, Jr. PRINT NAME Signed under the penalties of perjury SIGNATURE 11 Morningside Road RESIDENTIAL ADDRESS (Street and Number) Treasurer OFFICE SOUGHT



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

Office of Campaign and Political Finance

7215 70 July 10 MM 3: 31

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	Committee to Elect Tony Longo
Candidate Full Name (if applicable)	Committee Name
Town Council Office Sought and District	Franklin Leone Jr  Name of Committee Treasurer
15 Fell Street	15 Fell Street
Residential Address	Committee Mailing Address
E-mail:	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	15.21
Line 2: Total receipts this period (page 3, line 11	1) 4,414.73
Line 3: Subtotal (line 1 plus line 2)	4,429.94
Line 4: Total expenditures this period (page 5, lin	ine 14) 1,903.89
Line 5: Ending Balance (line 3 minus line 4)	2,526.05
Line 6: Total in-kind contributions this period (p	page 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: The Savings Bank	
activity, of all persons acting under the authority or on behalf of this committee in activity.	d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: Apr 10, 2019  Dox only)  The best of my knowledge and belief, a true and complete statement of all campaign finant accordance with the requirements of M.G.L. c. 55. I have not received any contributions.
Candidate without Committee OR Candidate with independent activity filing so I certify that I have examined this report including attached schedules and it is to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or in behalf of the igned under the penalties of perjury:	ng period.  separate report  se best of my knowledge and belief, a true and complete statement of all campaign  ts, in kind contributions and liabilities for this reporting period and represents the

### **SCHEDULE A: RECEIPTS**

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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 Rece	ipts over \$50 (or listed above)	1,300	
Line 10: Total Rece	eipts \$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

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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 Recei	pts over \$50 (or listed above)	600	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

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

#### SCHEDULE 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 Expenditur	es over \$50 (or listed above)	1,878.09
		Line 13: Total Expenditure	es \$50 and under* (not listed above)	25
	Enter on page 1, line 4 -	Line 14: TOTAL EXPEN	DITURES IN THE PERIOD	1,903.09

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

Page 4

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

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

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

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

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

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

Page 6

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

#### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
			1	
				1



Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: Janu	File with: City or Town Clerk or Election Commissions 1, 2019 Ending Date: April 5, 2019
the reporting retrod dates.	April 5, 2013
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Teaches Olives	
Jonathan Chines  Candidate Full Name (if applicable)	Committee to Elect Jonathan Chines  Committee Name
Town Council	Michelle Estrada
Office Sought and District	Name of Committee Treasurer
34 Hopkins Street, Wakefield, MA 01880	34 Hopkins Street, Wakefield, MA 01880
Residential Address	Committee Mailing Address
E-mail: jchlnes@alumni.tufts.edu	E-mail: jchines@alumni.tufts.edu
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
	DE INTORNATION.
Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 11	\$9,079.00
Line 3: Subtotal (line 1 plus line 2)	\$9,079.00
Line 4: Total expenditures this period (page 5, lin	ne 14) \$4,448.97
Line 5: Ending Balance (line 3 minus line 4)	\$4,630.03
Line 6: Total in-kind contributions this period (pa	age 6) \$50.00
Line 7: Total (all) outstanding liabilities (page 7)	\$2,000.00
Line 8: Name of bank(s) used: The Savings Bank	
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best lettivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind inance activity of all persons acting under the authority or on behalf of this committee in signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 4/12/19
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 activity, of all persons acting under the authority or on behalf of this committee in actineured any liabilities nor made any expenditures on my behalf during this reporting  Candidate without Committee OR Candidate with independent activity filing set  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this signed under the penalties of perjury:	eparate report  be best of my knowledge and belief, a true and complete statement of all campaign  in-kind contributions and liabilities for this reporting period and represents the

(Candidate's signature)

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

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

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

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(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	
/17/19	Bench, Clinton 8118 Loma Verde Avenue Canoga Park, CA 91304	\$100	
/7/19	Benjamin, Daniel 10 Foster Street #205 Wakefield, MA 01880	\$100	
/17/19	Bergan, Michael 164 Pond Street Cohasset, MA 02025	\$200	Partner, Tremont Strategies Group
/13/19	Briggs, Kate 12 Church Street Wakefield, MA 01880	\$100	
/2/19	Campbell, Kathleen 305 Salem Street #110 Woburn, MA 01801	\$75	
/21/19	Campbell, Loretta 24 Channings Lane Rochester, NH 03867	\$100	
/5/19	Chines, Jonathan 34 Hopkins Street Wakefield, MA 01880	\$5	
/12/19	Chines, Jonathan 34 Hopkins Street Wakefield, MA 01880	\$2,000 LOAN	Health Care Executive, Reliant Medical Group
/17/19	Chines, Peter 11 Carrington Way Bradford, MA 01835	\$100	
/17/19	Chines, Susan 11 Carrington Way Bradford, MA 01835	\$100	
ine 9: Total Recei	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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

## **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 Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	sipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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

## SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid	A 4.1	D. C.F.	
Date Paid	(alphabetical listing)  ActBlue	Address	Purpose of Expenditure	Amount
4/4/19	ACIBIUE	P.O. Box 441146 Somerville, MA 02144	Credit card processing fee	\$180.8
2/6/19	Connolly Printing	17B Gill Street Woburn, MA 01801	Campaign lapel stickers, rally signs, and palm cards	\$1,049.7
3/13/19	Connolly Printing	17B Gill Street Woburn, MA 01801	Campaign dear friend cards, lawn signs, and stakes	\$1,146.4
2/14/19	Jonathan Chines	34 Hopkins Street Wakefield, MA 01880	Campaign kick-off event; Reimbursement	\$486.6
3/14/19	Jonathan Chines	34 Hopkins Street Wakefield, MA 01880	Stamps for thank you cards to donors; Reimbursement	\$55.0
4/1/19	Jonathan Chines	34 Hopkins Street Wakefield, MA 01880	Stamps for dear friend cards and supplies to assemble signs; Reimbursement	\$229.3
<del>l</del> /1/19	Jonathan Chines	34 Hopkins Street Wakefield, MA 01880	Campaign website hosting; Reimbursement	\$156.0
/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 ov	ver \$50 (or listed above)	\$4,448.97
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	0.00
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TIDES IN THE DEDICE	\$4,448.97

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

Page 4

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

To Whom Paid (alphabetical listing)  Address Purpose of Expenditure Amount  Am		To Whom Poid				
Line 12: Expenditures over \$50 (or listed above)	Date Paid		Address	Purpose of Expenditure	Amount	
		8,		1		
			9			
	,	1 4				
			-			
			Line 12: Evpanditures avec 050	) (or listed ab)		
Line 13: Expenditures \$50 and under* (not listed above)			Line 12: Expenditures over \$50	o (or listed above)		
			Line 13: Expenditures \$50 and	under* (not listed above)		
The 14 TOTAL EVENDANDED NAMED DATE.		P. A. C.	Line 14. TOTAL EXPENSE	UDEC IN THE PERSON		
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 itemize						

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

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 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 $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	\$50

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

Page 6

# SCHEDULE D: LIABILITIES

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

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

Committee Name:	Committee to Elect Jonathan Chines

Page:	8
$\omega$	

#### **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.

	Name and Residential Address		Occupation & Employer
<b>Date Received</b>	(alphabetical listing required)	Amount	(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 Rece	ipts over \$50 (or listed above)	\$6,255	
Line 10: Total Rece	eipts \$50 and under* (not listed above)	\$2,824	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	\$9,079	← Enter on page 1, line 2

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



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

		D	rate of Reimbursement: 2/14/19	
Name of Indivi	dual Being Reimbursed: Jonath	nan Chines		
Committee Nar	ne: Comm	nittee to Elect Jonathan Chines		
CPF ID Numbe	r (if applicable):	Telepho	ne Number (optional):	
	I	TEMIZE EXPENDITURES IN EXC	ESS 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	2) → Line 1: Expenditures in excess	of \$50 (itemized above):	\$486.60
		Line 2: Expenditures \$50 or un	nder (not itemized):	0.00
		Line 3: TOTAL AMOUNT I	REIMBURSED:	\$486.60
Signed under tl	ne penalties of perjury:	Î .		



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

		I	Date of Reimbursement; 3/14/19	
Name of Individ	dual Being Reimbursed: Jon	athan Chines		
Committee Nan	ne: Cor	nmittee to Elect Jonathan Chines		
CPF ID Numbe	r (if applicable):	Telepho	one Number (optional):	
		ITEMIZE EXPENDITURES IN EXC	CESS 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	\$55.0
	(Include items listed on Pa	ge 2) → Line 1: Expenditures in excess	ss of \$50 (itemized above):	\$55.00
		Line 2: Expenditures \$50 or u	under (not itemized):	0.00
		Line 3: TOTAL AMOUNT	REIMBURSED:	\$55.00
Signed under t	he penalties of perjury:	of Candidate / Treasurer	Date: 4	(12/19



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

			Da	ate of Reimbursement: 4/1/19	
Name of Indivi	dual Being Reimbursed:	Jonathan Ch	ines		
Committee Nar	me:	Committee to	Elect Jonathan Chines		
CPF ID Numbe	er (if applicable):		Telephor	ne Number (optional):	
		ITEMI	ZE EXPENDITURES IN EXC	ESS OF \$50	
Date Paid	Vendor Na	ne	Vendor Address	Purpose of Expenditure	Amount
3/20/19	United States Postal Ser	vice	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 o	n Page 2)	Line 1: Expenditures in excess	of \$50 (itemized above):	\$229.32
			Line 2: Expenditures \$50 or ur	nder (not itemized);	0.00
			Line 3: TOTAL AMOUNT F	REIMBURSED:	\$229.32
Signed under t	he penalties of perjury:  Signat	wichel	Leidate / Treasurer	Date: 4	/12/19



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.

			Dat	e of Reimbursement; 4/1/19	
			Dat	e of Reimbursement; Hillis	
Name of Individual	dual Being Reimbursed:	Jonathan Ch	nines		
Committee Nan	ne:	Committee t	o Elect Jonathan Chines		
CPF ID Numbe	r (if applicable):		Telephone	Number (optional):	
		ITEM	IZE EXPENDITURES IN EXCE	SS OF \$50	
Date Paid	Vendor Na	me	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 o	n Page 2)	Line 1: Expenditures in excess o	f \$50 (itemized above):	\$156.00
			Line 2: Expenditures \$50 or und	er (not itemized):	0.00
			Line 3: TOTAL AMOUNT RE	EIMBURSED:	\$156.00
igned under th	ne penalties of perjury:	S of			

Signature of Candidate / Treasurer



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

7019 HAY -7 FM 6: 29

Fill in Reporting Period dates: Beginning Date: 4	File with: City or Town Clerk or Election Commission  File with: City or Town Clerk or Election  File with: City or Town Clerk or Election Clerk or Election  File with: City or Election  File with: City or Elec
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election  year-end report dissolution
Chercholas M Rossett	
Candidate Full Name (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
31 Pinchill Circ G	Committee Mailing Address
E-mail: Combanette cyberett-com	E-mail:
Phone # (optional):	Phone # (optional)
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 1	1)
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, 1	(ine 14)
	mic 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:	
iffidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the bestivity, including all contributions, loans, receipts, exponentures, disbursontents, in-kinnance activity of all persons acting under the authority or on behavior that committee in the second transfer of perjury:	est of my knowledge and belief, a true and complete statement of all campaign finance and contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 5-9-17
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 l	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 activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ng period.
Candidate without Committee OR Candidate with independent activity filing:  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	the best of my knowledge and belief, a true and complete statement of all campaign
igned under the penalties of perjury:	(Candidate's signature) Date;



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

Fill in Reporting Period dates: Beginning Date: 04	4/06/2019	Ending Date: 05/24/2019
Till in Reporting Ferrod dates.	700/2019	Ending Date: 05/24/2019
Type of Report: (Check one)		
8th day preceding preliminary 8th day preceding election	a ⊠ 30 day a	after election  year-end report dissolution
Thomas Boettcher	Campaign	to Support Thomas Boettcher
Candidate Full Name (if applicable) Wakefield Municipal Gas and Light Commissioner		Committee Name
Office Sought and District	Mary Hajj	Name of Committee Treasurer
25 Wakefield Ave. Wakefield, MA 01880	25 Wakefi	field Ave. Wakefield, MA 01880
Residential Address		Committee Mailing Address
E-mail: Thomas.Boettcher@tboettcher.com	E-mail:	Mary.Hajjar@tboettcher.com
Phone # (optional):	Phone # (opt	
SUMMARY BALAN	NCE INFOR	MATERION.
SUMMARI BALAI	NCE INFOR	MATION:
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	k	
certify that I have examined this report including attached schedules and it is, to the bectivity, including all contributions, loans, receipts, expenditures, disbursements, in-kir inance activity of all persons acting under the authority or on behalf of this committee signed under the penalties of perjury:  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 activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report Candidate without Committee OR Candidate with independent activity filing certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disbursement	box only)  the best of my known accordance with the ting period.  g separate report the best of my known the ting period.	diabilities for this reporting period and represents the campaign the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 5/22/19  Viedge and belief, a true and complete statement of all campaign finance requirements of M.G.L. c. 55. I have not received any contributions,

#### SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Duman of Farmer Literature	¥1205.3354
Date Faid	(aiphabetical 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.
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	12.7
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	er \$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 EXPENDITE	IDEC IN THE DEDICE	1,701.09

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

## SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
1/25/2019	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
	Date in the Case of	→ Line 18: TOTAL OUTSTAND	INC LIADII PRIEC (ATT)	130.19



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

			Date	of Reimbursement: May 14, 2019	
Name of Indivi	dual Being Reimbursed:	Thomas	Boettcher		
Committee Nan	ne:	Campaig	gn to Support Thomas Boettcher		
CPF ID Number (if applicable):			Telephone l	Number (optional):	
		ITE	MIZE EXPENDITURES IN EXCES	S OF \$50	
Date Paid	Vendor Na	ne	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
1	(Include items listed or	Daga 2)	Line 1: Eynenditures in eycess of	650 (4 1	
	(include nems listed of	rage 2)	Diffe 1. Expediatures in excess of	and the transfer of the production of the	1,180
			Line 2: Expenditures \$50 or under	(not itemized);	20
			Line 3: TOTAL AMOUNT REI	MBURSED:	1,200
Signed under th	ne penalties of perjury:				



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 1917 23 MI 9: 48

ARBISONO ARECON Name (if applicable)  Committee Name  Committee Name  Committee Mailing Address  E-mail: Phone # (optional):  SUMMARY BALANCE INFORMATION:  Balance from previous report  cecipts this period (page 3, line 11)  I (line 1 plus line 2)  cependitures this period (page 5, line 14)  Balance (line 3 minus line 4)  -kind contributions this period (page 6)	Sth day preceding preliminary	Fill in Reporting Period dates: Beginning Date: 4-16-	19 Ending Date: 5-23-19
ARBTSONC ARDCON Name (if applicable) TO I	ARBISONO AR DEAD  Committee Name  Committee Name  Committee Name  Committee Name  Name of Committee Treasurer  Name of 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:  Lavit of Committee Treasurer:  13: 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 in sunchdaying all contributions class receipts expenditures dishurements include outstands and belief, a true and complete statement of all campaign finance in sunchday and contributions class receipts expenditures dishurements include outstands and belief, a true and complete statement of all campaign finance in such and a complete statement of all campaign finance in such and a complete statement of all campaign finance in such and a complete statement of all campaign finance in such and a complete statement of all campaign finance in such and a complete statement of all campaign finance in such and a complete statement of all campaign finance in such and a complete statement of all campaign finance in such and a complete statement of all campaign finance in such and a complete statement of all campaign finance in such and a complete statement of all campaign finance in such and a complete statement of all campaign finance in such and a complete statement of all campaign finance in such and a complete statement of all campaign finance in such and a complete statement of all campaign finance in such and a complete statement of all campaign finance in such and a complete statement of a language of complete statement of a language of	Type of Report: (Check one)	/
Name (if applicable)  TO Paght and District  Name of Committee Name  Name of Committee Treasurer  Committee Maifling Address  E-mail:  Phone # (optional):  SUMMARY BALANCE INFORMATION:  Balance from previous report  cecipts this period (page 3, line 11)  I (line 1 plus line 2)  cependitures this period (page 5, line 14)  Balance (line 3 minus line 4)  -kind contributions this period (page 6)	Committee Name    Committee Name   Committee Name	☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30	day after election year-end report dissolution
Name (if applicable)  TO Paght and District  Name of Committee Name  Name of Committee Treasurer  Committee Mailing Address  E-mail:  Phone # (optional):  SUMMARY BALANCE INFORMATION:  Balance from previous report  cecipts this period (page 3, line 11)  I (line 1 plus line 2)  cependitures this period (page 5, line 14)  Balance (line 3 minus line 4)  -kind contributions this period (page 6)	Committee Name    Committee Name   Committee Name   Name of Committee Name	1 /11/10 M NADDAY DIRCHARA	
Name of Committee Treasurer  T.  Intial Address  Committee Mailing Address  E-mail:  Phone # (optional):  SUMMARY BALANCE INFORMATION:  Balance from previous report  Deceipts this period (page 3, line 11)  I (line 1 plus line 2)  Expenditures this period (page 5, line 14)  Balance (line 3 minus line 4)  -kind contributions this period (page 6)	And of Committee Treasurer    Name of Committee Treasurer	Candidate Full Name (if applicable)	Committee Name
SUMMARY BALANCE INFORMATION:  Balance from previous report  cecipts this period (page 3, line 11)  I (line 1 plus line 2)  cependitures this period (page 5, line 14)  Balance (line 3 minus line 4)  -kind contributions this period (page 6)	Residential Address  Committee Mailing Address  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:  Lavit of Committee Treasurer:  if: 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 in the contributions of the best of my knowledge and belief, a true and complete statement of all campaign finance in the contributions of the best of my knowledge and belief, a true and complete statement of all campaign finance in the contributions of the best of my knowledge and belief, a true and complete statement of all campaign finance in the contributions of the best of my knowledge and belief, a true and complete statement of all campaign finance in the contributions of the best of my knowledge and belief, a true and complete statement of all campaign finance in the contributions of the best of my knowledge and belief, a true and complete statement of all campaign finance in the contributions of the best of my knowledge and belief, a true and complete statement of all campaign finance in the contributions of the best of my knowledge and belief, a true and complete statement of all campaign finance in the contributions of the best of my knowledge and belief, a true and complete statement of all campaign finance in the contributions of the contribut	MONERATOR	Committee Name
SUMMARY BALANCE INFORMATION:  Balance from previous report  cecipts this period (page 3, line 11)  I (line 1 plus line 2)  cependitures this period (page 5, line 14)  Balance (line 3 minus line 4)  -kind contributions this period (page 6)	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:	48 FORUEST ST	Name of Committee Treasurer
SUMMARY BALANCE INFORMATION:  Balance from previous report  ceeipts this period (page 3, line 11)  I (line 1 plus line 2)  cpenditures this period (page 5, line 14)  Balance (line 3 minus line 4)  -kind contributions this period (page 6)	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:		
SUMMARY BALANCE INFORMATION:  Balance from previous report  cecipts this period (page 3, line 11)  I (line 1 plus line 2)  cependitures this period (page 5, line 14)  Balance (line 3 minus line 4)  -kind contributions this period (page 6)	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:		
Balance from previous report  cecipts this period (page 3, line 11)  I (line 1 plus line 2)  cependitures this period (page 5, line 14)  Balance (line 3 minus line 4)  -kind contributions this period (page 6)	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:	Prone	# (optional).
eceipts this period (page 3, line 11)  I (line 1 plus line 2)  Expenditures this period (page 5, line 14)  Balance (line 3 minus line 4)  -kind contributions this period (page 6)	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:	SUMMARY BALANCE INF	ORMATION:
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Balance (line 3 minus line 4) -kind contributions this period (page 6)	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:  avit of Committee Treasurer:  If 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 by, including all contributions, loans, receipts, expenditures, disbursements, including all contributions and liabilities 6, which is the liabil	Line 3: Subtotal (line 1 plus line 2)	$\phi$
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4	avit of Committee Treasurer:  fy 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 ty, including all contributions, loans, receipts, expenditures, disbursements, including all contributions for the contributions.	Line 7: Total (all) outstanding liabilities (page 7)	4
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	ify 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 ty, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and lightly for the light of the	evit of Committee Traceurary	
luding attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance		fy that I have examined this report including attached schedules and it is to the best of my bear	wledge and belief, a true and complete statement of all campaign finance
the authority of on hebalf of this committee in the authority of on hebalf of this committee in the campaign	e 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,	e activity of all persons acting under the authority or on behalf of this committee in accordance	is and liabilities for this reporting period and represents the campaign with the requirements of M.G.L. c. 55.
the database of the committee in accordance with the requirements of M.G.L. c. 55,	d under the penalties of perjury:(Treasurer's signature) Date:	d under the penalties of perjury:	(Treasurer's signature) Date:
f bank(s) used:  cluding attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of eccipts, expenditures, disbursements, in kind contributions and liabilities for this	and under the paralties of partitions.	Line 8: Name of bank(s) used:  idavit of Committee Treasurer:  rtify that I have examined this report including attached schedules and it is, to the best of my kno vity, including all contributions, loans, receipts, expenditures, disbursements, in kind contribution.	is and fiabilities for this reporting period and represe with the requirements of M.G.L. c. 55;
(Treasurer's signature)		CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
(Treasurer's signature)	CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	Candidate with Committee and no activity independent of the committee	
(Treasurer's signature)  NLY: Affidavit of Candidate: (check 1 box only)	Candidate with Committee and no activity independent of the committee		knowledge and belief, a true and complete statement of all campaign fina ith the requirements of M.G.L. c. 55. I have not received any contributes
(Treasurer's signature)  NLY: Affidavit of Candidate: (check 1 box only)  stivity independent of the committee t including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign final authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.	Candidate with Committee and no activity independent of the committee certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign final certify, of all persons acting under the authority or on behalf of this committee in accordance with the requirement of M.C.L. and the statement of all campaign final	this reporting period.	
(Treasurer's signature)  NLY: Affidavit of Candidate: (check 1 box only)  ctivity independent of the committee  it including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign fina authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contribution appenditures on my behalf during this reporting period.	Candidate with Committee and no activity independent of the committee certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign fina activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contribution and any expenditures on my behalf during this reporting period.	certify that I have examined this report including attached schedules and it is to the host of	least to the season of the sea
(Treasurer's signature)  Date:  (Treasurer's signature)  NLY: Affidavit of Candidate: (check 1 box only)  ctivity independent of the committee  t including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign fina authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contribution and date with independent activity filing separate report	Candidate with Committee and no activity independent of the committee certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign fina ctivity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contribution neutred any liabilities nor made any expenditures on my behalf during this reporting period.  Candidate without Committee OR Candidate with independent activity filling separate report		
(Treasurer's signature)  Date:  (Treasurer's signature)  NLY: Affidavit of Candidate: (check 1 box only)  civity independent of the committee  t including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign fina authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contribution and date with independent activity filing separate report  t including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign in line attached schedules are included and schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign in line attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign in line attached schedules are included and belief.	Candidate with Committee and no activity independent of the committee certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign fina curred any liabilities nor made any expenditures on my behalf during this reporting period.  Candidate without Committee OR Candidate with independent activity filing separate report 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 nance activity, including contributions, loads, receipts expenditures, disbursements in kind contributions and lightly and complete statement of all campaign	impaign mance activity of all persons actifig under the authority or on behalf of this committee	in accordance with the requirements of M.G.L. c. 55
(Treasurer's signature)  Date:  (Treasurer's signature)  Date:  NLY: Affidavit of Candidate: (check 1 box only)  ctivity independent of the committee  t including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign fina authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contribution penditures on my behalf during this reporting period.  andidate with independent activity filing separate report  t including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign is, loans, security, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55	Candidate with Committee and no activity independent of the committee certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign fina certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign fina neutred any liabilities nor made any expenditures on my behalf during this reporting period.  Candidate without Committee OR Candidate with independent activity filling separate report 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 nance activity, including contributions, longs, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the ampaign 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 under the penalties of perjury:	(Candidate's signature) Date: 5 23 110



Signed under the penalties of perjury:

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

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commis		
Fill in Reporting Period dates: Beginning Date: April	il 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	Committee to Elect Jonathan Chines		
Candidate Full Name (if applicable) Town Council	Committee Name Michelle Estrada		
Office Sought and District	Name of Committee Treasurer		
34 Hopkins Street, Wakefield, MA 01880	34 Hopkins Street, Wakefield, MA 01880		
Residential Address	Committee Mailing Address		
E-mail: jchines@alumni.tufts.edu	E-mail: jchines@alumni.tufts.edu		
Phone # (optional):	Phone # (optional):		
SUMMARY BALANC	CE INFORMATION:		
Line 1: Ending Balance from previous report	\$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, lin	ne 14) \$3,880.03		
Line 5: Ending Balance (line 3 minus line 4)	\$1,695.00		
Line 6: Total in-kind contributions this period (pa	age 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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be Candidate with Committee and no activity independent of the committee	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 5/20/19  ox only)		
certify that I have examined this report including attached schedules and it is, to the	eparate report e best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the tis committee in accordance with the requirements of M.G.L. c, 55.		

(Candidate's signature)

#### SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
4/11/19	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 Rece	ipts over \$50 (or listed above)	\$725		
Line 10: Total Rece	eipts \$50 and under* (not listed above)	\$220		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	\$945	← Enter on page 1, line 2	

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

#### SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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
				12.212.12
			s over \$50 (or listed above) s \$50 and under* (not listed above)	\$3,847.42 \$32.61
	Enter on page 1 line 4 -		DITURES IN THE PERIOD	\$3,880.03

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

Page 4



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

			D	ate of Reimbursement: 4/10/19	
Name of Individ	dual Being Reimbursed:	Jonathan	Chines		
Committee Name: Committee  CPF ID Number (if applicable):			ee to Elect Jonathan Chines		
			Telephone Number (optional):		
		ITEM	IIZE EXPENDITURES IN EXC	ESS OF \$50	
Date Paid	Vendor Nai	ne	Vendor Address	Purpose of Expenditure	Amount
4/10/19	United States Postal S	Service	321 Main Street Wakefield, MA 01880	Stamps for dear friend cards	\$210.00
	(Include items listed or	1 Page 2)	Line 1: Expenditures in excess	of \$50 (itemized above):	\$210.00
			Line 2: Expenditures \$50 or un	nder (not itemized):	0.00
			Line 3: TOTAL AMOUNT F	REIMBURSED:	\$210.00
Signed under th	ne penalties of perjury:	wich	elle C	Date:	5/20/16



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

		Da	ate of Reimbursement: 4/30/19	
Name of Indivi	dual Being Reimbursed: Jonathan	Chines		
Committee Nar	ne: Committee	ee to Elect Jonathan Chines		
CPF ID Numbe	er (if applicable):	Telephor	ne Number (optional):	
	ITEM	IIZE EXPENDITURES IN EXC	ESS 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 un	der (not itemized):	\$34.97
		Line 3: TOTAL AMOUNT R	EIMBURSED:	\$463.94
Signed under t	he penalties of perjury:	idate / Treasurer	Date:	5/20/19



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

		Date of R	eimbursement: 5/10/19	
ame of Individual	Being Reimbursed: Jonatha	n Chines		
ommittee Name:	Commit	tee to Elect Jonathan Chines		
PF ID Number (if	applicable):	Telephone Num	ber (optional):	
	ITE	MIZE EXPENDITURES IN EXCESS OF	7 <b>\$50</b>	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amoun
		Ti I		
	(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 REIMBU	URSED:	\$125.94
gned under the pe	nalties of perjury:			
	1			



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

Fill in Reporting Period dates: Beginning Date: 4-17-201	7 File with City of Town Clerk or Election Commis Ending Date: 5-24-2019
Type of Report: (Check one)	
Sth day preceding preliminary  □ 8th day preceding election	30 day after election  year-end report dissolution
	S. S. C. C. C. C. C.
Philip R. Courcy  Candidate Full Name (if applicable)	Committee to elect Philip Courcy  Committee Name
Bas & Light Commissioner	Susan M. Courcy
Office Sought and District	Name of Committee Treasurer
Pine Hill Circle, Wakefield, MA 01880	4 Pine Hill Circle, Wakefield, MA 01880
Residential Address	Committee Mailing Address
mail: philip=courcy@comcast.net none#(optional): 781-246-1827	E-mail: SUSAN. COUNCY @ comcastine
none # (optional): 781 - 246 - 1827	Phone # (optional): 781 - 246 - 1827
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	1,43684
Line 2: Total receipts this period (page 3, line 11)	- 0
Line 3: Subtotal (line 1 plus line 2)	1,436.84
Eme of Substitut (time 1 plus time 2)	
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	e 6) O
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: THE SAVIA	JGS BANK
The second secon	
fidavit of Committee Treasurer: ertify that I have examined this report including attached schedules and it is, to the best of civity, including all contributions, loans, receipts, expenditures, disbursements, in-kind con ance activity of all persons acting under the authority or on behalf of this committee in acc and under the penalties of perjury:	stributions and liabilities for this reporting period and represents the campaign
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (checks box o	mly)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the be activity, of all persons acting under the authority or on behalf of this committee in accommodification incurred any liabilities nor made any expenditures on my behalf during this reporting per Candidate without Committee	dance with the requirements of M.G.L. c. 55. I have not received any contribution
I certify that I have examined this report including attached schedules and it is, to the be- finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this ca	h-kind contributions and liabilities for this reporting period and represents the
med under the nepalties of perjury. Phillip Comy	(Candidata'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, rom 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
2-18-19	LIQUOR JUNCTION	I GENERAL WAY READING, MA	BEVERAGE	79.25
2-19-19	WAKEFIELD, TOWN OF	I KAFAYETTE ST WAKE FIELD, MA	RECEPTION + LICENSE	100,-
4-13-19	PHILIP LOURCY	Y PINE HULL CR WALETTELD	LOAN TO CAMPAIGN	-1,239.5
		Line 12: Total Expenditures over	\$50 (or listed above)	3,993,43
		Line 13: Total Expenditures \$50	and under* (not listed above)	214.73
ou have itemize	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	4,208.16

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



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

City or Town of:	MAKERIL		Pleas	e print or type all information, except signatures
Reporting Period:	Beginning:	(MM/DD/YYYY)	Ending:	05/18/2019 (MMDBYYYY)
Type of Report: (Ch	neck One)			
8th day precedir	ng preliminary/primary 2 8th	day preceding election 30th day followi	ng election (town or special)	20th day of January (Year-End report)
2. I certify that	I am a candidate for or currently ho	ns, made any expenditures, or incurred any oblig	ations during this reporting period, and o	to not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
5/16/19	BRIAN Donega	1 1 2	9 Shumung Cir	Board of Assessor
				9 3
				3 3 6
				3 6
				22 32
				32



# Form CPF M 102-0: Campaign Finance Report WAKEFILLD, MA Municipal Form Office of Campaign and Political Finance 2019 MMY 22 MM 10: 00

TOWN CLEME

2019 MAY 22 AM 10: 00

City or Town of: WAKEFIELD	<u> </u>	
Fill in dates:  Reporting Period Beginning 6 4 33	type all information, except signatures  O 19  Year  Honth  Column 19  Property of the column 19  Year Month  Column 19  Property of the column 19  Property	22 2019 Day Year 22 2019
Type of Report: (Check One)		*
8th day preceding preliminary/primary	action 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. Municip	pal Office.	3.96
2. I certify that I have not received any contribution		obligations during this
reporting period, and do not have a campaign fun	id in existence.	
3. I certify that I do not have a political committee.		
DATE I. SIGNATURE	II. RESIDENTIAL ADDRESS	III. OFFICE SOUGHT

DATE	I. SIGNATURE Signed under the penalties of perjury	IL RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
05/23/	9 Church Jugar	125 OAKST WAKEPELD	CONSTABLE
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Effective Date: April 24, 2019

2005 WY 22 MI 10: 00

# Western Surety Company

#### CONSTABLE'S BOND

	Bond No. 64614831
Christian Kevin Lopes,a	s Principal and WESTERN SURETY COMPANY, as Surety
	and firmly bound unto the Collector-Treasurer of tho f Massachusetts in the sum of
Five Thousand and 00/100	DOLLARS (\$ 5,000.00 ),
to be paid to said Collector-Treasurer to which payment v themselves, their heirs, executors, administrators, successor	vell and truly to be made they jointly and severally bind s and assigns.
Constable of Town of Wakefield, Commonw	igned Principal, having been appointed and confirmed a ealth 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 obligation shall become of no effect, otherwise it shall continu Signed, sealed and deliveredApril 26,	e in full force.
In the presence of	
A 11	Ву
Witness	Principal
Pol Seitheiser	By Paul T Bruffat, Vice President
ACKNOWLEDGME (Corporate STATE OF SOUTH DAKOTA County of Minnehaha   SS	Officer)
On this _26th day of April	,, before me appeared
Paul T. Bruflat , to me persist the aforesaid officer of WESTERN SURETY COMPAN instrument is the corporate seal of said corporation, and that corporation by authority of its board of directors, and said of deed of said corporation.  M. BENT  NOTARY PUBLIC SEAL  SOUTH DAKOTA	at said instrument was signed and sealed in behalf of said ficer acknowledged said instrument to be the free act and the said instrument to be the said instrument to be the said instrument.
i ASSOUTH DYKOTY ASSI	Notary Public

My Commission Expires March 2, 2020

+44444444444444

# 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

United States	of America	a, does hereby ma	ake, constitute and	appoint			
	Paul	T. Bruflat		of	Sioux Falls		
State of	Sou	ith Dakota	, its reg	ularly elected	Vice P	resident	
					to sign, execute, ac	knowledge at	nd deliver for and or
its behalf as S	Surety and a	as its act and dee	d, the following bo	nd:			
One CON	STABLE	TOWN OF WAK	EFIELD				
bond with bon	d number_	64614831					
for CHRISTI	AN KEVI	N LOPES					
as Principal in	the penalty	y amount not to e	xceed: \$5,000.	00			
adopted and now Section 7, the Company by Directors may a agents who shall	in force, to- All bonds, po the Presid- uthorize. The have author onds, policie	wit: blicies, undertakings, ent, Secretary, any ne President, any Vi rity to issue bonds, es, undertakings, Po	Powers of Attorney, Assistant Secretary, ce President, Secreta policies, or undertaki	or other obligations Treasurer, or any ary, any Assistant S ngs in the name of	of the corporation shal Vice President, or by Secretary, or the Treas the Company. The c	I be executed in such other of surer may appo orporate seal is	the corporate name of ficers as the Board of int Attorneys-in-Fact or int necessary for the my such officer and the
Vice	s Whereo	of, the said WE lent wit	STERN SURETY th the corporate se	al affixed this	26th day of	7	be executed by
2019					_		
ATTEST (	ď.:	nelson		V	VESTERNS	URETY	COMPANY
	/	L. Nelson, As	sistant Secretary	Бу	-100	Paul T.	Buflat, Vice President
STATE OF SOI COUNTY OF M		4				A STATE OF THE STA	SEAVAL SEAVAL
On this	26th	_ day of	April .	,2019	_, before me, a No	tary Public, p	ersonally appeared
	Paul T.	Bruflat	Selection of the select	_ and	L. Nelson		
and Assistant soluntary act ar	J. MO NOTARY I	respectively, of the said Corporation.	e said WESTERN	SURETY COMP	0.	Vice Pledged said in	nstrument to be the

 $To \ validate \ bond \ authenticity, go \ to \ \underline{www.cnasurety.com} \ > Owner/Obligee \ Services > Validate \ Bond \ Coverage.$ 

Form F1975-1-2016



# Form CPF M 102-0: Campaign Finance Report

Office of Campaign and Political Finance Municipal Form

Please print or type all information, except signatures.

City or Town of:	City or Town of: WAKEFICID	2019 ILAY 22 PM 3: 00		н каме рана от вуре на підостанок, ехсері мулансем.
Reporting Period:		Beginning: 64/16/2019	Ending: 0	5/23/2019
		(MM/DD/YYYY)		(MM/DD/YYYY)
Type of Report: (Check One)	eck One)			
☐ 8th day preceding	g preliminary/primary	☐ 8th day preceding election	☐ 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:	Chapter 55:			

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

					WEIRE/S	DATE
					Thomas J Flynn	PRINT NAME
						SIGNATURE Signed under the penalties of perjury
					141 A BREADWAS	RESIDENTIAL ADDRESS (Street and Number)
					School committee	OFFICE SOUGHT



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

Committee to elect TonyLongo Committee Name Franklin Leone Jr  Name of Committee Name Franklin Leone Jr  Name of Committee Treasurer  15 Fell Street  Residential Address E-mail: Phone # (optional):  SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used: The Savings Bank  Affidavit of Committee Treasurer:  Lectrify that I have examined this report including attacking shedules 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 of the Savings Bank  Affidavit of Committee Treasurer:  Lectrify that I have examined this report including attacking the foundaries of Candidate: (check 1 box only)  Committee to elect TonyLongo  Committee Name Franklin Leone Jr  Name of Committee Treasurer  15 Fell St  Committee Name Franklin Leone Jr  Name of	Fill in Reporting Period dates: Beginning Date: Apr 9	9, 2019 Ending Date: May 23, 2019
Candidate Full Name (if applicable)  Office Sought and District  Office Sought and District  15 Fell Street  Residential Address  E-mail:  Phone # (optional):  SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  The Savings Bank  Indiavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance cirvity in cluding all contributions, loans, receipts, superplures, disbursegents jii-kind contributiones and liabilities for this reporting period and represents the campaign finance cirvity of all persons acting under the authority or a health of this committee in accordance with the requirements of M.G.L. c. 55.  OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the committee in accordance with the requirements of M.G.L. c. 55. I have not received any contribution incurred any liabilities nor made any expenditures on ny behalf of this decording evitive filing separate report  Candidate with Committee and no activity independent of the committee in accordance with the requirements of M.G.L. c. 55. I have not received any contribution incurred any liabilities for many expenditures on ny behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contribution incurred any liabilities for many expenditures on ny behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contribution incurred any liabilities for many expenditures on ny behalf of this committee in acco		⊠ 30 day after election
Town Council  Office Sought and District  Semal:  Phone # (optional):  SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used: The Savings Bank  Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity of all persons acting under the authorn for one healt of this committee in accordance with the requirements of M.C.L. e. 55.  Condidate with Committee Treasurer:  (Treasurer's signature)  Otal:  Condidate with Committee and no activity independent of the committee in accordance with the requirements of M.C.L. e. 55.  I have not received any contribution and its in secondance with the requirements of M.G.L. e. 55.  I have not received any contribution and its in secondance with the requirements of M.G.L. e. 55.  I have not received any contribution and the neutron for one healt of this committee in accordance with the requirements of M.G.L. e. 55.  I have not received any contribution in activity 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 authorn for one healt of this committee in accordance with the requirements of M.G.L. e. 55.  I have not received any contribution in activity that I now cosmittee in accordance with the requirements of M.G.L. e. 55.  I have not received any contribution in activity that I now cosmittee in accordance with the requirements of M.G.L. e. 55.  I have not received any contribution in activity thingle-generate rep	Anthony Longo	Committee to elect TonyLongo
Office Sought and District  Residential Address  Residential Address  SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:  The Savings Bank  Indiavit of Committee Treasurer:  Line 1 in the Savings Bank  In the Savi		
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Indavit of Committee Treasurer: ertify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity of all persons acting under the authority of an behalf of this committee in accordance with the requirements of M.G.L. c. 55.    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 contribution 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	Line 7: Total (all) outstanding liabilities (page 7)	Ö
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 nance activity of all persons acting under the authority of an behalf of this committee in accordance with the requirements of M.G.L. c. 55.  **Greaturer's signature**  **Date: 5/3/9  **OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)  **Candidate with Committee and no activity independent of the committee**  **I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign 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 contribution 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**	Line 8: Name of bank(s) used: The Savings Bank	
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, disjurstments, in-kind contributions and liabilities for this reporting period and represents the	certify that I have examined this report including attached schedules and it is, to the best civity, including all contributions, loans, receipts, expenditures, disbursements in-kind nance activity of all persons acting under the authority of an behalf of this committee in igned under the penalties of perjury:  OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be activity, of all persons acting under the authority independent of the committee. I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actinuity and liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee OR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 5/3/9  ox only)  e best of my knowledge and belief, a true and complete statement of all campaign fine coordance with the requirements of M.G.L. c. 55. I have not received any contribution g period.  eparate report e best of my knowledge and belief, a true and complete statement of all campaign

### **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	
ine 9: Total Rece	ipts over \$50 (or listed above)	75	
ine 10: Total Rece	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	75	← Enter on page 1, line 2

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

### **SCHEDULE B: EXPENDITURES**

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

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

oport an expen	To Whom Paid	mittee name and a page number or	a cach page.)	
Date 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 ov	ver \$50 (or listed above)	945.82
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	945.82

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

Page 4



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

Office of Campaign and Political Finance

1019 11 29 NJ 7: 45

Fill in Reporting Period dates: Beginning Date:	1/2019 Ending Date: 4/24/2019
Type of Report: (Check one)	4/2019
	30 day after election year-end report dissolution
PETER JAMES MAY Candidate Full Name (Fapplicable)	THE COMMITTEE TO ZLEST PETER MAY
Candidate Full Name (frapplicable)  Town Cowseil	EILE COMMITTEE Name
Office Sought and District	Name of Committee Treasurer
12 GARDEN LAWE WAKEFIELD MA	12 Ganden Lowe WAKEFIRE 194 Committee Mailing Address
E-mail PJTHEDJQ COMCRET, NET	E-mails PJTH DJ Q CONKAST-NET
Phone # (optional): 781-799-813-7	Phone # (optional): 781-799-8137
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	- 2,732.45
Line 2: Total receipts this period (page 3, line 11)	+ 4,195,00
Line 3; Subtotal (line 1 plus line 2)	+ 1,462.55
Line 4: Total expenditures this period (page 5, line	14) - 4,966:63
Line 5: Ending Balance (line 3 minus line 4)	-3,504.08
Line 6: Total in-kind contributions this period (pag	te 6) + 4, 195.00
Line 7: Total (all) outstanding liabilities (page 7)	-3,504.08
Line 8: Name of bank(s) used: The San	VINGS BANK
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best o activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind co finance activity of all persons acting under the authority or on behalf of this committee in ac Signed under the penalties of perjury:	intributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box	only)
Candidate with Committee and no activity independent of the committee  1 certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in accommittee any liabilities nor made any expenditures on my behalf during this reporting p	
Candidate without Committee OR Candidate with independent activity filing separate of certify that I have examined this report including attached schedules and it is, to the bifinance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this comparison.	est of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(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 SALEMST WAKEFIND, MA 01880	FINDAMISER CANDS - POST CANDS	102,-
2/1/2019	TOWN OF WAKERIELD	LARMY OTA ST. WAREFUL, MADIERO	Liquor ticusa	50-
2/1/2019	Town of wheelised Averical Civil Cana	I LARMITTE ST.	ROOM ROUTH	75
2/1/8019	The Signi Sitif	SLINCOLNST. MAKERIELD, MA 018TO	BUMPER STICKINS	211,-
2/1/2019	VS AST office	MAINST. WALLERING MAY 01880	Postage	55-
2/5/2018	THE SIGNSHOP	5 LINCOLNST. WALLFIELD, MAN O1888	POLITICAL SIGNS	230-
2/5/2019	CAPORALE, LIQUERS	29 Browning ST. WAXEFIELD, MA 01680	Been from Pm Finchman 1cc, Cops	202-
2/5/2018	CiBós	WAKEFILED, MA 01880	Fri Dr PASTICIE,	200 -
2/20/2019	The SIGNSHOP	NAKEFALL I MA	Portition signs	306-
3/7/2019	THE T STOP	WAKEFILLDIMA WAKEFILLDIMA 01880	Strike 5 TO CHANGE SIGNS From BOS TOTC	398.44
3/13/2019	PGI	359 SALOM ST. WARROFIELD MA 31880	RK-RIELT Pom Fryers	297.50
3/15/2019	PGI	359 SHLUNST. MANGERILI MAJERO	FRICND POST	377.19
3/16/2018	USPS	MAINST MADIERS	STANIPS	550 -
7/14/2019	USPS	MIKETHIN MAN OI 8 FO	Stand ?	550-
4/10/2019	THE DAILY From	26 ALBINST. WALRFIELD, MA 01880	Two Adds Fin	480-
	1	Page 2 Total (add to Line 1 on Page	1):	Carried -

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/11/2019	The state of the s	WAREFILLD, MARTERO	POLITICAL SIGNS	552.50
4/17/3019	THE DIAIRY From	26 ALBION ST. MAK. FIRIL, MASIES	1 Add PAper 5 CAMPAIN Add	330. —
		Page 2 Total (add to Line 1 on Page	1): TOTAL	4966.63

VENT TO THE REST	4.6
Committee	Name.
Committee	I valific.

1	THE	COMMITTEE	To	ELECT	PETER	MAY
•	,	*				7

Page:	
1 450.	

### 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 WAKEFELL MY	100,-	
2/1/2019	JACK+KIM PALANO 20 TURNBULL AVE WAKEFIELD, MA OITES	150,-	
2/1/2019	CHAIS TARK 27 JAIKSON AVEL WAKKEREND, MA DIETE	100	
2/1/2019	WAYNE THANA 27 TACKSON AVE WAKEFICED, MA 01880	100,-	
215/2019	WILLIAM YASI 11 FANden Love WAKEFAIN, MA 018B	200.	YASI CONSTRUCTION CONSTRUCTION COMPANY
2/5/2019	BRIAN MCGARIL 81 DUTLOIR DROVE WALLFIELD MA 01885	50,-	
2/5/209	Kevin + Judy Gill 12 Mirchell Lawe WAKEFILLD IND DIFFS	100,-	
2/5/2019	JAMES + SAMA MURPHY 44B SALOM STAUT WALLFIELD, MA DIDES	100-	
215/2119	DR. STEPHEN + DONG THY MAIS 62 ABORN AVENUE WAKEFELD, MA DIEFS	50,-	
215/2019	THE FIM SCOTT 75 ELM STANT WAREFIELD, MA OITTO	35,-	
2/5/2019	MIEHARL MICHRITHY I CENTER SMUT /SUITE 205 WAKEFILLA MA OSTO	100	
2/5/2019	KANEN FALER 222 LOWELL STRUT WAKE FIELD, MA DIEBS	25	
ne 9: Total Receip	ots over \$50 (or listed above)		
ne 10: Total Recei	pts \$50 and under* (not listed above)		
ne 11: TOTAL R	ECEIPTS IN THE PERIOD	CONTAVEL	← Enter on page 1, line 2

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

Com	saittna	Mamaa
COIIII	muce	Name

### THE COMMITTER TO ELECT PETER MAY

Page.	2
i ago.	12

### 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	PART PAR DINOCES 17 WILLY STREET WAKEFIELD, MA	50,-	
2/5/2019	DA. PAN + KATE FALLON G Bryli Lowe WAREFIELD, MA 01880	100	
215/2019	RICHMA STNSON LINDRWAY STANT WARRELLING, MA 01880	50,-	
2/5/2019	JULIE SMITH GALVIN  28 GRAFFED SMUT  WARRELL MAY DIFFO	25	
2/5/2014	53 EUNICE CIRCLE WAKEFIELD, MA 01888	50,-	
2/5/2019	PAUL CANCELLIERE 71 MYATIC STRUT WALLEFIELD, VIA 21880	50-	
2/5/2019	PHILIP COUNCEY 4 PINE HILL WAKEFIELD, MA 01880	50	
2/5/2019	JAMES TUMAJINI 9 ORSINI DRIVE WALKFIELD, MA DIEFO	200-	His own Parinin
2/5/2019	LISA REYNORD + LORA TOMAJON, GORSIN: DRIVE WARRELEID 1 MA 01880	100-	
215/209	Jenuse + Robert McCIARY 34 Wordhand Rind Lumeracid, USA 01880	50	
215/2019	NICHOLAS MAIO 2 JACKSON AVA WAKKIELD, MYN DIEPO Edwart Debendt Fox	50	
2/5/2019	WARFIELD, MA 01880	50	
215/2019	STEATHEN MAIS 35 PRESTON STRUT MARKEREN, MA OILLE	50. —	
ine 9: Total Receip	pts over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	Compavel	← Enter on page 1, line 2

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

Committee Name:	THE	Commission To	Sleer	Paren	May	Page: 3
	11.7	Child willer In	V	Trien	1 117	Tuge.

### 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 DomBroski Tr. + Glew Crany 15 CHESTAUT STAUT WALE FIELD, MAY 01888	100-	
2/15/2019	Robert + Many Vincent 22 Frandaus KRNE WARRELLIN , MA 01880	100-	
2/5/2019	STEPHEN + JC AN MAIO 2 THEKSAN STRUT WAKEFIELD, MA OIED	50-	
2/5/2019	STEPHEN + GIVA FAMALL GRIVERS LANGE WAREFIELD, MA 01880	100-	
2/15/2019	Commet Many Lectural 10 Fox Rind MAKEFILLE MU DIEgo	100 -	
2/15/2019	JEANNE STINSON 4 NORWAY STRUT WARKFIELD, Ma DIEPO	50	
2/15/2019	MARK + Kerri FAMPLY 44 ANDREWS Road WAREFIELD MAN 01800	50-	
2/15-12019	Susaw Majeski 30 Goved Somet WARRFIELD, MA 01880	20-	
2/15/2019	AL TURCO IL FURIAM LANGE WARKFIELD, MAN 01880	50	
2/15/2019	DAN + Lois BENTAMINO 10 FOSTER STRUK # 205 WARRELLIN MAN 01878	50-	
2/15/2019	JOHN MULAMY 497 Lowell Smut WALKERED, MY 1880	40-	
2/15/2019	CHAIS CAMMON 1005 Men STANT MARKENELL, MA 01880	50-	
	pts over \$50 (or listed above)		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	CONTINUEL «	Enter on page 1, line 2

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

1	71.0			7	
Committee Name:	1th Committee	10	ELE-T	PETER MAY	Page: 4

### 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	BA.AN MCCOVBACY BD SIM STANT WAKEFILL INTH DIFFO	50-	
3/1/2019	MANG + Julie SLARSKY 72 WEST PANN DAINN WARRESHEL, MA 01880	100-	
3/10/2019	MKAREN BUTT 894 Frain ST. WARKERING, MA DIEB	100 -	
3/15/7019	WALTER SCHOFIELD NOATH AM WAREFIELD, MA 01880	100-	
4/24/2019	SAMATON RIZZETO 122 Francis STALLE WALRELLY IVER 01880	100-	
1/15/2019	Mutael Reily 73 Thoy Road EAST GREEN RUSH My 12061	1000-	Insurance Integro USA
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
25 3 3 4 7 1 3	ECEIPTS IN THE PERIOD receipts of \$50 and under, include them in line		← Enter on page 1, line 2 include only those receipts not itemized above.



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

Penorting Deriod	Barinina, 04/12/10			H		
reporting renou.	Degining: 04/10/19	(MM/DD/YYYY)		Ending: 05/23/2019	2019	(MM/DD/YYYY)
Type of Report: (Check One)	sck One)					
Sth day preceding	☐ 8th day preceding preliminary/primary ☐ 8th d	■ Sth day preceding election	30th day follow	Soth day following election (town or special)		20th day of January (Year, End renort)
Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candi 2. I certify that I have not re 3. I certify that I do not hav	uant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office, 2. I certify that I have not received any contributions, made any expend 3. I certify that I do not have a political committee.	d Municipal Office, s, made any expenditures,	or incurred any oblig	gations during this reporti	ng period, and	suant to M.G.L. Chapter 55:  1. I certify that I am a candidate for or currently hold Municipal Office.  2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.  3. I certify that I do not have a political committee.
DATE	PRINT NAME	Signed under the p	SIGNATURE nder the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	ADDRESS umber)	OFFICE SOUGHT
05/13/2019 Jo	John J. McCarthy, Jr.			11 Morningside Road		Treasurer
) IV						
. Wa						
E1						
(5) (5) (5)						
6 <b>10</b> Z						



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

Office of Campaign and Political Finance

1 2.4, 2019	Date: April	Pate: Jan 2, 2019 End	ting Period dates: Beginning	Fill in Repor
day of January r-End Report)		tion 30th day following elec (Town or Special)	eport: (Check one) breceding	8th day p
nis reporting period	ligations during this	ffice. de any expenditures, or incurred any	G.L., Chapter 55: t I am a candidate for or hold Municipal of t I have not received any contributions, maye a campaign fund in existence. t I do not have a political committee.	I certify that I certify that and do not l
TICE SOUGHT	III. OFFIC	II. RESIDENTIAL ADDRESS (Street and Number)	I. SIGNATURE Signed under the penalties of perjury	DATE
Trestre	Library J	753 Main St.	4/1/2-	1/26/19
			W	



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

Office of Campaign and Political Finance

7810 TAY 22 4M 9: 03

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning	g Date: 4-16-19 Ending Date: 5-22-19
Type of Report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding	eding election 30 day after election year-end report dissolution
Ann MCGmich Savitos, Candidate Bill Name (if applicable)	Committee to select Ann Santos Committee Name
Wake Field Town Council Office Sought and District	Ann Sandus Name of Committee Treasurer
39 Converse St. Wake field M Residential Address	A 01880 Same Committee Mailing Address
Telephone Number (optional): UIT - 529 - 86 S6	Telephone Number (optional):
SUMMAF	RY BALANCE INFORMATION:
Line 1: Ending Balance from previ	ous report 3851.02
Line 2: Total receipts this period (p	page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)	1. 4001-02
Line 4: Total expenditures this peri	od (page 5, line 14) 27 25,99
Line 5: Ending Balance (line 3 min	us line 4) 1275.03
Line 6: Total in-kind contributions	this period (page 6) / 60.00
Line 7: Total (all) outstanding liabil	lities (page 7)
Line 8: Name of bank(s) used: W	ake field Swing's Bonck
ctivity, including all contributions, loans, receipts, expenditures, disbu	and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance ursements, in-kind contributions and liabilities for this reporting period and represents the campaign of this committee in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 5 27:19
FOR CANDIDATE FILINGS ONLY: Affidavit of Cand	
Eandidate with Committee and no activity independent of the I certify that I have examined this report including attached schedu activity, of all persons acting under the authority or on behalf of the incurred any liabilities nor made any expenditures on my behalf du	ules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance his committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
<ul> <li>finance activity, including contributions, loans, receipts, expenditu</li> </ul>	at activity filing separate report  ales and it is, to the best of my knowledge and belief, a true and complete statement of all campaign  ares, disbursements, in-kind contributions and liabilities for this reporting period and represents the  or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
gned under the penalties of perjury:	(Candidate's signature) Date: 5-22 F7

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4.20-19	John Blate Galvin 136 Parknewld. Lowell	100.00	
(6)			
ne 9: Total Receip	ts over \$50 (or listed above)	100.00.	
ne 10: Total Receip	ots \$50 and under* (not listed above)	50.00	

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 ivalue fuld int	repayment of personal funds	1097,05
4.22-19	US Post office	1179 Mainst Wakefuld ma	Stamps	176.40
4.20-19	Boys+Girls6lub watered	467 mainst Wakefuld	dnatur	250.00
4.22.19	PGI Panting	359 Salem St Wakefield	printing	802.54
4.23.19	Salaura	397 Maix St. Walefield m4	Function	400.
	~			
			-	
		Line 12: Expenditures over \$50	(or listed above)	2725.99
		Line 13: Expenditures \$50 and 1	under* (not listed above)	
	Enter on page 1, line 4 $\rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	2725.99

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

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

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4.23.19	Thry Lango	15 Fell St. Wakefield MV	function	160.N
		Line 15: In-Kind Contribution		
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	160 00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	160.00

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

Page 6

## TOWN CLERK WAKEFIELD, MA

2019 MAY 17 AM 11: 25



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

of Massachusetts		in at the contract of	
City or Town of: Wake Field	MA,	Plea	se print or type all information, except signatures.
Reporting Period: Beginning:	24/2019 MMDDYYYY)	Ending: 05/24/	2019 (MMDD/YYY)
Type of Report: (Check One)		/	
8th day preceding preliminary/primary 8th day	ay preceding election 30th day follow	ring 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 hol 2. I certify that I have not received any contribution 3. I certify that I do not have a political committee.	d Municipal Office. s, made any expenditures, or incurred any obli		
DATE , PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
4/17/19 Elaine M. Silva	Claire M. Silva	1 Furness Citcle	Board of Health



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

Office of Campaign and Political Finance

of Massach	husetts	File with: City or Town Clerk or Election Commissi
Fill in I	Reporting Period dates: Beginning Date: 4-	-12-19 Ending Date: 5-17-19
- 1	Report: (Check one)  ay preceding preliminary   8th day preceding election	
W	TARR	
WM	CLD COMMISSIONER	Committee Name
27	DACKSON LN WAKEFLOT MA	Name of Committee Treasurer
E-mail: U	Harr 357 eya hoo, com	Committee Mailing Address E-mail:
Phone # (op	tional): 781 -548-1005	Phone # (optional):
	SUMMARY BALANC	CE 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	e 14) 4192 . D6
	Line 5: Ending Balance (line 3 minus line 4)	(1566.18)
. (	Line 6: Total in-kind contributions this period (page	ge 6) O
	Line 7: Total (all) outstanding liabilities (page 7)	1566.18
	Line 8: Name of bank(s) used:	RN BANK
ertify that I h	ommittee Treasurer:  nave examined this report including attached schedules and it is, to the best of sing all contributions, loans, receipts, expenditures, disbursements, in-kind cor of all persons acting under the authority or on behalf of this committee in ac	of my knowledge and belief, a true and complete statement of all campaign finance outributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.
ned under t	the penalties of perjury:	(Treasurer's signature) Date:
Candidate I certify that activity, of	with Committee and no activity independent of the committee at I have examined this report including attached schedules and it is, to the be all persons acting under the authority or on behalf of this committee in accord	est of my knowledge and belief, a true and complete statement of all campaign finance rdance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate I certify tha finance acti campaign fi	without Committee OR Candidate with independent activity filing separate land this report including attached schedules and it is, to the be	erate report est of my knowledge and belief, a true and complete statement of all campaign, h-kind contributions and liabilities for this reporting period and represents the

### SCHEDULE B: EXPENDITURES

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

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

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

report all expenditures. Please inclu-		ime and a page number of	each page.)	1
To Whom Date Paid (alphabetical	listing)	Address	Purpose of Expenditure	Amount
4/12/19 Connolly	Printing 17	18 Gill St.	PRINTING-	2096 23
4/16/19 Connolly 4	Printing 17	S Gill'St.	PRINTING	2096 23
				1
	Line 12	: Total Expenditures ove	r \$50 (or listed above)	4192.06
	Line 13:	Total Expenditures \$50	and under* (not listed above)	_
Enter on page	1, line 4 → Line 14		RES IN THE PERIOD	4192.06

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

Page 4

### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
4/16/19	WAYNE M. TARR	27 JACKSOULN WAKEFIELD, MA	BALANCE PRINTING	956618
	1	,		
		- 1		
	Enter on page 1, line 7 → Lin	ne 18: TOTAL OUTSTANDING	G LIABILITIES (ALL)	1566 18

arriane. Kiddere



### Form CPF M 102: Campaign Finance Report gmail. com

Municipal Form

Office of Campaign and Political Finance

Massachusetts	File with: City or Town Clerk or Election Commis
Fill in Reporting Period dates: Beginning Date: 4/16	/19 Ending Date: 5/23/19
Type of Report: (Check one)  Sth day preceding preliminary   8th day preceding election	⊠ 30 day after election
Candidate Full Name (if applicable)  Wakefield Public School Committee  Office Sought and District  15 Aborn Ave, Wakefield, MA 01880  Residential Address  i-mail: 5-24 1925 @ 4400	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 Smail com  Phone # (optional):
SUMMARY BALANC	E 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 1)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 7)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used: The Savings Bank	25 ne 14) 20 5
refify that I have examined this report including attached schedules and it is, to the best tivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of nance activity of all persons acting under the authority or on behalf of this committee in gned under the penalties of perjury:  OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo  Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting  Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 5/23/19  Example 19  The system of my knowledge and belief, a true and complete statement of all campaign final coordance with the requirements of M.G.L. c. 55. I have not received any contribution appeared that are not otherwise disclosed in this report.  Example 20  Exa



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

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk of Election Commission
Fill in Reporting Period dates: Beginning Date: $I - I$	-19 Ending Date: 12-31-19
Type of Report: (Check one)	
Sth 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: Christe Northshore poolsper, com	Committee Name  Ada m Callanau  Name of Committee Treasurer  600 Salam St Wakefield Mut  Committee Mailing Address  E-mail: Chrise North shew palls por 10-
Phone # (optional):	Phone # (optional):
SUMMARY BALANCI	F INFORMATION:
Line 1: Ending Balance from previous report	264.68
Line 2: Total receipts this period (page 3, line 11)	8
Line 3: Subtotal (line 1 plus line 2)	266.68
Line 4: Total expenditures this period (page 5, line	14) &
Line 5: Ending Balance (line 3 minus line 4)	266.68
Line 6: Total in-kind contributions this period (pag	ge 6) Q
Line 7: Total (all) outstanding liabilities (page 7)	NA NA
Line 8: Name of bank(s) used: The Sav	ings Beak
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursaments, in-kind continuous activity of all persons acting under the authority or on behalf of this dommittee in activity of all persons acting under the authority or on behalf of this dommittee in activity of all persons acting under the authority or on behalf of this dommittee in activity of all persons acting under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of the contribution)	ntributions and liabilities for this reporting period and represents the campaign coordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 12-19-19
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 be activity, of all persons acting under the authority or on behalf of this committee in according any liabilities nor made any expenditures on my behalf during this reporting persons.	est of my knowledge and belief, a true and complete statement of all campaign finance
Candidate without Committee OR Candidate with independent activity filing sepa I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this c	est of my knowledge and belief, a true and complete statement of all campaign
signed under the penalties of perjury:	(Candidate's signature)

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			Or ago of more)
			2
		•	
-			
Line 9: Total Receipts	s over \$50 (or listed above)		
ine 10: Total Receipt	s \$50 and under* (not listed above)		
Line 11: TOTAL RE	CEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemized re-	ceipts of \$50 and under, include them in line		I include only those receipts not itemized above

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

### SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
	Property and the same and the s					
	*		<u>~</u> — –			
				,		
	1	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						
			ould include only those expenditures			

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

### SCHEDULE 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

	int or type all information, except signatures  ay Year Month	Day Year
l in dates: Month D porting Period Beginning \	Ending 12	31 19
pe of Report: (Check One)  8th day preceding Sth day preced preliminary/primary	ing election 30th day following elect (Town or Special)	tion 20th day of January (Year-End Report)
1. I certify that I am a candidate for or hold M 2. I certify that I have not received any contri reporting period, and do not have a campai 3. I certify that I do not have a political comm  ATE  I. SIGNATURE	butions, made any expenditures, or incurred gn fund in existence.  ittee.  II. RESIDENTIAL ADDRESS	any obligations during this  III. OFFICE SOUGHT
Signed under the penalties of perjury	(Street and Number)  8 Stark Ave	Cibrary Truste
NIT CHEFT		U
	90	[0]



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

2010 JAN -2 MM 7: 34

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission  2019 Ending Date: 12/3/26/19
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	30 day after election 💢 year-end report 🗌 dissolution
Albert J. Twr (C Candidate Full Name (if applicable)	Committee to Elect Albert J. Turco Committee Name Daniel Co Calore
Dest Turco Hot Mail. Com	Name of Committee Treasurer  16 Irdian Lane, Waterfield, MAOR86  Committee Mailing Address  Committee Mailing Address  Committee Mailing Address
AND THE STATE OF T	hone # (optional):
SUMMARY BALANCE I	NFORMATION:
Line 1: Ending Balance from previous report	657.88
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	657.88
Line 4: Total expenditures this period (page 5, line 14	350.00
Line 5: Ending Balance (line 3 minus line 4)	307.88
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: Wckefield Co-	operative Bank
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my activity, including all contributions, loans, receipts, expenditures disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in according to the committee of perjury:	knowledge and belief, a true and complete statement of all campaign finance outions and liabilities for this reporting period and represents the campaign dance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: August 2 2020
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only	7
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 activity, of all persons acting under the authority or on behalf of this committee in accordant incurred any liabilities nor made any expenditures on my behalf during this reporting period.	ace with the requirements of M.G.L.c. 55. I have not received any contributions
Candidate without Committee OR Candidate with independent activity filing separate  I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kin campaign finance activity of all persons acting under the authority or on behalf of this committee.	of my knowledge and belief, a true and complete statement of all campaign
signed under the penalties of perjury: Albert J Ducc	(Candidate's signature) Date: January 2,3631

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	None		(227 2277 2287 201 01 01 01 01 01 01 01 01 01 01 01 01 0
	11010		
-		•	
Line 9: Total Receipt	ts over \$50 (or listed above)		
Line 10: Total Receip	ts \$50 and under* (not listed above)	**************************************	
	CCEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemized re	eceipts of \$50 and under, include them in line	). Line 10 should	d include only those receipts not itemized above

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

### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	
	(expansional norms)	Tudi ess	1 urpose of Expenditure	Amount
A				
	*			
See Page	Li	Line 12: Expenditures over \$50	(or listed above)	
200	T	Line 13: Expenditures \$50 and un	nder* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	

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

### SCHEDULE 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 OUTSTAND	ING LIABILITIES (ALL)	



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

Office of Campaign and Political Finance

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. 1. I certify that I am a candidate for or currently hold Municipal Office. ant to M.G.L. Chapter 55: th day preceding preliminary/primary orting Period: of Report: (Check One) or Town of: WAKEFIELD Beginning: January 1, 2019 8th day preceding election 30th day following election (town or special) Ending: December 31, 2019 Please print or type all information, except signatures. 20th day of January (Year-End report)

3. I certify the	<ol> <li>I certify that I do not have a political committee.</li> </ol>			
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
12/23/2019	William M. D'Amore	Willen & Dame	91 Green Street	Planning Board



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

Office of Campaign and Political Finance

Please print or type all information, except signatures.

City or Town of:	Waktfid			F 77 10 0100	Please print or type all information, except signatures.
Reporting Period:				Ending:	
		(MM/DD/YYYY)			(MM/DD/YYYY)
Type of Report: (Check One)	ck One)				
☐ 8th day preceding	8th day preceding preliminary/primary	☐ 8th day preceding election	30th day following election	ng election (town or special)	20th day of January (Year-End report)
Pursuant to M.G.L. Chapter 55 I. I certify that I am a cand	hapter 55: am a candidate for or cui	uant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office.			
2. I certify that I i 3. I certify that I i	<ol> <li>I certify that I have not received any contribution</li> <li>I certify that I do not have a political committee.</li> </ol>	ntributions, made any expenditumittee.	res, or incurred any obliga	tions during this reporting period,	2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.  3. I certify that I do not have a political committee.
DATE	PRINT NAME		SIGNATURE Signed under the penalties of periury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOLIGHT
12-23-19	Jeffrey Quinn		3.	753 Main St.	Library Trustee
		144			



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

Office of Campa	ign and Political Finance
BETSY Sheeran	2 -0 7 1:12

File with: Please print or type all information, except signatures. City or Town Clerk or Election Commission Fill in dates: Month 01/01/2019 Reporting Period Beginning Ending Type of report: (Check one) ☐8th day preceding election ☐30 day after election ☐year-end report ☐dissolution ☐8th day preceding preliminary RE-ELECT Full Name of Candidate (if applicable) Committee Name MILLOAN Name of Committee Treasurer Office Sought and District Committee Mailing Address-Residential Address Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report 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) Line 5: Ending balance (line 3 minus line 4) 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 CUStern Savings 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 Signed ander the penalties of perjury: M.G.L. c. 55. Date Treasurer's signature (in ink)

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST	r 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 knowle	lades and balish a true and complete statement of all
campaign finance activity, of all persons acting under the authority or on behalf of this committee in a have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during	accordance with the requirements of M.G.L. c. 55. I
☐ 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 knowleampaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind and represents the campaign finance activity of all persons acting under the authority or on behalf of the	contributions and liabilities for this reporting period
M.G.L. c. 55.  Signed under the penalties of perjury:	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.

Date Received	Name and Residential Address (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more
			1	
		1		
	. /			
		1		
	W			
Line 9: T	otal receipts in excess of \$50 (or listed above)			
Line 10: T	otal receipts \$50 and under* (not listed above)			
Line 11: T	OTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

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

### SCHEDULE B: EXPENDITURES

M.G.L. 6.55 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	e Am	ount
				4000	wo
-			: Expenditures \$50 and under*	100	00
	ter on page 1, line 4	Line 14	4: TOTAL EXPENDITURES  12. Line 13 should include only	100	0

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

Page 3

### 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
1,6			1	ļ
			/	
		7		
	-	Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

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

### 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	9		
	7			1
E	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

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

Page 4



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

Office of Campaign and Political Finance

		Please print or type a	ll info	mation, except s	ignatures.		
Fill in dates: Reporting Period Beginning	Mor	nth Day	Year	Ending_	Month /	Day_/	Year 20
Type of Report: (Check One	:)		7				
8th day preceding preliminary/primary		8th day preceding election		30th day follow (Town or Speci	N		day of January End Report)

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

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

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
8/20	(Aux ())	48 Forest Street	MODERATOR
	(Wm. H. Carroll)		
		*	74.
			11/97



# 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	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	Committee to Elect Jonathan Chines
Candidate Full Name (if applicable) Town Council	Committee Name Michelle Estrada
Office Sought and District	Name of Committee Treasurer
34 Hopkins Street, Wakefield, MA 01880  Residential Address	34 Hopkins Street, Wakefield, MA 01880
E-mail: jchines@alumni.tufts.edu	Committee Mailing Address E-mail: jchines@alumni.tufts.edu
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$1,695
Line 2: Total receipts this period (page 3, line 11)	\$0
Line 3: Subtotal (line 1 plus line 2)	\$1,695
Line 4: Total expenditures this period (page 5, lin	ne 14) \$0
Line 5: Ending Balance (line 3 minus line 4)	\$1,695
Line 6: Total in-kind contributions this period (pa	age 6) \$0
Line 7: Total (all) outstanding liabilities (page 7)	\$1,000
Line 8: Name of bank(s) used: The Savings Bank	
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind clinance activity of all persons acting under the authority or on behalf of this committee in bigned under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 1/7/202
Candidate with Committee    Certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting    Candidate without Committee   Certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements,	e best of my knowledge and belief, a true and complete statement of all campaign for coordance with the requirements of M.G.L. c. 55. I have not received any contributing period that are not otherwise disclosed in this report.
campaign finance activity of all persons acting under the authority or on behalf of this igned under the penalties of perjury:	(Candidate's signature)

#### 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	Amoun
1/12/19	Jonathan Chines	34 Hopkins Street Wakefield, MA 01880	Initial funding for campaign	\$1,000
			<u>//</u>	
				\$1,000





# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in R	eporting Period dates: Beginning Date:	1/2019	Ending Date:	12/31/20	19
	Report: (Check one)  y preceding preliminary   8th day preceding election	n ☐ 30 đay aft	er election Vyes	er-end report	dissolution
Jose 33 -mail: J	candidate Full Name (if applicable)  brorg Trustee Office Sought and District Brook St. Wakefield  Residential Address OSEPHS Tringale gmail. (ominal):	CTE  Jan  33 B  E-mail:  Phone # (option	Name of Committee M Committee M Committee M	alling Address	u
1	SUMMARY BALA	NCE INFORM	IATION:		
	Line 1: Ending Balance from previous report		1	50.00	
	Line 2: Total receipts this period (page 3, line	11)		0	
Ì	Line 3: Subtotal (line 1 plus line 2)			150.00	
1	Line 4: Total expenditures this period (page 5,	line 14)		Ð	
-	Line 5: Ending Balance (line 3 minus line 4)		j	50.00	1
	Line 6: Total in-kind contributions this period	(page 6)		0	ķ.
	Line 7: Total (all) outstanding liabilities (page	7)		0	1
	Line 8: Name of bank(s) used: The So	wings É	Burk		
tify that I b rity, includi nce activity acd under t	ommittee Treasurer: have examined this report including attached schedules and it is, to the bring all contributions, loans, receipts, expenditures, disbursements, in-king of all persons acting under the authority or on behalf of this committee the penalties of perjury:	in accordance with th	tonines for mis reporting p		aign finance ampaign / 7020
Candidate I certify tha	e with Committee at I have examined this report including attached schedules and it is, to fall persons acting under the authority or on behalf of this committee in by liabilities nor made any expenditures on my behalf during this report	the best of my knowle	difficulty of vivious of a	a a many a sale of a collision of	ampaign fina y contribution
certify that	e without Committee at I have examined this report including attached schedules and it is, to tivity, including contributions, loans, receipts, expenditures, disburseme finance activity of all persons acting under the authority or on behalf of				ampaign ents the

#### SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7 77			
ne 9: Total Receipts	over \$50 (or listed above)	0	
e 10: Total Receipts	\$50 and under* (not listed above)	Ò	
ne 11: TOTAL REC	EIPTS IN THE PERIOD	0 4	Enter on page 1, line 2

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

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			M 341
20 A	е и		
e 9: Total Receipts	over \$50 (or listed above)	D	
	\$50 and under* (not listed above)	0	
	EIPTS IN THE PERIOD	<b>∂</b> ←	Enter on page 1, line 2

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

#### SCHEDULE 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 of	over \$50 (or listed above)	T
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	D

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

Page 4

#### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
			Ē	
		Line 12: Expenditures over \$5	50 (or listed above)	0
		Line 13; Expenditures \$50 and		0
	Potence area 1 Bas 4 -4	Line 14: TOTAL EXPENDIT		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.

Page 5

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

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

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

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

Page 6

## SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amoun
	18			
		ne 18: TOTAL OUTSTANDI	MC I IADH PPIEC (ALL)	0



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2020 JAN -9 MM 7: 53

Fill in Reporting Period dates: Beginning Date: 4-17-19 Ending Date: 12-21-19
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 Committe to Elect Ann Santos
Town Council / (state Rep. after 12020) Ann Santos Mike Bondreau (State
39 Governat Converse St. Wakeheld 39 Converse St. Walesfield MA Rep
-mail: asantose suffolkedu E-mail: asantose suffolkedu
hone # (optional):  Phone # (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report 2439.52.
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2) 10,694.52
Line 4: Total expenditures this period (page 5, line 14) [1700 (pending)
Line 5: Ending Balance (line 3 minus line 4) 10,694-52
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: Wallefuld Savings Bank
idavit of Committee Treasurer:  rtify 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 vity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign nee 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  red under the penalties of perjury:  (Treasurer's signature)  Date: 1-9-2020
R CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the committee  Certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee OR Candidate with independent activity filing separate report  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
ed under the penalties of perjury: Date: 1-9-2020 (Candidate's signature)

#### SCHEDULE A: RECEIPTS

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

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

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

Name and Residential Address		
Date Received (alphabetical listing required)		Occupation & Employer (for contributions of \$200 or more)
206 Darnell 115 paulding Rd wakefuld	55.00	Contractor
Roderick Urguhant 19 Sterling Rd. MA 01862	250.00	President - austom Chemical
Rodende linguhart p.0 Box 358 n. Billenca	250.D	president - curton chemical
Chris+ Ali Jan ma) 27 Jackson Lane	150.00	
nick maio 2 Jackson lane Wakefe	100.00	
Steve + Jean Maio 2 Jackon Lane material	200.00	Town Adminstrator Wakefuld m4
MIRE+ Cynthia 27 Westvewfarm Rd. Dracut ma 01826	200.00	Business owner- self. employed
Greg. Kim Judue 30 mmsm Rd. West Wakefield MA	100.00	
Michael + Paula Barrett 5 macbonalded Farm ed. Water Feed	100.00	
Anne + Kevin Daneby govertok Rd. Wakefuld	5b	
Thomas walsh Ir. 18 A Bartleyst. Wahefuld	400.00	Temergeney Manager Jam of Wakefuld
mary + David Macauley 38 Howard St., melrose mf	100.00	
ipts over \$50 (or listed above)	1655,-	
eipts \$50 and under* (not listed above)	50.	
RECEIPTS IN THE PERIOD	1705.	← Enter on page 1, line 2 Id include only those receipts not itemized above.
	Rob Darnell IISpaulding Rd wakefuld  Roderick Urguhart 19 Sterling Rd. M. Billenca Reclarch Urguhart 2.0 Box 358 M. Billenca 2.0 Box 358 M. Billenca 2.1 Jackson Lane  NICK Maid 2.7 Jackson Lane Wakefuld 2.7 Jackson lane Wakefuld 2.7 Jackson lane Wakefuld  MIRE + Gynthia 2.7 Westnewtarm Rd 2.8 West 30 momson Rd. West Wakefuld MA  Michael + Paula Barrett Smacoonald Farm Rd. Wakefuld  Anne + Kevin Danehy 9 Overlook Rd. Wakefuld  Thomas Walsh Jr 18 A Bartleyst. Wahefuld 18 A Bartleyst. Wahefuld 28 Howard St. Melrose mot 02174  pts over \$50 (or listed above)  sipts \$50 and under* (not listed above)	Roberch Urguhart 19 Sterling Rd. MA 01862  Roberch Urguhart 19 Sterling Rd. MA 01862  Roberch Urguhart 19 Sterling Rd. MA 01862  Roberch Urguhart 150.00  Roberch Urguhart 150.00  Roberch Ali Jan May 27 Jackson Lane  Mich Maio 2 Jackson Lane Waheful 200.00  Steve + Jean Maio 2 Jackson Lane Waheful 200.00  Mike + Cynthia 2 + Westrewfarm Rd 30 mmson Rd. West 30 mmson Rd. West 30 mmson Rd. West 30 mmson Rd. Wakeful  Michael + Paula Rd. Wakeful Anne + Levin Oaneby 9 obelitok Rd. Wakeful 100.00  Thomas walsh Jr 18 A Bartleyst. Wakeful 38 Howard St. Melrose mat 100.00  pts over \$50 (or listed above)  ipts \$50 and under* (not listed above)  50.

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

## SCHEDULE A: RECEIPTS

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

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

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

Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
206 Danell 115 paulding Rd wakefuld	55.M	Contractor
Roderick lirguhant 19 Sterling Rd. M. Billena 19 Sterling Rd. MA 018122	250.00	President - austom Chemical
Roderick linguhart P.O Box 358 n. Billenca	250.D	President - curton Chemical
Chris+Ali Jan ma) 27 Jackson Lane	150.00	
nick maio 2 Jackson lane Wakefe	100.00	
Steve+ Jean Maio 2 Jackon Lane waterud	200.00	Town Adminstrator Wakefield MA
MIRE+ Cynthia 27 Westvewfarm Rd. Dracut ma 01826	200.00	Business owner- self. employed
Greg Kin Judue 30 mmsm Rd. West WakeReld MA	100.00	
Michael + Paula Barrett Smachonald Fam ld. wake held	120.10	
Anne + Kevin Daneby g weetook Rd. Wakefuld	5 b. —	
Thomas walsh Jr. 8 A Bartleyst. Wahefuld	40D.M	Emergency Manager JMM of Wakefuld
Many + David Macauley 38 Howard St., Melrosema	100.00	
	1655.	
s \$50 and under* (not listed above)	50.	
CEIPTS IN THE PERIOD	1705 6	Enter on page 1, line 2
	Rob Darnell IISpaulding Rd wakefield  Roderch Urguhant 19 Sterling Rd. m. Billenca  Rederch Urguhart P.D BOX 358 n. Billenca  Roberts Maio 27 Jacks on Lane Wakefield 27 Jacks on Lane Wakefield 27 Jacks on Lane Wakefield  Steve + Jean Maio 2 Jacks on Lane Wakefield  MIRE + Cynthia 27 Westvewtarm Rd. Dracut m. O18 26  Greg + Kim Judue 30 moms on Rd. West Wakefield m.  Michael + Paula Barrett S macbonald Michael + Paula Barrett S macbonald Farm Rd. Wakefield  Michael + Paula Barrett S macbonald Wakefield m.  Michael + Paula Barrett S macbonald Wakefield m.  Michael + Revin Daneby Goverlook Rd. Wakefield  Minas walsh Jr.  K A Bartleyst. Wakefield  May + Dand Macauley 8 Howard St. Melrose m.  Over \$50 (or listed above)  [\$50 and under* (not listed above)	Robert Urguhant 19 Sterling Rd. MA 018623  Rederich Urguhant 19 Sterling Rd. MA 018623  Rederich Urguhant 19 Sterling Rd. MA 018623  Rederich Urguhant 150.00  Rederich Urguhant 150.00  Chn's + Ali Jan may 27 Jacks M Lane 27 Jacks M Lane 27 Jacks M Lane 27 Jacks M Lane 27 Water Rid 200.00  MIRE + Cynthia 27 Westrewfam Rd. 27 Westrewfam Rd. 27 Westrewfam Rd. 280.00  MIRE + Cynthia 27 Westrewfam Rd. 200.00  MIRE + Cynthia 27 Westrewfam Rd. 200.00  MIRE + Cynthia 28 Too.00  MIRE + Cynthia 29 Water Rid 200.00  MIRE + Cynthia 20

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

# SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
122819	John cox syngshows as perby cane syngshows	100 -	
12.26.19	Nayre + Mary lose Jan 27 Jackson lane wakefuld	100 -	
12.28.19	Clan + Cheryl Sayer 23 Berkeley Ave. Lowell MA	200 -	Custiclian - Lowell public Achorls
12.26.19	Henri + Colleen Asselin 129 Westwew Rd. Lowell	100 -	
122819	Anthony · Karen Visalli 223 Burlington Ave. Wilmington	100-	
12.26.19	Hank Pasquerella 3 Summit Dr. Unit 64 Reading	200 -	Retried
12 36-19	Michael Zaim 155 Mansur st. Lowell	1000	Attorney - seef employed
12.26.19	Arthur Santos 24 Webber St. Lowell	100,-	Attorney
12.28.19	Edward Bedrosian 18 mead whomok Rd Wellesley	100 -	
12.26,9	Anthony Gnardia 27 Paver lane Wakefuld	500.00	A Wake Field - Stonlham
Line 9: Total Receip	ots over \$50 (or listed above)	2500,-	
Line 10: Total Recei	pts \$50 and under* (not listed above)	~	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	2500	← Enter on page 1, line 2
If you have itemized	receipts of \$50 and under, include them in line	Line 10 should	

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

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
12.23.19	nancy . Fran fun aro 154 Fairmont St. Lowell	100.00	Attorney
	Chas+stacey Constas 25 wave Ave watered	250.00	Attorney Stander Corp.
	Kristne + Bryan Regan Slatnot Circle Walfold	50,-	
	Christoper Welson 24 Pheasantwood Terr. Walane	50-	
	Paul: Angela Tanu 22i 47 Walton St. Watereld	120 -	
	Gary Hill Aptia Fold	50-	wakefuld firefighter
	lynda Bryages wahafild 30 Walden Rd. WMA	JS0	Busar BBIN SCHOOL
	Steve + Kim leone 120 summer st. fild mt	200.00	President - ployed
	6 Cenn + Carolyn Schurter 41 Park Ave. Waterfield	100.	
	Mack + Susan Simeofa 11 Stevens Rd. Melose	100	Attorney
	Ihmas Mackay 27 Plymonth Rd, Wakefiel	250	owner-construction
6	Betty + Bob Barile 3 Thmas Rd. Winheld	200	Returd
	Jane Machonald 102 Central St. und 3B Saugus MA	100	Retired
	s over \$50 (or listed above)	4000 1600	
ne 10: Total Receip	ts \$50 and under* (not listed above)	600000 100	
	CEIPTS IN THE PERIOD ceipts of \$50 and under, include them in line	1700	← Enter on page 1, line 2

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

#### SCHEDULE A: RECEIPTS

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

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
12.23.19	Dan mcGonigle feabody. 25 Princeton of feabody.	570	Retned
12.27.19	Bob + Suzanne Molan 36 factoway Rd . Storchan	100-	-
12.23.19	michael Boy ages 26 Chestnut St ugnit 12 Wakefield	100-	Retired
12.23.19	Michael Gouldens 3 sagent Rd Belmont	100	Cheef of Police Weston PD
12.23.19	Julie Smoth Galvin + Thoma Galvin 28 Graffonst. Wakefield	100	
12.23.19	Chris Callanan 600 salem st. Apt 2001 Wakefield	100	Business owner
12.23.19	Erica James Rago 3 Cave Rock Rd. Saugus	100	
12.23.19	William Camil, Attory Sag North Ave. Stutele Rela	200,	attorney - sey employed
12.23.19	Bran M'Brail, Atty sqq Double North Ave Site 7 water Fold	280 -	attorney seef employed
12.26.19	Dennis-Mel lauhome 46 Federal St. Reading MA	5W.	company, self. employed
12.28.19	Fach Boyages. Wakefield	350	Retired
12.26.19	Bran + Julie Dusken 47 Alat St. Lowell MA	100 -	Attorney
ine 9: Total Rece	ipts over \$50 (or listed above)	2350.	
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	2350	← Enter on page 1, line 2 Id include only those receipts not itemized above.

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

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
12.19.19	Hannah Lapuese 4 Holmes Road loxington	4 Holmes Rd Lexington, mA	Social medici aduser (randidate loan)	400
12.6.19	Massachusetts Democratic Party	11 Beacon St. Stude 410 Boston ma 02108	Votebuilder (andidate loan)	1300.
	•			
	I	ine 12: Expenditures over \$50	(or listed above)	
	I	ine 13: Expenditures \$50 and ur	nder* (not listed above)	
r <i>c</i>		ine 14: TOTAL EXPENDITU		

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

# SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
12:19:19	Ann Santos (candidate)	39 Converse Sto Wakefield mt 01580	Candidate loan bir social media	400
126.19	Ann Suntos (candidate)	39 Converse st- watefuld m401880	Candidate Ioan for votebuilder	1305
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDI		



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 05/2	File with: City or Town Clerk or Election Commis 24/2019 Ending Date: 12/31/2019
'ype of Report: (Check one)	
■ 8th day preceding preliminary ■ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Thomas Boettcher	Campaign to Support Thomas Boettcher
Candidate Full Name (if applicable)	Committee Name
Vakefield Municipal Gas and Light Commissioner	Mary Hajjar
Office Sought and District 5 Wakefield Ave. Wakefield, MA 01880	Name of Committee Treasurer
Residential Address	25 Wakefield Ave. Wakefield, MA 01880  Committee Mailing Address
mail: Thomas.Boettcher@tboettcher.com	E-mail: Mary.Hajjar@tboettcher.com
none # (optional):	
(one is topically).	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	-196,13
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	-196.13
Line 4: Total expenditures this period (page 5, lin	ne 14) 0
Line 5: Ending Balance (line 3 minus line 4)	-196.13
Line 6: Total in-kind contributions this period (pa	
Line 7: Total (all) outstanding liabilities (page 7)	130,19
Line 8: Name of bank(s) used: The Savings Bank	
idavit of Committee Treasurer: rify that I have examined this report including attached schedules and it is, to the best vity, including all contributions, loans, receipts, expenditures, disbursements, in-kind once activity of all persons acting under the authority or on behalf of this committee in the under the penalties of perjury:  R CANDIDATE FILINGS ONLY: Afficiavit of Candidate: (check 100)	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 1/9/20
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 ordance with the requirements of M.G.L. c. 55. I have not received any contributions
Candidate without Committee OR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign
campaign image activity of an persons acting under the authorney of on behalf in this	

#### 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)	
*				
			" " " " " " " " " " " " " " " " " " " "	
ne 9: Total Receipts	over \$50 (or listed above)			
ne 10: Total Receipts	\$50 and under* (not listed above)			
ie 11: TOTAL REC	CEIPTS IN THE PERIOD	<b>←</b>	Enter on page 1, line 2	

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

# SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
			-	
	11- W155			
			4 15	
4				
			1-28-0-1	
ne 9: Total Receipts	over \$50 (or listed above)			
	s \$50 and under* (not listed above)			
	CEIPTS IN THE PERIOD			

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

#### SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Paid	(aiphabenear using)	Address	Turpose of Expenditure	T T T T T T T T T T T T T T T T T T T
	-			
	(3)			
	***			
			121111111111111111111111111111111111111	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
		Patrice		
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

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

Page 4

#### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	11-21-21-21-21-21-21-21-21-21-21-21-21-2			
		Line 12: Expenditures over \$50		
	Enter on page 1, line 4 →	Line 13: Expenditures \$50 and u	inder* (not listed above)	

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

#### SCHEDULE 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	on of Contribution Value
		Line 15: In-Kind Contributions over \$50 (	or listed above) 0
		Line 16: In-Kind Contributions \$50 & und	er (not listed above) 0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CONTRIBU	TIONS

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

Page 6

#### SCHEDULE 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
7 10 11				
				48
				7
		Line 15: In-Kind Contribution	as over \$50 (or listed above)	
		Line 16: In-Kind Contributions	s \$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	CONTRIBUTIONS	0

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

Page 6

#### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
1/25/2019	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
	1-			
	Enter on page 1, line 7	Line 18: TOTAL OUTSTANDI	NG 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.

Date Incurred	To Whom Due	Address	Purpose	Amount
	100			4
			100000000000000000000000000000000000000	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDI	NG LIABILITIES (ALL)	0



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance 7: 51

ype of Report: (Check one)  Sth day preceding preliminary   Sth day preceding elections	ection 30 day after election 🗵 year-end report 🔲 dissoluti
ennifer Kallay	Committee to Elect Jennifer Kalley
Candidate Full Name (if applicable)	Committee Name
as and Light Commissioner Office Sought and District	John Wilson  Name of Committee Treasurer
Sylvan Ava., Wakefield, MA 01880	25 Sylvan Ave., Wakefield, MA 01880
Residential Address	Commisse Mailing Address
nil: Jindak@gmall.com	F-meil: jcollierwjr@gmail.com
one # (optional):	Phone # (optional):
SUMMARY BAI	LANCE INFORMATION:
Line 1: Ending Balance from previous repo	
Line 2: Total receipts this period (page 3, li	
Line 3: Subtotal (line 1 plus line 2)	338.20
Line 4: Total expenditures this period (page	ge 5, line 14)
Line 5: Ending Balance (line 3 minus line 4	4) 338.21
Line 6: Total in-kind contributions this peri	riod (page 6)
Line 7: Total (all) outstanding liabilities (pa	
Line 8: Name of bank(s) used: The Savings Ba	tank
ity, including all contributions, loans, receipts, expenditures, disbursements, on onlivity of all persons acting under the authority or on beingle of this consucut under the penalties of perjury:  R CANDIDATE FILINGS ONLY: Affidavit of Candidate: (che Candidate with Committee	(Treasurer's signature)  Date: 1/9/20  neck 1 box only)
activity, of all persons acting under the authority or on behalf of this committing and liabilities nor made any expenditures on my behalf during this near the committee.	t is, to the best of my knowledge and belief, a true and complete statement of all campaign ittee in accordance with the requirements of M.G.L. c. 55. I have not received any contribute reporting period that are not otherwise disclosed in this report.  It is, to the best of my knowledge and belief, a true and complete statement of all campaign

#### SCHEDULE A: RECEIPTS

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

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

	Name and Residential Address		Occupation & Employer
ate Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
			10
- 1		10 10	
			The second secon
	111111111111111111111111111111111111111		
1		101	
		111	
			Wiley-
1		11	
	West desired		
- 1		111 111	
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11		111	
719			
1		111 111	
			and the second s
- 1		UI III	
-			
		111	
		111	
1		111 111	
	, <del>110</del>		
ine 9: Total Recei	ots over \$50 (or listed above)	0	
ine 10: Total Recei	pts \$50 and under* (not listed above)	0	
	The state of the second st		
momit n	ECEIPTS IN THE PERIOD	0 ←	Enter on page 1, line 2

#### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			110 - 1
			19/24
ne 9: Total Receipts	s over \$50 (or listed above)	9	
ne 10: Total Receipt	s \$50 and under* (not listed above)	0	
ine 11: TOTAL RE	CEIPTS IN THE PERIOD	0 ←	Enter on page 1, line 2

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



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commissi
Fill in Reporting Period dates: Beginning Date:	-   9 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 Keun Lopes Constable Middlesex Wakefeld Office Sought and District 125 OAK ST. WAKEFIED Residential Address E-mail: deptylopes @ comcast net Phone # (optional): 781-820-019	Committee Name  Name of Committee Treasurer  Committee Mailing Address  E-mail:  Phone # (optional):
SUMMARY BALANC	TE INFORMATION.
- M	E 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)	Ø
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pa	ige 6)
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used:	4
Affidavit of Committee Treasurer:	
certify that I have examined this report including attached schedules and it is, to the best ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind or	contributions and liabilities for this reporting period and represents the campaign
nance activity of all persons acting under the authority or on behalf of this committee in igned under the penalties of perjury:	accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the	be best of my knowledge and belief, a true and complete statement of all campaign finar ecordance with the requirements of M.G.L. c. 55. I have not received any contributions
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the is candidate in accordance with the requirements of M.G.L. c. 55.
in the the state of the the first	Date: 1/5/20

TOWN CLEAR WALL



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

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 9/26	6/2019 Ending Date: 12/31/2019
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election 3	30 day after election year-end report dissolution
Colleen E. Guida	Committee to Elect College Guida
School Committee	Lvcy Skeldon
49 Renwick Roced Walchell motors	Name of Committee Treasurer  No FOROST LOCAL Wakefield, MA SIES
E-mail: northerorefitle.49 egmail.com E-	mail: Ved Skel den Egmail. com
SUMMARY BALANCE II	NFORMATION:
Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 11)	0.00
Line 3: Subtotal (line 1 plus line 2)	0.00
Line 4: Total expenditures this period (page 5, line 14	0.00
Line 5: Ending Balance (line 3 minus line 4)	0.00
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: Wa The Sa	ivhgo Bank
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in according to the penalties of perjory:	butions and liabilities for this reporting period and represents the compaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only	9)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the best activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period.	ince with the requirements of M.G.L. c. 55. I have not received any contributions,
Caudidate without Committee  I certify that I have examined this report including attached schedules and it is, to the best finance activity, including contributions, loans, receipts, expenditures, disbursements, in-k campaign finance activity of all persons acting under the authority or or behalf of this care	rind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 1/10/2000

#### 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)
	(panoveren noung required)	Amount	(101 contributions of \$200 or more)
		11 111	
		===	
4			
10			
ine 9: Total Receipt	ts over \$50 (or listed above)		
ine 10: Total Receip	ts \$50 and under* (not listed above)		
ine 11: TOTAL DE	CCEIPTS IN THE PERIOD	000	Enter on page 1, line 2

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

#### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(n.		- 112
			3
	ts over \$50 (or listed above)		
ne 10: Total Receip	ots \$50 and under* (not listed above)		
ine 11: TOTAL RE	CCEIPTS IN THE PERIOD	0	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 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

Data Data	To Whom Paid		Taxasaa Aabaa	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		100 mg 100 mg 100 mg		
		Line 12: Total Expenditures	over \$50 (or listed above)	
		Line 13: Total Expenditures	\$50 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	6

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

#### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
	104			
	miles.			
()		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 EXPENI	OITURES IN THE PERIOD	0.

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

### 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
				·
				1111
	0	Line 15: In-Kind Contributio	ns over \$50 (or listed above)	
		Line 16: In-Kind Contribution	as \$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	0-

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

Page 6

### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
			1	
				1 1
	P	Line 18: TOTAL OUTSTANDI		



### Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance 1: 418

	WAKEFIE	
City or Town of:	VVANEFILL	1

Fill in dates: Reporting Period Beginning	Month	Day 30	Year 19	Ending	Month / 2	Day 3/	Year
Reporting Period Beginning	2		-/-				
Type of Report: (Check One  8th day preceding preliminary/primary	e)  Bth day prec	eding electi	on 🗆 30	th day follow	ving election		th day of January
1. I certify that I am a car 2. I certify that I have no reporting period, and c 3. I certify that I do not h	ndidate for or hold at received any con do not have a camp	tributions, r paign fund i	nade any exp	enditures, or	incurred any	obligations du	aring this
	NATURE e penalties of perju			TIAL ADDF	ESS	III. OF	FICE SOUGHT
TI	Chav	0.11	Moun	tainA	vé, la	J.M. L.G.	Comm.
	*E						
						162	
ac.							
				_			



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

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	Indexide Ending Date: $1 \rightarrow 2 1/9$
Type of Report: (Check one)	30 day after election
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	☐ 30 day after election ☐ year-end report ☐ dissolution
Shaun Margerism	
Candidate Full Name (if applicable)	Committee Name
Board of Selectman	
171 Sulem Street, wakefelfil, mA.	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: Shown Murgerism @ gmail , Com	E-mail:
Phone # (optional):	Phone # (optional):
	2 nb
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	\$809.29
Line 2: Total receipts this period (page 3, line 11)	80,00
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)	\$1809.29
Line 6: Total in-kind contributions this period (page	e 6) B O. U U
Line 7: Total (all) outstanding liabilities (page 7)	# 0,00
Line 8: Name of bank(s) used: The Suvi	ngs Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf-of this committee in activity of the penalties of perjury:	ntributions and liabilities for this reporting period and represents the campaign scordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 1/15/20
Candidate with Committee  Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the beactivity, of all persons acting under the authority or on behalf of this committee in according under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on	est of my knowledge and belief, a true and complete statement of all campaign finance rdance with the requirements of M.G.L. c. 55. I have not received any contributions,
I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this c	n-kind contributions and liabilities for this reporting period and represents the
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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ine 9: Total Receip	ots over \$50 (or listed above)	510,00	
ine 10: Total Recei	pts \$50 and under* (not listed above)	\$10,00	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	\$10.00	Enter on page 1, line 2

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

### SCHEDULE B: EXPENDITURES

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

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

D 4 D 4	To Whom Paid	Address Purpose of Expenditu	re Amount
Date Paid	(alphabetical listing)	Address Furpose of Expenditu	Amount
			=
- 1			
			Ø -
		Line 12: Total Expenditures over \$50 (or listed above)	\$5.00
		Line 13: Total Expenditures \$50 and under* (not listed abo	Ø
		Eine 13. Total Experientures \$50 and under (not listed abo	
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENDITURES IN THE PERIOD	\$ 0. W

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

Page 4

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

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	1			
		F		
		Line 15: In-Kind Contribution	ns over \$50 (or listed above)	1B.00
		Line 16: In-Kind Contribution	ns \$50 & under (not listed above)	10,00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	# O, W

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

Page 6

### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
	- 1			
		-		
	Enter on page 1 line 7 → I	ine 18: TOTAL OUTSTAND	OING LIARII ITIES (ALL)	43.00



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

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

	y after election	
Betsy Sneeran Candidate Full Name (if applicable)	mm to Elect Du Committee Nam	etsy Sheeran
Town Clerk-Wakefield	Michard W.	Pearson
Office Sought and District	Name of Committee T	
27 Spruce St. Wakefield, MA	27 Spruce Str. Committee Mailing	ed, Waketield, A
	ne Number (optional):	775770
SUMMARY BALANCE INFO	PRMATION:	
Line 1: Ending Balance from previous report	\$ 1595.35	
Line 2: Total receipts this period (page 3, line 11)	64.65	
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)	Ø	
Line 7: Total (all) outstanding liabilities (page 7)	P	
Line 8: Name of bank(s) used: The Savings	Bank	
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best of my known activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions inance activity of all persons acting under the authority or on behalf of this committee in accordance v	and liabilities for this reporting period a	
Signed under the penalties of perjury: Victor O. Vellync	(Treasurer's signature)	Date: 12-18-19
Candidate with Committee and no activity independent of the committee  Certify that I have examined this report including attached schedules and it is, to the best of my k activity, of all persons acting under the authority or on behalf of this committee in accordance with incurred any liabilities nor made any expenditures on my behalf during this reporting period.	nowledge and belief, a true and complet to the requirements of M.G.L. c. 55. 1 ha	te statement of all campaign finance eve not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my k finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee it	nowledge and belief, a true and complet tributions and liabilities for this reporting	g period and represents the
igned under the penalties of perjury: Buty Alexan	(Candidate's signature)	Date: 12-18-19

### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	Comm. to Elect	125 Trenton Street	Turpose of Expenditure	1
5/23/	Paul Brodeur	Melrose, M 02176	Campaign Donahon	9,00
5/23/19	Commito Elect Jason Lewis	Winchester, M 01890	Campaign Donahon	4 00.
6/1/19	U.S. P.O.	Main Street Wakefield, Morss	500 Stamps	\$ 245.00
9/4/19	Wakefield Interfaith Food Pantry	Memory of Jas. E. Good	Donation	\$ 100.00
10/16/19	MyticValley Elder Services	300 Commercial St Malden, MA 02148	Donation	\$ 100,00
12/2/19	Great Dog Rescue	Boston, MA	Memory of John Haggerty	\$100,00
12/4/19	U.S. P.O.	Main Street Wakefield, Mosso	50e Stamps	245,00
			,	
		Line 12: Expenditures over \$50	(or listed above)	990,00
		Line 13: Expenditures \$50 and u	nder* (not listed above)	
		Line 14: TOTAL EXPENDITU	PARK CONTRACTOR AND TO SERVICE AND THE SERVICE	990,00

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized 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
	0			
	Enter on page 1. line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	



357 Main Street Wakefield, MA 01880

### RETURN SERVICE REQUESTED

>000191 7230055 0001 092688 10Z 1

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

### եվ||իլորելիլովագորիիթութիվիթերորիկորիը

### Statement Ending 01/15/2020

Page 1 of 2

### **Managing Your Accounts**

IIII

Main Office

357 Main Street Wakefield, MA 01880

X

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 FREE CHECKING

**Account Number** 

Ending Balance

XXXXXXXXX6415

\$453.38

### FREE CHECKING-XXXXXXXXX6415

**Account Summary** 

Date Description
12/14/2019 Beginning Balance
0 Credit(s) This Period

\$453.38 \$0.00

0 Debit(s) This Period Ending Balance \$0.00 **\$453.38** 

**Account Activity** 

01/15/2020

 
 Post Date
 Description
 Debits
 Credits
 Balance

 12/14/2019
 Beginning Balance No activity this statement period
 \$453.38

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





Wakefield | Lynnfield | North Reading | Andover | Methuen 800-246-2009 | www.tsbawake24.com | Member FDIC/DIF



# Form CPF M 102-0: Campaign Finance Report

Municipal Form	Office of Campaign and Political Finance

Reporting Period:	: Beginning:	01/01/2019	Ending:	12/31/2019
		(MM/DD/YYYY)		(MM/DD/YYYY)
Type of Report: (Check One)	heck One)			
☐ 8th day precedii	☐ 8th day preceding preliminary/primary ☐ 8th	☐ 8th day preceding election ☐ 30th day followi	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 candi 2. I certify that I have not re 3. I certify that I do not hav	uant to M.G.L. Chapter 55:  1. I certify that I am a candidate for or currently hold Municipal Office.  2. I certify that I have not received any contributions, made any expendi  3. I certify that I do not have a political committee.	ld Municipal Office. is, made any expenditures, o	ations during this reporting period,	and do not have a campaign fund in existence.
DATE	PRINT NAME	Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
01/13/2020	Jane A. D'Addario	o fore d. Acadorio	1 Hope Terrace	Board of Assessors



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

### Municipal Form Office of Campaign and Political Finance

2020 JAN 15 PM 6: 57

City or T	TOWN OF WAKEFIELD	ž.		
	- Please prin	it or type all informat	ion, except signatures.	
Fill in da Reporting	ates: Month Day g Period Beginning 12, 31	Year ZOIS	Ending i &	Day Year 31 2019
Type of I	Report: (Check One)	*		
□ 8tl	h day preceding		th day following election wn or Special)	20th day of January (Year-End Report)
1. I ce 2. I ce rep	to M.G.L.; Chapter 55:  ertify that I am a candidate for or hold. Mu ertify that I have not received any contribu porting period, and do not have a campaign ertify that I do not have a political commit	itions, made any expo n fund in existence.	enditures, or incurred any	obligations during this
DATE	I. SIGNATURE Signed under the penalties of perjury		TAL ADDRESS d Number)	III. OFFICE SOUGHT
1/15/20	Soulst	.33 Reyno		BefH.
		*	-	
. 1		110		SHC.
	1 ×			
				+
		7.3	9	



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

of Massachusetts	7020 JAN 15 AM 8: 55 File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 4 2	4 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
D+ CT M	Tan allow I Du M
Candidate Full Name (if applicable)	Ine Committee to Elect Feter May
Town Council	Eileen Shannon
12 Garden hane, Wakefield, MA Residential Address	12 Garden Lane, Wakefield, W. Committee Mailing Address
5-mail: pithedi @ comeast. net	E-mail:
Phone # (optional): 781-799-8137	Phone # (optional):
CVINANT DVI DVI TVO	
SUMMARY BALANC	E 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	e 14)
Line 5: Ending Balance (line 3 minus line 4)	- 3504.08
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	-3504.08
Line 8: Name of bank(s) used:	gs Bank
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind continuous activity of all persons acting under the authority or on behalf of this committee in a digned under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the leactivity, of all persons acting under the authority or on behalf of this committee in accident and it is activity, of all persons acting under the authority or on behalf during this reporting in Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the left finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 1 - 15 - 20  conly)  best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.  best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
signed under the penalties of perjury:	(Candidate's signature) Date:



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

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: Jan 1	File with: City or Town Clerk or Election Commission, 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	Committee to Elect Anne Fortier
Candidate Full Name (if applicable)	Committee Name
Member, School Committee, Town of Wakefield	Julie Smith-Galvin
Office Sought and District 78 Greenwood Ave. Wakefield, MA 01880	Name of Committee Treasurer
78 Greenwood Ave, Wakefield, MA 01880  Residential Address	28 Grafton Street, Wakefield, MA 01880  Committee Mailing Address
E-mail:	E-mail: julie.smithgalvin87@gmail.com
Phone # (optional):	Phone # (optional):
CF	Those is (optional).
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	43.45
Line 2: Total receipts this period (page 3, line 11)	100
Line 3: Subtotal (line 1 plus line 2)	143.45
Line 4: Total expenditures this period (page 5, line	ne 14) 3.95
Line 5: Ending Balance (line 3 minus line 4)	139.5
Line 6: Total in-kind contributions this period (pa	ige 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	606.13
Line 8: Name of bank(s) used: The Savings Bank	
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of inance activity of all persons acting under the authority or on behalf of this committee in a signed under the penalties of perjury:  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 activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting  Candidate without Committee OR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: Jan 14, 2020  x only)  best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.  parate report best of my knowledge and belief, a true and complete statement of all campaign the best of my knowledge and belief, a true and complete statement of all campaign to the contributions and liabilities for this reporting period and represents the
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	
ine 9: Total Rece	ipts over \$50 (or listed above)	100	
ine 10: Total Rece	eipts \$50 and under* (not listed above)	0	
	RECEIPTS IN THE PERIOD	100 ←	Enter on page 1, line 2

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(sipinocitent inting required)	rimount	(101 CORETIONES OF \$200 OF MOTE)
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
* If you have itemized	receipts of \$50 and under, include them in line	0 Line 10 shoul	21 3/42 31

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

### SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			11	
III				
11.0				
		- 0	Г	
		Line 12: Total Expenditures over	er \$50 (or listed above)	C
			Г	
		Line 13: Total Expenditures \$50	and under* (not listed above)	3.95
		T. 47 mom	г	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	3.95

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

Page 4

### SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	COLL B. EXI EXIDITORES (	A 820	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	
		Line 12: Evnenditures 050		
		Line 13: Expenditures \$50 and u	inder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
f vou bovo itomis		r, include them in line 12. Line 13 sh		

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

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

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

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

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

Page 6

### SCHEDULE D: LIABILITIES

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, nostane sunnlies refreshments	890.72
	Enter on page 1, line 7 →			



### Form CPF M 102: Campaign Finance Report Municipal Form WAKE THO MA

Office of Campaign and Political Finance

2020 JAN 14 AM 9: 31

Fill in 1	Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commi
m	HIS	2019 Ending Date: 1/2/2020
1	of Report: (Check one)	
8th d	day preceding preliminary 🔲 8th day preceding election 🔲	30 day after election Dear-end report dissolution
894 N E-mail:	mehicenn bagman, com ptional):	Committee to Elect Mehiæn N, BH  Committee Name  Name of Committee Treasurer  S94 Moun St # 10 Watereld MA 0188  Committee Mailing Address  -mail: nadiab 26 @gmail. com  hone # (optional):
	SUMMARY BALANCE II	NFORMATION:
	Line 1: Ending Balance from previous report	2740.DS
	Line 2: Total receipts this period (page 3, line 11)	1825.00
	Line 3: Subtotal (line 1 plus line 2)	
	Line 4: Total expenditures this period (page 5, line 14)	1151,43
	Line 5: Ending Balance (line 3 minus line 4)	3413.62
	Line 6: Total in-kind contributions this period (page 6)	
	Line 7: Total (all) outstanding liabilities (page 7)	2
	Line 8: Name of bank(s) used: Wake Gell	Sayings Bank
tify that I hat ity, includir ace activity of ed under the	ommittee Treasurer: have examined this report including attached schedules and it is, to the best of my king all contributions, loans, receipts, expenditures, disbursements, in-kind contribution of all persons acting under the authority or on behalf of this committee in accordant the penalties of perjury:	nowledge and belief, a true and complete statement of all campaign finance ions and liabilities for this reporting period and represents the campaign occurrence with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
R CAND	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	113/78Q
Candidate of certify that ctivity, of a neurred any	with Committee and no activity independent of the committee at I have examined this report including attached schedules and it is, to the best of m all persons acting under the authority or on behalf of this committee in accordance by liabilities nor made any expenditures on my behalf during this reporting period	Thave not received any contributions
nance activ impaign fin	without Committee OR Candidate with independent activity filing separate report including attached schedules and it is, to the best of my vity, including contributions, loans, receipts, expenditures, disbursements, in-kind contains activity of all persons acting under the authority or on behalf of this committee.	V knowledge and heliaf a true and
under the	c penalties of perjury: Melwer M BM	(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

	Please include your committee name and a page Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
2 30	Asad But - 8007 N. Oswogo Are, Portland, OR	500.00	Statep Advisor, Kinship
12	Piane Courtney - 448 Man St, Lynnfield, MA	50	
1/2	Alison Darnell - 11 Spoulding, waterell, MA	100	
1/2	Margot Heischwan 145 Page Rd, Bedford, MA	100	
1/2	Ans Gerweck 17 Robert St, Watereld, MA	190	
1/2	Rebecca Guilding 12 Hickory Hill Rt, Wakefeld	SO	
11/2	Liz Hagyard 125 Pleasant St Apt 403 Arlington, MA	So	
1/2	Afroz Khan 85 Prospect St, Newburgport	250	Engineer, The Forward Curve
1/2	Susan McDonoigh 167 Bouque Rd, Lyncheld, MA	50	
1/34	Sarah Mitsch 47 weymath, MA 6.1 bert tre	200	NIW
1/2	Marcella Radeno 127 Lexe St Arlington MA	50	
1/2	Yvonne Spicer 3 North Lane Kraming ham MA	100	
Lina O: Total R	teceipts over \$50 (or listed above)	1800	.00
	Receipts \$50 and under* (not listed above)	75.00	
	AL RECEIPTS IN THE PERIOD  mized receipts of \$50 and under, include them in l	1825.	← Enter on page 1, line 2

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

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/2	Therese Witenann 4247 Arbai Lane Dajeston, PA	100	
F/2/2	Denise Geanacopolos 25A Smith A. N. Attloboro, MA	SD	
		,	
	stop (or listed above)  \$50 and under* (not listed above)	150-	
ne 11: TOTAL RECI	EIPTS IN THE PERIOD	Line 10 charls	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	litures. Please include your comm To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
501718	Topp		Fuod	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	Wakeherd Post office		Stamps	2S3,60
616	Wateheld Post Office		Maily .	41.70
5/7	watefield		Room Rental	80.00
11/16	Wreaths Across America		Donation	75 00
		Line 12: Total Expenditure:	s over \$50 (or listed above)	
		Line 13: Total Expenditures	\$50 and under* (not listed above)	55,00
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENI	DITURES IN THE PERIOD	1151.43

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

Page 4



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

Office of Campaign and Political Finance | 5 /// 7: 19

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	Committee to Elect Julie Smith-Galvin
Candidate Full Name (if applicable)	Committee Name
Town Councilor,m Town of Wakefield Office Sought and District	Kristina Patt
28 Grafton Street, Wakefield, MA 01880	Name of Committee Treasurer 28 Grafton Street, Wakefield, MA 01880
Residential Address	Committee Mailing Address
E-mail:	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CF 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, lin	ne 14) 0
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pa	age 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	890.72
Line 8: Name of bank(s) used: The Savings Bank	
activity, of all persons acting under the authority or on behalf of this committee in actinumed any liabilities nor made any expenditures on my behalf during this reporting  Candidate without Committee OR Candidate with independent activity filing se  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: Jan 14, 2020  ox only)  e best of my knowledge and belief, a true and complete statement of all campaign finant coordance with the requirements of M.G.L. c. 55. I have not received any contributions appriod.  Exparate report  best of my knowledge and belief, a true and complete statement of all campaign is the best of my knowledge and belief, a true and complete statement of all campaign is 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'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)
	(		(in commence of class of motor)
	11		
1			
0.000	A. T. A. Carlos Maria		
ne 9: Total Receipt	s over \$50 (or listed above)	0	
ne 10: Total Receip	ts \$50 and under* (not listed above)	0	
ne 11. TOTAL DE	CEIPTS IN THE PERIOD	0 ←	Enter on page 1, line 2

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

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	\		
		4	
ne 9: Total Receipt	ts over \$50 (or listed above)		
ne 10: Total Receip	ts \$50 and under* (not listed above)		
	CEIPTS IN THE PERIOD		Enter on page 1, line 2

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

### SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				4
7.27				
		Line 12: Total Expenditures	over \$50 (or listed above)	
		Line 13: Total Expenditures \$50 and under* (not listed above)		
		Line 14: TOTAL EXPEND		

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

Page 4

### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
_ 1				
		Line 12: Expenditures over	\$50 (or listed above)	
		Line 13: Expenditures \$50 a	nd under* (not listed above)	
	B	Line 14: TOTAL EXPENI		

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

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

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

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

Page 6

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

### 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			

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

Fill in Reporting Period dates: Beginning Date: 1/1/9	2021 Marine 16 a 14- 744 91 acres
-1/1/1	Ending Date: 12 3//19
Type of Report: (Check one)	
Sth day preceding pretiminary Sth day preceding election 50 da	by after election
John J. Warchol (Committee Full Name (If applicable)  Committee to Myoning of fus + CSH	control Name to Elect Jak Warchel
Office Soughthand Domic CournSLOAD	Stoff, old RP- Wakefield, MA
Phone # (optional) Jackwars & comcast net   1-mail	
SUMMARY BALANCE INFO	The arrange of the second of t
	JANATION:
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)	45429
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)	
Line 8: Name of bank(s) used: The Saw.	gs Bank
Officianis of Committee Tecamorer  corrects that I have examined that report archading attached schedules and it is, to the best of my known to my miduling all contributions, loans, receipts, expendences, disbuttomers, is kind committations  count activity of all persons acting under the authority or on helicif of this committee industries  good under the president of perjory:	STATE STATE STATE THE THEORY SHOW THE STATE OF THE STATE
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I but only)	
Confliders with Committee and no activity independent of the parameter.  Confly that I have examined the report including attached althoughts and it is, to the best of my to activity, of all persons acting under the materially or an behalf of this presentation in accordance to managed and fastions are made not expenditures on my behalf during that reporting person	knowledge and belief, a muse and encepters transported of carriages families to the requirements of M Q L is 55. I have not received any contributions.
Considere without Committee QB Candidate with independent activity filing separate repo- Learney that I have extended that report sociating stacked achedules and it is, in the best of my I france activity, including contributions, Josep, receipts, expenditures, dishumenesses, in-kind on	knowledge and belief, a true and complete inscended of all community
compage features activity of all persons active under the solutions or unitable of the contention	in incentifierable with that requirements of M G t, < 55
and under the perutities of perjusy: John J. Wordler	(Cardishne's opposite) Date 1/13 [2020]



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

Office of Campaign and Political Finance

WAKEFELD, MA

2020 JAN 14 FM 4: 27

Year

20th day of January

(Year-End Report)

2020

Day ·

20

f.Massachweru	
City or Town of:	WAKEFIELD

Fill in dates: Month Reporting Period Beginning 1 Fill JAN

Type of Report: (Check One)

preliminary/primary

Pursuant to M.G.L., Chapter 55:

☐ 8th day preceding

Please print or type all information, except signatures.

Month

Ending

(Town or Special)

30th day following election

Year

2019

Day 19

8th day preceding election

2. I c	ertify that I am a candidate for or hold. Mu ertify that I have not received any contribu- porting period, and do not have a campaign ertify that I do not have a political commit	ttions, made any expenditures, or incurred to fund in existence.	any obligations during this
DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/14/20	Cendy a Schotz	8 Cordis St	LIBRARY TRUSTE
	1.0	*	J
			n f
		9.5	347
	4	×	
-		~	
			1
		8	
			11/07



### Form CPF M 102: Campaign Finance Report IL Rose Kin **Municipal Form** WAREFELD, MA

Office of Campaign and Political Finance

2020 JAM 14 PM 2: 59

OT PINSOLVINOVINS	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	5/23/2019 Ending Date: 12/31/2019
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	ion 🔲 30 day after election 🗸 year-end report 🔲 dissolution
Susan Veilleux	Committee to Elect Susan Veilleux for School Committee
Candidate Full Name (if applicable)	Committee Name
Wakefield Public School Committee	Arianne Kidder
Office Sought and District	Name of Committee Treasurer
15 Aborn Ave, Wakefield, MA 01880	115 Pleasant St, Wakefield, MA 01880
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALA	ANCE INFORMATION:
Line 1: Ending Balance from previous report	t 5
Line 2: Total receipts this period (page 3, line	ne 11)
Line 3: Subtotal (line 1 plus line 2)	5
Line 4: Total expenditures this period (page 5	5, line 14)
Line 5: Ending Balance (line 3 minus line 4)	5
Line 6: Total in-kind contributions this period	od (page 6)
Line 7: Total (all) outstanding liabilities (page	ge 7)
Line 8: Name of bank(s) used: The Savings	s Bank
activity, including all contributions, loans, receipts, expenditures, disbursements, infinance activity of all persons acting under the authority or on behalf of this committed in the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (checked activity in the penalties of the committee of a certify that I have examined this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report and it is activity in the pendent activity fill a certify that I have examined this report including attached schedules and it is.	(Treasurer's signature)  Date: 1/3/2020  ck 1 box only)  s, to the best of my knowledge and belief, a true and complete statement of all campaign finance ee in accordance with the requirements of M.G.L. c, 55. I have not received any contributions, prorting period.  filing separate report  s, to the best of my knowledge and belief, a true and complete statement of all campaign sements, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 1 14 202 0



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

Office of Campaign and Political Finance

Please print or type all information, except signatures.

Reporting Period: Beginning: 09/26/19   AMMIDDYYYY	City or Town of:	Wakefield						
Type of Report: (Check Ohe)   Sth day preceding preliminary/primary   Sth day preceding election   30th day following election (town or special)   20th day of January (Year-End report)   Pursuant to M.G.L. Chapter 55:   Pursuant to M.G.L. Chapter 55:   1 certify that I an activate for or currently hold Municipal Office.   2 1 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 of the parallels of perjusy   Signed under the penalties of perjusy   Signed under the penalties of perjusy   298 Main St #21, Wakefield, MA   Library Trustee	Reporting Period:		26/19	(MM/DD/YYYY)		1	(MM/DD/Y	YYYY
Sth day preceding preliminary/primary	Type of Report: (Ch	heck One)						
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 3.1 certify that I do not have a political committee.    Signature	8th day precedir	ng preliminary/primary	☐ 8th day p	receding election	30th day follow	wing election (town or special)	X 20th day o	of January (Year-End report)
SIGNATURE Signed under the penaltics of perjury (Street and Number)  Laura Cutone Godwin  Jaura Cutone Godwin  Makefield, MA  Library T  Makefield, MA  Library T  Makefield, MA  Makefiel	Pursuant to M.G.L. 1. I certify that 2. I certify that 3. I certify that	Chapter 55: I am a candidate for or c I have not received any I do not have a political	urrently hold Mi contributions, m	unicipal Office. ade any expenditure	s, or incurred any obl	ligations during this reporting period	, and do not hav	e a campaign fund in existence
Laura Cutone Godwin         Jaura Cutone Scdun         298 Main St #21, Wakefield, MA           Image: Cutone Godwin of St #21, Wakefield, MA         Image: Cutone Scdun         Image:	DATE	PRINT NAN	Œ	SIGN Signed under the	ATURE penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	<i>3</i> 2	OFFICE SOUGHT
		Laura Cutone Godwin		yani atr	100			ry Trustee



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

Office of Campaign and Political Finance Municipal Form

City or Town of: Wakefield	field				Please print or type all information, except signatures.
Reporting Period:	Beginning: 9/26/2019	3/2019	Ending:	12/31/2019	
		(MM/DD/YYYY)			(MM/DD/YYYY)
Type of Report: (Check One)	ine)				
8th day preceding pre	liminary/primary	☐ 8th day preceding preliminary/primary ☐ 8th day preceding election	30th day following election (town or special)		⊠ 20th day of January (Year-End report)
Pursuant to M.G.L. Chapter 55:	er 55:				

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

			12/16/2019	DATE
			Adam Rodgers	PRINT NAME
			10m	SIGNATURE Signed under the penalties of perjury
			22 Cedar St	RESIDENTIAL ADDRESS (Street and Number)
	Z) :Z	JO 6100	Library Trustee	OFFICE SOUGHT



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

Office of Campaign and Political Finance

Type of Report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	
☐ 8th day preceding preliminary ☐ 8th day preceding election	
	30 day after election   year-end report   dissolution
John J. McCarthy, Jr.	N/A
Candidate Full Name (if applicable) Treasurer - Town of Wakefield	Committee Name
Office Sought and District 11 Morningside Road, Wakefield, MA 01880	Name of Committee Treasurer
Residential Address -mail: john@mccarthyatty.com	Committee Mailing Address E-mail:
Phone # (optional): 781-246-8301	Phone # (optional):
SUMMARY BALANO	CE INFORMATION:
Line 1: Ending Balance from previous report	2
Line 2: Total receipts this period (page 3, line 11)	)
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, lin	ne 14) 0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pa	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	O
Line 8: Name of bank(s) used: N/A	
idavit of Committee Treasurer:  ortify that I have examined this report including attached schedules and it is, to the best vity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cance activity of all persons acting under the authority or on behalf of this committee in a med under the penalties of perjury:  OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I bost Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in acc incurred any liabilities nor made any expenditures on my behalf during this reporting.  Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loags, receipts, expenditures, disbursements, commands finance activity, including contributions, loags, receipts, expenditures, disbursements,	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: Dec 6, 2019  conty)  best of my knowledge and belief, a true and complete statement of all campaign final ordance with the requirements of M.G.L. c. 55. I have not received any contribution period that are not otherwise disclosed in this report.



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

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	0/19 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
KATHIEEN M. KELLY  Candidate Full Name (if applicable)  COLUECTOR	Committee Name
Office Sought and District	Name of Committee Treasurer
E-mail: KKPIN (2) Wallef ald MANS	Committee Mailing Address E-mail:
Phone # (optional): 1-081 - 3245096	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	4)
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 m activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in according under the penalties of perjury:	fibutions and liabilities for this reporting period and represents the campaign
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the best activity, of all persons acting under the authority or on behalf of this committee in accordain curred any liabilities nor made any expenditures on my behalf during this reporting periods.	of my knowledge and belief, a true and complete statement of all campaign finance with the requirements of M.G.L. c. 55. I have not received any contributions.
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the best finance activity, including contributions, loans, receipts, expenditures, disbursements, in-k campaign finance activity of all persons acting under the authority or on behalf of this can	kind contributions and liabilities for this reporting period and represents the

(Candidate's signature)