

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



Date:

(Candidate's signature)

TOWN OF TOWNSEND File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: **Ending Date:** 12/31/17 Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Candidate Full Name (if applicable) Committee Name Erica Art Office Sought and District Name of Committee Treasurer Townsers Residential Address Committee Mailing Address Telephone Number (optional): 978-300-5232 Telephone Number (optional): **SUMMARY BALANCE INFORMATION:** Line 1: Ending Balance from previous report 429.31 Line 2: Total receipts this period (page 3, line 11) 00 Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) 37.50 Line 5: Ending Balance (line 3 minus line 4) 391.81 **Line 6:** Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) 0.00 Line 8: Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the

campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

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.)

T	To Whom Paid	mittee name and a page number o		1
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Date I alu	(aiphabeteat fishing)	1		
	Santander	Main St. Townserd, MA	bank fees (7.50 x 5 mo.)	37.50
var i	Santanne	Townserd MA	bank fees x5 mo.	
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			,	
		7.		
				L
		[]		
				<u> </u>
		Line 12: Total Expenditures over	er \$50 (or listed above)	37.50
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	<u></u>	V. 44 mon	The contract of the contract o	2
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITE	URES IN THE PERIOD	37.50

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

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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



TOWN OF TOWNSEND
TOWN CLERK
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10.2-17 Ending Date: 12.31-17									
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution									
Candidate Full Name (if applicable) Committee Name Committee Name Committee Name Committee Treasurer 98 Moin St. Townself Malling Address E-mail: Phone # (optional): 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: Bollstook Booth & Touck									
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Date:									
Signed under the penalties of perjury: (Candidate's signature)									

Rochette, Thaddeus Small, Mary & Kimitek, Stephen Sodano, Michael & Darlene Thompson, Frank & Katherine	Place, William Regan, Bill & Nancy Rizzo Charles	Murray, Larry & Gloria Niemiera, Gregory & Joyce	McNabb, Terrence	McFague, Adam Check McFague, Adam Check	Mariano, Albert & Pam	Leward, Lisa	Letourneau, Keith & Mary	Leslie Gabrilska	Kerwood, Mary & Linda	Kelly, Michael	Karlson, David & Gretchen	Joseph Sciacca	John & Carole Collins	Jennifer Petit	Jackson, Doug	Gustafson, Thomas & Anne	Grimley, Michael	Fors, Derek	Demeo, Robert & Susan	David Coreen Chenelle	Creighton, Duane & Jennifer	Collins, John & Carole	Buswell, David	Bushnoe, Tracy	Buckingham, Kim & Marcia	Borneman, Brian & Rebecca		Kellieann	Anonymous				Anonymous		by & Michael		5	Lisa Washburne		
Check Check Check Check	Check Check	Check	Check	Check	Check	Check	Cash	Check	Check -	Check	Check	Check	Check	Check	Cash	Check	Check	Cash	Check	Check	Check	Check	Cash	Check	Check	Check	Check	Check	Cash	Cash	Cash	Cash	Cash	Cash	Check	Cash	Cash	Check	Cash	Cash
60 60 60 60 F	60 60 60	69 69	69 6	so co	€9	G G	69	69 6	n en	69 (n es	69	69	69 6	n co	69	69	69 6	S 61	G	G)	G9 G	9 69	69	€ €	A GO	4	69	so 4	9 6	63	€	€9 (SP 68	0	49	G	€9 €	9 69	49
100.00 100.00 100.00 100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	75.00	74.00	60.00	60.00	60.00	55.00
6/5/2017 2 KIMPLEN CT., TOWNSEND 6/4/2017 317 TOWNSEND HILL RD, TOWNSEND 6/5/2017 5 OAK ST., TOWNSEND 6/4/2017 63 ADAMS RD., TOWNSEND	6/5/2017 8 PONDEROSA DR., TOWNSEND 6/4/2017 1 SHIRLEY RD, TOWNSEND 6/4/2017 149 SOUTH ROW ROAD, TOWNSEND	6/5/2017 423 MAIN ST, LOWNSEND 6/4/2017 8 HORSESHOE DR., TOWNSEND	6/5/2017 231 MAIN ST., TOWNSEND	6/4/2017 62 PIERCE ROAD, TOWNSEND		6/4/2017 5 HICKORY DRIVE, TOWNSEND	6/4/2017 352 MAIN ST., TOWNSEND	6/19/2017 5 WARNER RD., TOWNSED	6/4/2017 24 CENTER RD, TOWNSEND	6/4/2017 5 TAURUS LN, TOWNSEND	6/4/2017 / 8 WEST ELM ST., TOWNSEND		141 MAIN ST.,	10/31/2017 66 Highland St., Townsend MA 01469	6/4/2017 1 BIRCH LN, TOWNSEND		6/5/2017 8 MAPLE ST., TOWNSEND	6/4/2017 BATTERY RD., TOWNSEND	6/4/2017 1 SCOTT ROAD, TOWNSEND	6/16/2017 27 BURGESS RD., TOWNSEND		6/5/2017 141 MAIN ST., TOWNSEND	6/4/2017 64 EMERY RD, TOWNSEND	6/4/2017 8 TODD DR., TOWNSEND	6/4/2017 6 CEDAR CIRCLE, TOWNSEND	6/4/2017 18 SHIBLEY RD TOWNSEND		6/4/2017 8 KANEHOE COURT, TOWNSEND	12/8/2017 N/A	10/2/2017 N/A	6/5/2017 N/A	6/5/2017 N/A		6/5/2017 N/A 6/4/2017 N/A	6/4/2017 21 SEAVER RD, TOWNSEND				6/4/2017 N/A	

Retired X2

McNabb Pharmacy/Sales Clerk REP Marketing/Sales Consultant

	McNally, Lance & Susan	Waynes World Automotive LLC McNahh Tim	Laura Shifrin	Sullivan, George & Nancy	Mills, April	Miller, Wayne	Machado, Jennifer	Evans, Matt	Silver, Edmond & Jessica	Gerken, Kenneth & Susan	William Regan	Wilkinson, William	Wilkins, Charles	Wetherbee, Dorothy	Washburn, Lisa & Mark	Tule, Kim	Towson, William & Pamela
	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Cash	Check
₩.	69 6	es es	49	69	69	69	G	G	49	G	69	69	69	G	€	69	63
9,044.00	500.00	250.00	250.00	200.00	200.00	200.00	200.00	200.00	150.00	150.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
	6/4/2017 11 SHIRLEY ROAD, TOWNSEND	6/4/2017 143 DUDLEY RD, TOWNSEND	7/10/2017 28 Barker Hill Rd., Townsend MA	6/4/2017 484 MAIN ST., TOWNSEND	6/5/2017 539 MAIN ST., TOWNSEND	6/4/2017 4 HORSESHOE DR., TOWNSEND	6/4/2017 56 BROOKLINE ST., TOWNSEND	6/7/2017 18 HIGHLAND ST., TOWNSEND	6/4/2017 145 FITCHBURG RD, TOWNSEND	6/7/2017 403 MAIN ST, TOWNSEND	9/29/2017 1 Shirley Road, Townsend,	6/4/2017 185 WALLACE HILL RD., TOWNSEND	6/4/2017 155 MAIN ST., TOWNSEND	6/5/2017 PO BOX 119, TOWNSEND	6/5/2017 31 BAYBERRY HILL RD, TOWNSEND	6/4/2017 128R LUNENBURG ROAD, TOWNSEND	6/4/2017 7 JOYCE ST., TOWNSEND

Evans on the Common - Owner
Patient Access Rep - Umass
Biomedical Polymers Inc/Business Development Director
Technical Writer - Oasis Systems
George-Civil Engineer - Retired/Nancy- stay at home
Self Employed - Realtor
Wayne's World - Mechanic-Self Employed
McNabb Pharmacy
USPS - Postal Worker - Lance/Sue-Retired

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 an expen		nittee name and a page number or	reacti page.)	T
D. (D. 11	To Whom Paid		D	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
7-11-17	Lausson Westzen UP	BEBIOCK-FOLCONAUL SHE 345 Booton, HA 02210	Attorney Fees.	B,371.6
10.11.17	Lauroni Weitzen LIP	88 Black talcon Aul Ste 345 Boston, HA OZZIÓ	Attorney Fees.	2,40000
11.20.17	Lauson-Weitzen UP	BE BLACK Taken AUR Ste 345	Attorney Fees	2,5000
	WELLER) CCS			
		Line 12: Total Expenditures over	er \$50 (or listed above)	18,271.61
		Line 13: Total Expenditures \$50	and under* (not listed above)	Ø
	Enter on page 1, line 4 \rightarrow	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	18,271.61

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

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	page 4
		Line 13: Expenditures \$50 and u	under* (not listed above)	9
	D	Y 2 14. TPOTPAY TEXTERNATES FOR	UDEC IN THE DEDIOD	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		18,271.61

^{*} 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 \$	550 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	6

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

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SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
Sept 17 to Oct 17	laugonévleitzen	88 Block Falcon Aul Suite 345 Boston, HA 02210	Attorney Fees	39,167,99
	4			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	39.16799

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)		
ne 11: TOTAL RI	ECEIPTS IN THE PERIOD	14959.	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS

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

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

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	(a.p.a.comg require)		
seeattd	see attached listing		see attached listing
	Townsend Truth Coalition 98 Main St Townsend, MA 01469	591500	
	COURTER POR STREET	5712	
ar .			
Line 9: Total Rece	ipts over \$50 (or listed above)	904400	
Line 10: Total Reco	eipts \$50 and under* (not listed above)	591500	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	14,959.00	← Enter on page 1, line 2