

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



TOWN OF TOWNSEND TOWN CLERK

City or	r Town of: Townsend						
		int or type all info	rmation, except	signatures.			
Fill in o	dates: Month D ing Period Beginning 02 /	3 Year		Month 04	Day	Year 2018	16
Type of	Report: (Check One)			Tay.			
□ 8	th day preceding 8th day precedi	ng election	30th day follow			day of January -End Report)	
Pursuant	t to M.G.L., Chapter 55:			0		• • •	
2. I.c.	ertify that I am a candidate for or hold Mu ertify that I have not received any contrib- porting period, and do not have a campaign ertify that I do not have a political commit	itions, made any e	expenditures, or	incurred any o	obligations duri	ng this	
	* · · · · · · · · · · · · · · · · · · ·	6 <sup>3</sup>					
DATE	I. SIGNATURE     Signed under the penalties of perjury		NTIAL ADDRI and Number)	ESS	III. OFFIC	E SOUGHT	
1/10/18	Linda lohannon	11 17:-		0	n 1 C	11 - 110	$\dashv$

	Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
4/10/18	Sunda Johansen	11 Birch Lane	Board of Health
		e <sup>n</sup>	
	8		
		1	



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



TOWN OF TOWNSEND TOWN CLERK

City or Town of: Toy UNSAME		
City or Town of: 1 Jounsend		
Please I	print or type all information, except signature	ıres.
Fill in dates: Month Reporting Period Beginning 2/15	Day Year Mont	th Day Year 4/15/80/8
Type of Report: (Check One)		
8th day preceding preliminary/primary	ling election 30th day following ele (Town or Special)	ection 20th day of January (Year-End Report)
Pursuant to M.G.L., Chapter 55:		
<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 incurred	d any obligations during this
DATE   I. SIGNATURE		
Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
13/18 Steph Spoffork	312 Main St.	Veteran's Them (Voteran)
		The service of the se

	Signed under the penalties of perjury	(Street and Number)	III. OFFICE SOUGHT	
4/3/18	Steph Spoffork	312 Main St.	Veteran's Them. (Vateran)	
	2 0			



Please print or type all information, except signatures.



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

Office of Campaign and Political Finance

City or Town of:		unser	$\Delta$					
Reporting Perio	d: Beg	inning:	3 5	2018 (MM/DD/YYYY)		Ending:	04	15/2018 MM/19/1111
Type of Report: (	Check One)		>					The state of the s
8th day preced	ding prelimina	ry/primary	8th day	preceding election	30th day follo	wing election (town or sp	pecial) 2	Oth day of January (Year-End report)
2. I certify the	at I am a candi	ceived any co	ontributions, 1	Municipal Office. made any expenditure	es, or incurred any obl	igations during this repor	rting period, and d	o not have a campaign fund in existence.
					ATURE	RESIDENTIAL		
DATE	P	RINT NAMI	3	Signed under the	penalties of perjury	(Street and N		OFFICE SOUGHT
4 15 18	Emily	Austi	n-Bru	ns SU	215	30 Beech	Street	Recreation Commissi
				<del>                                   </del>				
	* * *							
			==					
							- 1	The second secon

# Commonwealth of Massachusetts

# rolli Cff 141 102: Campaign Finance Report

# Municipal Form

Office of Campaign and Political Finance



Fill in Reporting Period dates: Beginning Date:	File with City of Frection Comm  Ending Date:
Type of Report: (Check one)  ☐ 8th day preceding preliminary  ■ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
oil day preceding election	30 day after election year-end report dissolution
WAYNE MILLER	
Candidate Full Name (if applicable)	Committee Name
Selection	
Office Sought and District	Name of Committee Treasurer
4 Horseshoe prive	
Residential Address	Committee Mailing Address
Telephone Number (optional): 978 597 0722	Telephone Number (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line	14) 701.07
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:	
idavit of Committee Treasurer: rtify that I have examined this report including attached schedules and it is, to the best of n vity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contrince activity of all persons acting under the authority or on behalf of this committee in accounded under the penalties of perjury:	Thiltions and lightlities for this reporting period and represents the compains
R CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box on	(y)
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 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.	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 d.
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 best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-king 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
ed under the penalties of perjury:	(Candidate's signature) Date: 4/13/14

(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.)

report an receipts.	rlease include your committee name and a	page number on o	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	nayreniller		NICCOSINOSIST
3/25/18	4 Horseshde Drive	20,16	Settorius corp.
	vageriller		ricochologat
4/2/18	4 Horsestoe Mile	2(4.10	Sartagus (OIP
	vigre niller		nicasiolyit
1/5/18	y flooreshoe Drive	44.31	Scrtarius corp.
1111	hyne miller		nicrosiolast
18/18	4 Horsesbor blive	3(2.50	Septering Corps
- 1			
-			
ine 9: Total Receipts	s over \$50 (or listed above)	636.60	
ine 10: Total Receipt	s \$50 and under* (not listed above)	64.47	
ine 11: TOTAL RE	CEIPTS IN THE PERIOD	701,000	Enter on page 1, line 2
f you have itemized red	paints of \$50 and under include them in line 0	Line 10 should i	nclude only those receipts not itemized above

# SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		4 5	
		7.5	
		12	
e 9: Total Receipts over \$5			
ne 10: Total Receipts \$50 and			
e 11: TOTAL RECEIPTS			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 above.

#### SCHEDULE B: EXPENDITURES

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

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

report all expenditures. Please include your committee name and a page number on each page.)							
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount			
3/26/8	GoDaddy		hebsite	70,16			
4/3/18	Signs on the Cheap	Suite No Austin TX	Signs	254,10			
4/5/18	Builers		cardiduk mentagreet	44.31			
4/9/8	D& G Custon Graphics	P. telburg MA ayu	Signs	382.50			
	L	ine 12: Total Expenditures over S	\$50 (or listed above)	636.60			
	L	ine 13: Total Expenditures \$50 an	nd under* (not listed above)	64,47			
	Enter on page 1, line $4 \rightarrow L$	ine 14: TOTAL EXPENDITUR	ES IN THE PERIOD	701,07			

If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized ove. Page 4

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				·
:				
				The state of the s
,	Li	ine 15: In-Kind Contributions ov	er \$50 (or listed above)	
	Li	ne 16: In-Kind Contributions \$50	) & under (not listed above)	
	Enter on page 1, line $6 \rightarrow Li$	ne 17: TOTAL IN-KIND CON	TRIBUTIONS	

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 fthe contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

#### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	- 2			
				±
				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		Line 12: Expenditures over \$50 (or	r listed above)	
		Line 13: Expenditures \$50 and under	er* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITURI	ES IN THE PERIOD	

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

#### 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 $7 \rightarrow L$	ine 18: TOTAL OUTSTANDING	G LIABILITIES (ALL)	

) & G AUTO BODY SUPPLY INC 105 LUNENBURG ST FITCHBURG MA 01420 978-345-0696

ING INTING ALS **RS & SIGNS** 



**TERMS** 

105 LUNENBURG STREET FITCHBURG, MA 01420 978.345.0016 www.dgautographics.com

SHIP VIA

COUNTER

CODE

382.50

inal ID: \*\*\*\*576

12:04 PM

RCARD - INSERT A0000000041010 #: \*\*\*\*\*\*\*\*\*7965

0 Phone: ILLER

**PURCHASE ORDER** 

NUMBER

TAX

CODE

SHIP TO:

SALE

8

REF #: 0108 AUTH #: 02414Z

\$382.50

**APPROVED** 

C - DD639075D2CF1458

CUSTOMER COPY

Prehiodureds, unlikelibre		001	íon	thly Cha	rge 00	1 2818	82		JMD
ITE	M DES	CRIPTION	Į A X	ORDERED	SHIPPED	UNIT	ini nama na kata na mana na ma	NET	TOTAL
NNER 4	'x5'	DISCOUNT	Y	2.00	2.00	EA	1999 (2014) 180 (1992) (1. july 100 (100) (1. july 100) (100)	180.00	360.0
			100 A				-TOTAL ES TAX		360.00 22.50

ORDER

NUMBER

TIME: 11:40:45 Call-In: 11:40

TOTAL TAXABLE \$

360.00 ; TOTAL DUE \$

382.50

0099

Server: ASHLEY B

Rec: 67

04/05/18 20:00, Chip T 105 Term: 2

BAILEY'S BAR & GRILLE

(978)812-0200

MID: \*\*\*8918

DISCOVER: xxxxxxxxxxxxx0608

Approval Code: 00590B

ENTRY: CHIP

TC: 4CEB51FF9D0730B5

TVR: 0000008000

AID: A0000001523010

TSI: E800

ATC: 0015

APP: Discover

CVM: Signature

CHECK:

38.31

TIP:

600

TOTAL:

44:31

SIGN & TOTAL 1 COPY/2ND IS YOUR RECEIPT

Customer Copy

#### Outlook Mail

signs

Move to

O Search results

In folders

All folders

Inbox

Sent Items

Deleted Items

receipts

saved

From

MLB.com Morning Line feedback@mail.mlblists



wayno231@msn.com

Kym Craven



kymcraven@aol.com North Middlesex Regic info@nmrsd.org



Swing by Swing Golf contact@swingbyswing

Options

With attachments

Date

All

This week

Last week

This month

Select range

From

Tue 4/10/2018

To

Tue 4/10/2018

O New!

Reply |

Delete

Archive

Junk | Sweep

Your Order #74193531 Has Shipped!

Signs On The Cheap <service@signsonthecheap.com>

Tue 4/3, 6:40 PM

SIGNS ON THE CHEAP

For more information, please contact us at 1-866-661-9239

Design Your Sign

**Buy Wire Stakes** 

Pricing

Help

Reply |

Your Order Number 74193531 Has Shipped!

If you ordered multiple items, you may receive separate shipments with no additional shipping charge. You will receive a separate email for each shipment.

Check on your shipping status here: FedEx Website

Shipping Information

Order Date: 3/30/2018

Order ID: 74193531 Package Ref ID: b78522094

**Shipping Method:** 

Ship To: WAYNE M MILLER 4 HORSESHOE DR

WEST TOWNSEND, MA, 01474-1057

United States

Your order should arrive by: 4/7/2018

Billing Information

Bill To: WAYNE M MILLER 4 HORSESHOE DR WEST TOWNSEND, MA, 01474 United States

Discover: XXXXXXXXXXXXXX0608

Contact Info: wayno231@mwn.com 978-727-3645 Summary of Charges:

Subtotal: Promotions:

\$275.50 (\$110.20)

\$88.80 Shipping:

Total

\$254.10

Contents of This Shipment

Picture

Description

Size

Material

50

Custom Sign Sign ID: 853803548

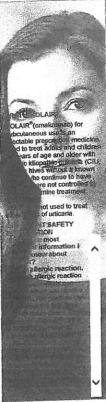
18" x 24"

Corrugated Plastic

Questions or concerns? Contact us at: service@signsonthecheap.com or 1-866-661-9239

This email was sent by: **SignsOnTheCheap.com** 11525A Stonehollow Dr., Suite 100 Austin, TX, 78758, USA

Wayne Miller



Remove ads

Outlook Mail Wayne Miller O New | godaddy Reply Archive Junk | Sweep Move to Wayne Miller, thank you for your order. Search results In folders GoDaddy <donotreply@godaddy.com> Reply | All folders G Inbox You Sent Items 24/7 Support: +1 (480) 505-8877 Deleted Items Wayne Miller - Customer Number: 183075043 receipts Set my Support PIN saved From **GoDaddy** GoDaddy donotreply@godaddy.c GoDaddy sales@godaddy.com Thanks for your order, plenti@email.plenti.com Date Wayne. All Here's your confirmation for order number 1285375278. Review your receipt and get started using your products. Last week This month Remove ads Select range Order Number: 1285375278 From Tue 4/10/2018 Product Quantity Term Price To \$12.17 .COM Domain Registration 1 Domain 1 Year Tue 4/10/2018 waynemillerforselectman.com Manage 1 Year \$7.99 Private Domain Registration waynemillerforselectman.com Manage \$20.16 Subtotal: \$0.00 Tax: \$20.16 Total: View Full Receipt **Access All Products** 

1 of 2

GoDaddy >



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

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TOWN OF TOWNSEND TOWN CLERK

Office of Campaign and Political Finance

City or Town of: Townsend				Please print or type all information, except signatures.
Reporting Period: Beginning	Beginning: 03/05/2018	Ending:	Ending: 04/15/2018	
	(MM/DD/YYYY)			(MM/DD/YYYY)
Type of Report: (Check One)				
3th day preceding preliminary/primary	nary X 8th day preceding election	30th day following election (town or special)	n or special)	20th day of January (Year-End report)

1. I certify that I am a candidate for or currently hold Municipal Office. Pursuant to M.G.L. 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.

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

EVENTAGE TOTAGE	OFFICE SOUGH I	TOVI CONTINUE OF THE PROPERTY					
RESIDENTIAL ADDRESS (Street and Number)	8 Smith Street						
Signed under the penalties of periury	700						
PRINT NAME	John E. Page						
DATE	04/15/2018						



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

DECEIVE N APR 17 2018

Office of Campaign and Political Finance

TOWN OF TOWNSEND
TOWN CLERK

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a

candidate's commit	tee as follows:				
CANDIDATE:	Full Name:	John	HUSSEL	/	
	Residential Address:	20	Burge	ss Rd	
	City / State / Zip:	TOWN	SEND	NASS 01469	
	E-Mail Address:	105 K	lussel	@ comcast NeT Phone #:	9785976891
	Party Affiliation:		7		(If applicable)
OFFICE SOUG					
OTTICE BOOK		5-10	TMAX	,	
	District:	76 40 0	2 / 1-1111		
	District:				
COMMITTEE:	Name of Committee:				
	Committee Mailing Addresss	(The nar	ne of the committ	tee must include the candidate's last name)	
	Committee Mailing Address:				
	City / State / Zip:			Phone #:	
OFFICERS:				,	,
Chairman:	JARK HUSSEY			Treasurer*: Chanks Sc	hnare
Residential Address:	old BAHLERY	Rd		Residential Address: 4 Joyce	St
City / State / Zip:	Townserd	MA	01474	City / State / Zip: W Town 50	end Masist
Phone #: 978-7	99-7624			Phone #: 97859721423 Email: harks	Schnarce veritor
7.4				A public employee may not serve as treasurer of any	political committee (see reverse).
Other Officer/Title:				Other Officer/Title:	
Residential Address:				Residential Address:	
City / State / Zip:	×			City / State / Zip:	
Phone #:				Phone #:	
				y, with other officers and finance committee, if any.)	ul his/har
I hereby consent to th	e filing of this committee. I und at candidates are required to ke	derstand that en detailed a	t a candidate sha	all not give consent to the organization of more to ords of all campaign finance activity for a perio	d of six years from the date of
the relevant election.			0	1 2/	
SIGNED UNDER TH	IE PENALTIES OF PERJURY	:	11/	Ellar 1	Date: 4-4-18
		Cand	idate's sygnature	Australia	- 1 7
I hereby accept the of	fice of Treasurer of the above-n	named comm	ittee Yaffirm th	nat I am not a public employee as defined by M.	G.L. c. 55, s. 13. I understand
that: 1) I am subject to	certain duties and liabilities up	nder M.G.L.	c. 55. including	the timely filing of campaign finance reports at	nd keeping detailed accounts
and records of all cam	major finance activity for a per	rod of six ve	ars from the dat	e of the relevant election; 2) if after my acceptant signation; and 3) a candidate may not serve as the	lice of this office i occome an
appointed public emp committee organized		n and notify	OCFF of my re	a A	The second secon
	IE PENALTIES OF PERJURY	<b>:</b>	101 1	la la la constitución de la cons	Date: 1/12/60
			urer's signature	20 port	- 4/15/BD
				1/2	•
I hereby accept the of	fice of Chairman of the above-n IE PENALTIES OF PERJURY	named comm	wee.	1//	
SIGNED UNDER IT	DIEMALIES OF TENJORT	. //	111/		
		///		11/2	— Date: 4/13/18
		/Cnair	man's signature		

#### DEFINITION OF A PUBLIC EMPLOYEE

M.G.L. Chapter 55, Section 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.

#### SELECTED EXTRACTS FROM M.G.L C. 55

#### Section 1 defines a candidate's committee:

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

#### Section 2 requires candidates to keep certain records:

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

#### Section 3 requires the director to:

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

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

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

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

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

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

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

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

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

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



# 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 03/12/20/8 Ending Date: Fill in Reporting Period dates: Beginning Date: Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election vear-end report dissolution committee to exect John HUSSE) Select Man
Office Sought and District

30 Burgess Residential Address Committee Mailing Address E-mail: DJ HUSSEY @ comeast. NET DJ Hussey C comeast, net 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) 0.00 Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Signed under the penalties of perjury: 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. (Candidate's signature) Signed under the penalties of perjury:

## 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.)

- port an receipts	. Please include your committee name and	d a page number on	each page.)
Date Received	Name and Residential Address		Occupation & Employer (for contributions of \$200 or more)
04/05/2018	Patricia Carbonneau	\$50.00	(*** Controlations of \$200 of more)
3-29-18	ANPREA DESCHENC	#40,00	
4-5-18	Lucille GAMBINO	\$50.00	
3-29-18	Jennifer Jones	\$50.00	
4-5-18	PATRICA Ó PRÉSCOLL	9/50.00	
4-16-18	MARY SANTORO	\$50,00	
5-6-18	MARY SANTORO	\$50,00	
4-10-18	KAREN SMITH	A 160.00	
3-21-18	SHERY VAUGHAN	\$50.00	
4-5-18	THOMAS WHITTIER	\$265.00	
ine 9: Total Receipt	s over \$50 (or listed above)	\$425.00	
ne 10: Total Receipt	ts \$50 and under* (not listed above)	9390,00	
ne 11: TOTAL RE	CEIPTS IN THE PERIOD	\$ 815.00	Enter on a 1 L' 2
you have itemized re	ceipts of \$50 and under, include them in line	0 Line 10 should in	Enter on page 1, line 2

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

	Name and Residential Address	1	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	-	Parameter Control of C	
11			
ne 9: Total Receip	ts over \$50 (or listed above)		
ne 10: Total Receip	ots \$50 and under* (not listed above)		
. 11. 707 17 77	ECEIDTC IN THE DEDIAN		, Pierra C
ne II: IUTAL 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 delailed 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 t 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
		1	111	
111			-	
				41
	*.			
===				
		(8)		
	;			
	<i>-</i>	8.		
	·			
	I	Line 12: Total Expenditures over	r \$50 (or listed above)	
	L	ine 13: Total Expenditures \$50 a	and under* (not listed above)	
	Enter on page 1 line 4 -> I	ine 14: TOTAL EXPENDITU	RES IN THE PERIOD	
	Enter on page 1, time 4 -		uld include only those expenditures not	

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

Page 4

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

,	To Whom Paid	T	T	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
03/12/2018	Campaign Partner	PO Box 118 Still River Ma	Website	\$29,00
04/12/2018	Campaign Partner	PO Box 118 Still River Ma	Website	129,00
04/10/2018	The Loweth Sun	491 Putton St Lowell Ma	News paper Ad	128.00
11 . 11	The Lowell Sun	491 Dutton St Lowell Ma	Online Ad	\$200.00
04/01/2018	Signs on the Cheap	11525A Stonehollow Austin Tx	Sign s	400.00
			,	
	I	ine 12: Expenditures over \$50 (	or listed above)	728,00
	I	ine 13: Expenditures \$50 and un	nder* (not listed above)	150.00
		ine 14: TOTAL EXPENDITU	RES IN THE PERIOD	786.00

<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 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 of	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	NTRIBUTIONS [		

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

Page 6

#### SCHEDULE D: LIABILITIES

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

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



Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Reput E Municipal Form

Office of Campaign and Political Finance



Fill in Reporting Period dates: Beginning Date:	Ending Date: 4-18-8
Type of Report: (Check one)  Bth day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Candidate Full Name (if applicable)  Office Sought and District	Soldier Memorial Trustee  Committee Name  Chip Mann  Name of Committee Treasurer
Residential Address Telephone Number (optional):	Committee Mailing Address  Telephone Number (optional):
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	35.00
Line 3: Subtotal (line 1 plus line 2)	35.00
Line 4: Total expenditures this period (page 5, line 1	4) 35.00
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)	B C
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 accordance activity of all persons acting under the authority or on behalf of this committee in accordance.	butions and liabilities for this reporting period and represents the campaign dance 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 activity, of all persons acting under the authority or on behalf of this committee in accordar incurred any liabilities nor made any expenditures on my behalf during this reporting period.	of my knowledge and belief, a true and complete statement of all campaign finance nee 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-ki 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 and 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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4-12-18	Terri Roy (myself) Supplies	35.00	
	ent encodi seis.		~ _ 1 i
	rianis y		
		27.23	Diseason of a product 2
Line 9: Total Receipt	s over \$50 (or listed above)		
Line 10: Total Receipt	ts \$50 and under* (not listed above)		
Line 11: TOTAL RE	CEIPTS IN THE PERIOD  Society of \$50 and under include them in line 9		Enter on page 1, line 2

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

# SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(101 CONTIDUCIONS OF \$200 CF
	-		* ***
	**************************************		
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		-	*
<u>.</u>  L			
ne 9: Total Receipt	s over \$50 (or listed above)		
ne 10: Total Receip	ts \$50 and under* (not listed above)		
no 11. TOTAL DE	CEIPTS IN THE PERIOD		Enter on page 1, line 2
ne 11: TOTAL RE	CERT TO HI THE TELESCOPE		include only those receipts not itemized above.

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

#### SCHEDULE B: EXPENDITURES

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

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

report all expenditures. Please include your committee name and a page number on each page.)						
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
4-12-18	Walmart	Lunerburg, Ma.	Supplies for Sign	35.00		
				4		
	]	Line 12: Total Expenditures over \$	\$50 (or listed above)			
	1	Line 13: Total Expenditures \$50 an	nd under* (not listed above)	3		
	Enter on page 1, line $4 \rightarrow 1$	Line 14: TOTAL EXPENDITUR	ES IN THE PERIOD	35.00		

<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. Page 4

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(mpanaevient in ing)			
		]		
2	9			
	×	-		
		Line 12: Expenditures over \$50 (	or listed above)	
		Line 13: Expenditures \$50 and un	der* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU		o not itemized

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

## 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
	Li	ine 15: In-Kind Contributions ov	er \$50 (or listed above)	
	Li	ne 16: In-Kind Contributions \$50	& under (not listed above)	
	Enter on page 1, line 6 → Li	ne 17: TOTAL IN-KIND CON	TRIBUTIONS	

<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 → I	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0

Page 7



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



City or	Town of: 70W	bsence	t, MA	,						
			Please print	or type all	information	, except signal	tures.			
Fill in d Reportin	ates: ng Period Beginning_	Month	2/15/20		ear	Mon		Day 7/2018	Year	
<u> </u>										
Type of	Report: (Check One	) /								
	th day preceding eliminary/primary	☑ 8th da	y preceding	election		ay following e or Special)	lection		day of Janu -End Repor	
Pursuant	to M.G.L., Chapter	55:								
2. I c	ertify that I am a can ertify that I have not corting period, and do ertify that I do not ha	received ar	ny contribution na campaign fi	ons, made a und in exist	ny expendi	tures, or incur	red any ob	ligations dur	ing this	
DATE	I. SIGN Signed under the p	ATURE penalties of	perjury		IDENTIAL treet and No	ADDRESS amber)		III. OFFI	CE SOUGH	T
15/18	Judet Z	Me	wde	8776	erner	Rol.	Li	brary	True	Leo
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	2									



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

Office of Campaign and Political Finance



Townsend City or Town of: Please print or type all information, except signatures. Fill in dates: Month Day Year Month Reporting Period Beginning 2018 Type of Report: (Check One) 8th day preceding 8th day preceding election 30th day following election 20th day of January preliminary/primary (Town or Special) (Year-End Report)

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

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

DATE	SIGNATURE     Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
4/23	John Barett	38 Highland St	Moderator
4/23	Board Bunett	38 Hahland St	Moder Etor Cemeterys Park Commission
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,		_	
	:		
		*	
			11/05



# ance Report

TOWN OF TOWNSEND TOWN CLERK

	*	Form CPF	Muni	Campaigi cipal Form	1
Commonwealth of Massachusetts			Office of Campa	ign and Political I	inance

UNSEX	ND					
P	lease print or type	all informati	on, except	signatures.		
Month	Day 23	Year 20 (8	Ending_	Month	Day 23	Year 2018
e)					,	
□ 8th day	preceding election					h day of January ur-End Report)
	Month	Month Day 23	Please print or type all information of the print of type all information of t	Please print or type all information, except  Month Day Year 2 Ending  Ending  Sth day preceding election 30th day follow	Please print or type all information, except signatures.  Month Day Year Month Colored Day Finding Day Please print or type all information, except signatures.	Please print or type all information, except signatures.  Month Day Year Month Day 23 2018 Ending 4 23

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

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

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
4 23	Veronica C. Kell	68 MEADOW RD	PLANNING BOARD
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			,
		ζ'.	
			*
	×		
			11/05