Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED

2022 APR -4 A 7:59

TOWN CLERKS OFFICE
LYNNFIELD, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2022 Ending Date: 04/04/2022

Type of Report: (Check one)

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

Brian R. Charville
Candidate Full Name (if applicable)

Lynnfield Planning Board
Office Sought and District

9 Willard Lane, Lynnfield, MA, 01940
Residential Address

E-mail: bcharville@gmail.com

Phone # (optional):

The Charville Committee
Committee Name

Gerard A. Noumi
Name of Committee Treasurer

9 Willard Lane, Lynnfield, MA, 01940
Committee Mailing Address

E-mail: gerardnoumi@yahoo.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

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

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

Signed under the penalties of perjury: _____ (Treasurer's signature) Date: 04/02/2022

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury: Brian R Charville (Candidate's signature) Date: 04/02/2022

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 9: Total Receipts over $50 (or listed above)	0
Line 10: Total Receipts $50 and under* (not listed above)	0
Line 11: TOTAL RECEIPTS IN THE PERIOD	0 ← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

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

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Total Expenditures over $50 (or listed above)	0
Line 13: Total Expenditures $50 and under* (not listed above)	0
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	0

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over $50 (or listed above)	0
Line 13: Expenditures $50 and under* (not listed above)	0
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	0

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 0

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED

File with: City or Town Clerk or Election Commission

2022 MAY 16 A 8:01

TOWN CLERKS OFFICE, LYNNFIELD, MA

Fill in Reporting Period dates: Beginning Date: 3/26/2022 Ending Date: 5/12/2022

Type of Report: (Check one)

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

Brian R. Charville Candidate Full Name (if applicable)	The Charville Committee Committee Name
Lynnfield Planning Board Office Sought and District	Gerard A. Noumi Name of Committee Treasurer
9 Willard Lane, Lynnfield, MA, 01940 Residential Address	9 Willard Lane, Lynnfield, MA, 01940 Committee Mailing Address
E-mail: bcharville@gmail.com	E-mail: gerardnoumi@yahoo.com
Phone # (optional):	Phone # (optional):

SUMMARY BALANCE INFORMATION:

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

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

Signed under the penalties of perjury: _____ (Treasurer's signature) Date: 05/12/2022

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury: _____ (Candidate's signature) Date: 05/12/2022

SCHEDULE A: RECEIPTS

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

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

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

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 9: Total Receipts over $50 (or listed above)	0
Line 10: Total Receipts $50 and under* (not listed above)	0
Line 11: TOTAL RECEIPTS IN THE PERIOD	0 ← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Total Expenditures over $50 (or listed above)	0
Line 13: Total Expenditures $50 and under* (not listed above)	0
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	0

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

SCHEDULE B: EXPENDITURES (continued)

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

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over $50 (or listed above)	0
Line 16: In-Kind Contributions $50 & under (not listed above)	0
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	0

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 0

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED

2022 APR 11 A 9:31

TOWN CLERKS OFFICE
LYNNFIELD, MA

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2022 Ending Date: 03/25/222

Type of Report: (Check one)

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

Stacy Dahlstedt Candidate Full Name (if applicable)	Committee to re- elect Stacy Dahlstedt Committee Name
School Committee Office Sought and District	Jacques Dahlstedt Name of Committee Treasurer
42 Lincoln Ave, Lynnfield MA 01940 Residential Address	42 Lincoln Ave, Lynnfield MA 01940 Committee Mailing Address
E-mail: stacy_dahlstedt@yahoo.com	E-mail: jack_dahlstedt@yahoo.com
Phone # (optional): (781) 484-8925	Phone # (optional): (781) 780-1658

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	3,547.77
Line 3: Subtotal (line 1 plus line 2)	3,547.77
Line 4: Total expenditures this period (page 5, line 14)	1,467.39
Line 5: Ending Balance (line 3 minus line 4)	2,080.38
Line 6: Total in-kind contributions this period (page 6)	90.78
Line 7: Total (all) outstanding liabilities (page 7)	1,397.77
Line 8: Name of bank(s) used:	The Savings Bank

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

Signed under the penalties of perjury: _____ (Treasurer's signature) Date: 04/04/2022

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

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

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

Signed under the penalties of perjury: _____ (Candidate's signature) Date: 04/04/2022

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
Mar 20, 2022	Theresa Coscia 5 Willis Lane Lynnfield MA 01940	25	
03/07/2022	Sharyn Falkoff 945 Summer Street Lynnfield MA 01940	25	
03/06/2022	Jill Ferrante 944 Summer Street Lynnfield MA 01940	50	
03/20/2022	Kathleen Gallagher 71 Phillips Road Lynnfield MA 01940	1,000	SVP of Communications Avidity Biosciences
03/22/2022	Delia Gunning 70 Summer Street Lynnfield MA 01940	50	
03/11/2022	Christina Hayman 8 Village Row Lynnfield MA 01940	50	
03/24/2020	Erin Howard 45 Parsons Road Lynnfield MA 01940	100	
03/15/2022	Claire Manning 3 Elizabeth way Lynnfield MA 01940	250	retired
03/22/2022	Mark and Susan McDonough 167 Bourque Road Lynnfield MA 01940	50	
03/13/2022	Julie Mitchell 10 Daventry Court Lynnfield MA 01940	50	
03/12/2022	Sandy Pasquale 11 Huntingdon road Lynnfield MA 01940	100	
03/05/2022	Kathryn Price 12 Russert Lane Lynnfield MA 01940	100	
Line 9: Total Receipts over $50 (or listed above)		1,850	this page (cont)
Line 10: Total Receipts $50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
03/20/2022	Steve and Ann Walsh 2 Mayberry Lane Lynnfield MA 01940	200	CEO Massachusetts Health Association
03/21/2022	Margaret Waugh 4 Orchard Lane Lynnfield MA 01940	100	
02/19/2022	Stacy Dahlstedt 42 Lincoln Ave Lynnfield MA 01940	200	loan to committee
03/21/2022	Stacy Dahlstedt 42 Lincoln Ave Lynnfield MA 01940	1,041.25	loan to committee
03/01/2022	Stacy Dahlstedt 42 Lincoln Ave Lynnfield MA 01940	146.62	loan to committee
03/01/2022	Stacy Dahlstedt 42 Lincoln Ave Lynnfield MA 01940	9.9	loan to committee

Line 9: Total Receipts over $50 (or listed above)	3,547.77	
Line 10: Total Receipts $50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD	3,547.77	← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
03/21/2022	Connolly Printing	17B Gill Street Woburn MA 01801	Yard signs and holders	1,041.25
various	Raise the money, Inc.	P.O. Box 26466 Little Rock, AR 72221	fees for online donations	94.62
03/10/2022	Town of Lynnfield	55 Summer Street Lynnfield MA 01940	rental of meeting house	175
03/01/2022	Wix.com	500 Terry A Francois Blvd San Francisco, CA 94158	Website Services	146.62
03/01/2022	wix.com	500 Terry A Francois Blvd San Francisco, CA 94158	Domain name	9.9

Line 12: Total Expenditures over $50 (or listed above)	1,467.39
Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	1,467.39

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over $50 (or listed above)	
Line 13: Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
03/11/2022	Stacy Dahlstedt N/A N/A	42 Lincoln Ave Lynnfield MA 01940	drinks and snacks for meet and greet	90.78

Line 15: In-Kind Contributions over $50 (or listed above)	90.78
Line 16: In-Kind Contributions $50 & under (not listed above)	
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	90.78

* 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
02/19/2022	Stacy Dahlstedt	42 Lincoln Ave Lynnfield MA 01940	Loan to Committee open acct	200
03/21/2022	Stacy Dahlstedt	42 Lincoln Ave Lynnfield MA 01940	Loan to Committee for signs	1,041.25
03/01/2022	Stacy Dahlstedt	42 Lincoln Ave Lynnfield MA 01940	Loan to Committee for website	146.62
03/01/2022	Stacy Dahlstedt	42 Lincoln Ave Lynnfield MA 01940	Loan to Committee for domain	9.9
Enter on page 1, line 7 →		**Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**		1,397.77

Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

RECEIVED

2022 FEB 17 A 10:56

TOWN CLERKS OFFICE LYNNFIELD, MA

File with: City / Town Clerk or Election Commission

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

CANDIDATE:

Full Name: Stacy Ann Dahlstedt

Residential Address: 42 Lincoln Avenue

City / State / Zip: Lynnfield, MA 01940

E-Mail Address: stacy_dahlstedt@yahoo.com Phone #: 781-484-8925

Party Affiliation: (If applicable)

OFFICE SOUGHT/PURPOSE:

Title: School Committee

District: Lynnfield Public Schools

COMMITTEE:

Name of Committee: Committee to Re-Elect Stacy Dahlstedt ~~Lynnfield School Committee~~

(The name of the committee must include the candidate's last name)

Committee Mailing Address: 42 Lincoln Avenue

City / State / Zip: Lynnfield MA 01940 Phone #: 781-334-6223

OFFICERS:

Chairman: Chairperson Kathryn Price

Residential Address: 12 Busset Lane

City / State / Zip: Lynnfield MA 01940

Phone #: 617-680-2728

Treasurer*: Jacques (Jack) Dahlstedt

Residential Address: 42 Lincoln Avenue

City / State / Zip: Lynnfield MA 01940

Phone #: 781-280-1165 Email: jack_dahlstedt@yahoo.com

*A public employee may not serve as treasurer of any political committee (see reverse).

Other Officer/Title:

Residential Address:

City / State / Zip:

Phone #:

Other Officer/Title:

Residential Address:

City / State / Zip:

Phone #:

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature Date: 2/7/2022

I hereby accept the office of Treasurer of the above-named committee. I affirm that 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 under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature Date: 2/7/2022

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature Date: 2/15/22

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED
2022 MAY 16 A 10:06
TOWN CLERKS OFFICE
LYNNFIELD, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/26/2022 Ending Date: 5/12/2022

Type of Report: (Check one)

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

Stacy Dahlstedt
Candidate Full Name (if applicable)

School Committee
Office Sought and District

42 Lincoln Ave , Lynnfield Ma 01940
Residential Address

E-mail: stacy_dahlstedt@yahoo.com

Phone # (optional): (781)484-8925

Comittee to Re-elect Stacy Dahlstedt
Committee Name

Jacques Dahlstedt
Name of Committee Treasurer

42 Lincoln Ave, Lynnfield MA
Committee Mailing Address

E-mail: jack_dahlstedt@yahoo.com

Phone # (optional): (781)780-1658

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2,080.38
Line 2: Total receipts this period (page 3, line 11)	250
Line 3: Subtotal (line 1 plus line 2)	2,330.38
Line 4: Total expenditures this period (page 5, line 14)	1,888.04
Line 5: Ending Balance (line 3 minus line 4)	442.34
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	1,397.77
Line 8: Name of bank(s) used:	The Savings Bank, Lynnfield Ma

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

Signed under the penalties of perjury: _____ (Treasurer's signature) Date: 05/12/2022

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

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

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

Signed under the penalties of perjury: _____ (Candidate's signature) Date: 05/12/2022

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
03/30/2022	Joya Bird 17 Smith Farm Trail Lynnfield MA 01940	100	
04/05/2022	Julie Gross 629 Hammond Street Chestnut Hill Ma 02467	50	
03/26/2022	Heather and Kevin Rose 10 Hampton Court Lynnfield MA 01940	100	

Line 9: Total Receipts over $50 (or listed above)	250	
Line 10: Total Receipts $50 and under* (not listed above)	0	
Line 11: TOTAL RECEIPTS IN THE PERIOD	250	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 9: Total Receipts over $50 (or listed above)	
Line 10: Total Receipts $50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	

← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
04/06/2022	Essex Media Group	85 Exchange Street Lynn MA 01903	campaign ads	750
04/07/2022	Wakefield Item Company	26 Albion Street Wakefield Ma 01880	campaign ads	250
04/01/2022	Connolly Printing	17 B Gil Street Woburn Ma 01801	mailer	785.16
03/28/2022	The Home depot	60 Walkers Brook Drive Reading Ma	sign holders	89.88
04/07/2022	raise the money.com	P.O. Box 26466 Little Rock AR 72221	fees for on-line fund raising	13

Line 12: Total Expenditures over $50 (or listed above)	1,888.04
Line 13: Total Expenditures $50 and under* (not listed above)	0
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	1,888.04

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	blank			

Line 12: Expenditures over $50 (or listed above)	
Line 13: Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	none			

Line 15: In-Kind Contributions over $50 (or listed above)	
Line 16: In-Kind Contributions $50 & under (not listed above)	
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	0

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
multiple	Stacy Dahlstedt	42 Lincoln Ave Lynnfield Ma 01940	Loans for multiple purposes including web domain, signs and to open account	1,397.77

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 1,397.77

Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

RECEIVED

File with: City / Town Clerk or Election Commission

2022 MAR 22 P 12:29

TOWN CLERKS OFFICE LYNNFIELD, MA

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

CANDIDATE:

Full Name: RICHARD P DALTON

Residential Address: 18 PARTRIDGE LANE

City / State / Zip: LYNNFIELD, MA 01940

E-Mail Address: RPDALTON@ME.COM Phone #: 617.922.4000

Party Affiliation: (If applicable)

OFFICE SOUGHT/PURPOSE:

Title: SELECTMAN

District:

COMMITTEE:

Name of Committee: COMMITTEE TO RE-ELECT DICK DALTON

(The name of the committee must include the candidate's last name)

Committee Mailing Address: 18 PARTRIDGE LANE

City / State / Zip: LYNNFIELD MA 01940 Phone #: 617.922.4000

OFFICERS:

Chairman: STACEY COOK

Residential Address: 5 ALDERNEY WAY

City / State / Zip: LYNNFIELD MA 01940

Phone #: 781.956.5179

Treasurer*: CARMELA DALTON

Residential Address: 18 PARTRIDGE LANE

City / State / Zip: LYNNFIELD MA 01940

Phone #: 617.763.2658 Email: CARMELAMDALTON@ME.COM

*A public employee may not serve as treasurer of any political committee (see reverse)

Other Officer/Title:

Residential Address:

City / State / Zip:

Phone #:

Other Officer/Title:

Residential Address:

City / State / Zip:

Phone #:

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Richard P Dalton

Candidate's signature

Date: 3/18/22

I hereby accept the office of Treasurer of the above-named committee. I affirm that 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 under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Carmela Dalton

Treasurer's signature

Date: 3/19/22

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Stacey Dalton Cook

Chairman's signature

Date: 3/19/22

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED

File with: City or Town Clerk or Election Commission

2022 APR -4 A 8:41

TOWN CLERKS OFFICE
LYNNFIELD, MA

Fill in Reporting Period dates: Beginning Date: Jan 1, 2022 Ending Date: Mar 25, 2022

Type of Report: (Check one)

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

Richard P Dalton Candidate Full Name (if applicable)	Committee to Re-elect Dick Dalton Committee Name
Selectman Office Sought and District	Carmela Dalton Name of Committee Treasurer
18 Partridge Lane, Lynnfield, MA 01940 Residential Address	18 Partridge Lane, Lynnfield, MA 01940 Committee Mailing Address
E-mail: rpdalton@me.com	E-mail: carmelamdalton@me.com
Phone # (optional):	Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	1,561.54
Line 3: Subtotal (line 1 plus line 2)	1,561.54
Line 4: Total expenditures this period (page 5, line 14)	361.54
Line 5: Ending Balance (line 3 minus line 4)	1,200
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Salem 5 Savings Bank

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

Signed under the penalties of perjury: Carmela Dalton (Treasurer's signature) Date: 4/4/2022

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

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

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

Signed under the penalties of perjury: Richard P Dalton (Candidate's signature) Date: 4/4/2022

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
Dave Drislane		200	Retired
John Moynihan		500	Moynihan Lumber
Hilda Moynihan		500	None
Richard P Dalton		361.54	Candidate

Line 9: Total Receipts over $50 (or listed above)	1,561.54	
Line 10: Total Receipts $50 and under* (not listed above)	0	
Line 11: TOTAL RECEIPTS IN THE PERIOD	1,561.54	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

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

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
March 9, 2022	Signs on the Cheap	11525A Stonehollow Dr., Suite 100 Austin, TX, 78758, USA	Lawn Signs	361.54

Line 12: Total Expenditures over $50 (or listed above)	361.54
Line 13: Total Expenditures $50 and under* (not listed above)	0
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	361.54

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over $50 (or listed above)	361.54
Line 13: Expenditures $50 and under* (not listed above)	0
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	361.54

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

	Line 15: In-Kind Contributions over $50 (or listed above)	
	Line 16: In-Kind Contributions $50 & under (not listed above)	
Enter on page 1, line 6 →	**Line 17: TOTAL IN-KIND CONTRIBUTIONS**	

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount

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

Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

RECEIVED
2022 MAR 14 P 1:00
TOWN CLERK'S OFFICE
LYNNFIELD, MA

File with: City / Town Clerk or Election Commission

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

CANDIDATE:

Full Name: Robert Gillon

Residential Address: 300 Main Street

City / State / Zip: Lynnfield, MA 01940

E-Mail Address: bobgillon51@gmail.com Phone #: 781-367-5500

Party Affiliation: (If applicable)

OFFICE SOUGHT/PURPOSE:

Title: Select Board

District:

COMMITTEE:

Name of Committee: Citizens for Bob Gillon

(The name of the committee must include the candidate's last name)

Committee Mailing Address: 300 Main Street

City / State / Zip: Lynnfield MA 01940 Phone #: 781-334-3555

OFFICERS:

Chairman: Robert Gillon	**Treasurer*:** Linda Gillon
Residential Address: 300 Main Street	Residential Address: 300 Main Street
City / State / Zip: Lynnfield MA 01940	City / State / Zip: Lynnfield MA 01940
Phone #: 781-334-3555	Phone #: 781-334-3555 Email: lindajean300@gmail.com
	*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 #:

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY: Robert Gillon Date: 3/14/2022

Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that 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 under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY: Linda J Gillon Date: 3/14/22

Treasurer's signature

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY: Robert Gillon Date: 3/14/2022

Chairman's signature

Commonwealth
Massachusetts

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

.le with: Director
:fice of Campaign and Political Finance
ıe Ashburton Place Rm. 411
ɔston, MA 02108
;17) 979-8300

RECEIVED
CPF ID# 1803

2022 APR -4 P 12:21

TOWN CLERKS OFFICE
LYNNFIELD, MA

Reporting Period: Beginning: 1/1/2022 Ending: 4/4/2022

Type of Report: 2022 Pre-election Report

Gillon, Robert
Full Name of Candidate

Municipal, Local Filer
Office Sought/ District

300 Main Street
Lynnfield, MA 01940
Residential Address

Gillon Committee
Committee Name

Linda Gillon
Name of Committee Treasurer

300 Main Street
Lynnfield, MA 01940
Committee Address

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	**$0.00**
Total receipts this period:	**$639.00**
Subtotal:	**$639.00**
Total expenditures this period:	**$240.00**
Ending Balance:	**$399.00**
Total inkind contributions this period:	**$0.00**
Total out of pocket spending this period:	**$0.00**
Total outstanding liabilities:	**$240.00**
Name of Bank Used:	

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

;igned under the penalties of perjury:

Linda Gillon — 4/4/22
:reasurer's signature (in ink) — Date

ıffidavit of Candidate (check 1 box only) :

Candidate with Committee and no activity independent of the committee

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

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

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

;igned under the penalties of perjury:

Schedule B: Expenditures

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

Date	Name and Address	Amount	Purpose
3/29/2022	**Markarian Sign Co** 87a New Salem Street Wakefield, MA 01880	$240.00	

Total Itemized Expenditures:	**$240.00**
Total Unitemized Expenditures:	**$0.00**
Total Expenditures:	**$240.00**

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED
2022 MAY 13 P 12:05
TOWN CLERKS OFFICE
LYNNFIELD, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/26/2022 Ending Date: 5/12/2022

Type of Report: (Check one)

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

Robert Gillon Candidate Full Name (if applicable)	Citizens for Bob Gillon Committee Name
Select Board Office Sought and District	Linda Gillon Name of Committee Treasurer
300 Main St Lynnfield MA 01940 Residential Address	300 Main St Lynnfield MA Committee Mailing Address
E-mail: bobgillon51@gmail.com	E-mail:
Phone # (optional): 781-367-5500	Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	249.00
Line 2: Total receipts this period (page 3, line 11)	150.00
Line 3: Subtotal (line 1 plus line 2)	399.00
Line 4: Total expenditures this period (page 5, line 14)	397.42
Line 5: Ending Balance (line 3 minus line 4)	1.58
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	The Savings Bank Wakefield MA 01880

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: Linda Gillon (Treasurer's signature) Date: 5/13/22

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

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

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

Signed under the penalties of perjury: R M Gillon (Candidate's signature) Date: 5/11/22

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED

2022 MAY 11 P 2:29
TOWN CLERKS OFFICE
LYNNFIELD, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/26/2022 Ending Date: 5/12/2022

Type of Report: (Check one)

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

Robert Gillon
Candidate Full Name (if applicable)

Select Board
Office Sought and District

300 Main St Lynnfield MA 01940
Residential Address

E-mail: bobgillon51@gmail.com

Phone # (optional): 781-367-5500

Citizens for Bob Gillon
Committee Name

Linda Gillon
Name of Committee Treasurer

300 Main St Lynnfield MA
Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	249.00
Line 2: Total receipts this period (page 3, line 11)	150.00
Line 3: Subtotal (line 1 plus line 2)	399.00
Line 4: Total expenditures this period (page 5, line 14)	397.42
Line 5: Ending Balance (line 3 minus line 4)	1.58
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	The Savings Bank Wakefield MA 01880

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

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

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

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

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

Signed under the penalties of perjury: R M Gillon (Candidate's signature) Date: 5/11/22

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
04/04/2022	Patrica Campbell 7 Patrice Lane Lynnfield, MA 01941	150.00	Retired

Line 9: Total Receipts over $50 (or listed above)	150.00	
Line 10: Total Receipts $50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD	150.00	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

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

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
04/14/2022	Robert Gillon	300 Main Street	Thank You Bathering for volunteers	159.42
04/13/022	Markarian Signs	87A New Salem Street Wakefield, MA 01880	Campaign Signs	238.00
		Line 12: Total Expenditures over $50 (or listed above)		397.42
		Line 13: Total Expenditures $50 and under* (not listed above)		
Enter on page 1, line 4 →		**Line 14: TOTAL EXPENDITURES IN THE PERIOD**		397.42

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

SCHEDULE B: EXPENDITURES (continued)

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

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

	Line 15: In-Kind Contributions over $50 (or listed above)	
	Line 16: In-Kind Contributions $50 & under (not listed above)	
Enter on page 1, line 6 →	**Line 17: TOTAL IN-KIND CONTRIBUTIONS**	

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
04/14/2022	Robert Gillon	300 Main Street Lynnfield MA 01940	Campaign Signs	-240.00
Enter on page 1, line 7 →		**Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**		-240.00

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED
2022 MAR 31 A 11: 43
TOWN CLERKS OFFICE
LYNNFIELD, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2022 Ending Date: 3/25/2022

Type of Report: (Check one)

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

Faith Honer-Coakley
Candidate Full Name (if applicable)

Library Trustee
Office Sought and District

29 Bancroft Street, Lynnfield, MA
Residential Address

E-mail: teachgrad3@msn.com

Phone # (optional): 781-771-4443

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

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

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

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

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

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

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

Signed under the penalties of perjury: Faith Honer-Coakley (Candidate's signature) Date: 3/31/22

SCHEDULE A: RECEIPTS

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

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

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

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

SCHEDULE A: RECEIPTS (continued)

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

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

	Line 12: Total Expenditures over $50 (or listed above)	
	Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 →	**Line 14: TOTAL EXPENDITURES IN THE PERIOD**	

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over $50 (or listed above)	
Line 13: Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount

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

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED

File with: City or Town Clerk or Election Commission

2022 MAY 12 A 8:50

TOWN CLERKS OFFICE
LYNNFIELD, MA

Fill in Reporting Period dates: Beginning Date: 3/26/2022 Ending Date: 5/12/2022

Type of Report: (Check one)

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

Faith Honer-Coakley
Candidate Full Name (if applicable)

Library Trustee
Office Sought and District

29 Bancroft St., Lynnfield, MA 01940
Residential Address

E-mail: teachgrad3@msn.com

Phone # (optional): 781-334-6445

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

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

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

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

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

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

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

Signed under the penalties of perjury: Faith Honer-Coakley (Candidate's signature) Date: May 10, 2022

Commonwealth of Massachusetts

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

RECEIVED

Office of Campaign and Political Finance

2022 FEB 22 P 3:33

TOWN CLERK'S OFFICE LYNNFIELD, MA

File with: City / Town Clerk or Election Commission

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

CANDIDATE:

Full Name: Corrie Luongo

Residential Address: 17 Homestead Rd

City / State / Zip: Lynnfield, MA 01940

E-Mail Address: cjluongo@gmail.com Phone #: 781-258-6799

Party Affiliation: (If applicable)

OFFICE SOUGHT/PURPOSE:

Title: School Committee

District:

COMMITTEE:

Name of Committee: Committee to elect Corrie Luongo

(The name of the committee must include the candidate's last name)

Committee Mailing Address: 17 Homestead Rd

City / State / Zip: Lynnfield, MA 01940 Phone #: 781-258-6799

OFFICERS:

Chairman: Donna Hegar

Residential Address: 18 Homestead Rd

City / State / Zip: Lynnfield MA 01940

Phone #: 781-334-6199

Treasurer*: Donna Hegar

Residential Address: 18 Homestead Rd

City / State / Zip: Lynnfield MA 01940

Phone #: 781-334-6199 Email:

*A public employee may not serve as treasurer of any political committee (see reverse).

Other Officer/Title:

Residential Address:

City / State / Zip:

Phone #:

Other Officer/Title:

Residential Address:

City / State / Zip:

Phone #:

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature Date: 2/8/22

I hereby accept the office of Treasurer of the above-named committee. I affirm that 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 under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Donna J. Hegar

Treasurer's signature Date: 2/17/22

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Donna J. Hegar

Chairman's signature Date: 2/17/22

Commonwealth
of Massachusetts

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

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

CPF ID# 18050

Reporting Period: Beginning: 1/1/2022 Ending: 3/25/2022

Type of Report: 2022 Pre-preliminary Report

Luongo, Corrie	
Full Name of Candidate	*Committee Name*
Municipal, Local Filer	
Office Sought/ District	*Name of Committee Treasurer*
17 Homestead Road Lynnfield, MA 01940	**17 Homestead rd lynnfield, MA 01940**
Residential Address	*Committee Address*

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	**$0.00**
Total receipts this period:	**$6,145.00**
Subtotal:	**$6,145.00**
Total expenditures this period:	**$4,589.61**
Ending Balance:	**$1,555.39**
Total inkind contributions this period:	**$0.00**
Total out of pocket spending this period:	**$0.00**
Total outstanding liabilities:	**$0.00**
Name of Bank Used:	

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

Donna J. Hegan — Treasurer's signature (in ink) — Date 4/1/22

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

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

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

Signed under the penalties of perjury:

Candidate's signature (in ink) — Date 4/1/22

Schedule A: Receipts

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

Date	Name and Residential Address	Amount	Occupation and Employer
2/23/2022	**Evangelista, Timothy and Susan** Lynnfield, MA 01940	$25.00	
2/25/2022	**John Michael, Nickerson** 9 Robin Rd Lynnfield, MA 01940	$300.00	Information Requested Information Requested
3/18/2022	**Leavitt, Shiela** 16 West Tapley Way Lynnfield, MA	$50.00	
2/8/2022	**Luongo, Corrie** 17 Homestead Rd Lynnfield, MA 01940	$20.00	
3/16/2022	**Macone, Rose** 52 Sumer Street Lynnfield, MA 01940	$100.00	
3/14/2022	**Morales, David and Samanda** 1 Daventry Court Lynnfield, MA 01940	$100.00	
3/4/2022	**Moynihan, Christopher** 120 Essex St Lynnfield, MA 01940	$1,000.00	owner Moynihan Lumber
3/21/2022	**Moynihan, Hilda** 34 Doncaster Circle Lynnfield, MA 01940	$500.00	Homemaker Homemaker
3/4/2022	**Moynihan, Jaiden** 120 Essex St Lynnfield, MA 01940	$1,000.00	Sales Associate Cravings

3/4/2022	**Moynihan, Samantha** 120 Essex St Lynnfield, MA 01940	$1,000.00	Real Estate Agent Century 21
2/23/2022	**Noble, Lucas** 35 Shannon Lane North Andover, MA 01845	$200.00	Financial Advisor Noble Financial
3/14/2022	**Ogren, Carl** 25 Howard Ave Lynnfield, MA 01940	$250.00	Information Requested Information Requested
3/4/2022	**Rodriguez, Nikolas** 120 Essex St Lynnfield, MA 01940	$1,000.00	Photographer Nikolas Rodriguez Photography
2/24/2022	**Shaffer, Brian and Annemarie** 3 Glen Drive Lynnfield, MA 01940	$500.00	Homemaker Homemaker
3/13/2022	**Smyrnios, Steve and Sondra** 11 Ramsdell Way Lynnfield, MA 01940	$100.00	
	Total Itemized Receipts:	**$6,145.00**	
	Total Unitemized Receipts:	**$0.00**	
	Total Receipts:	**$6,145.00**	

Schedule B: Expenditures

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

Date	Name and Address	Amount	Purpose
3/23/2022	**Connolly Printing** 17 Gill Street Woburn, MA 01801	$2,662.56	Final Mailers
3/11/2022	**Luongo, Corrie**	$614.40	
3/11/2022	**Luongo, Corrie**	$333.18	
3/5/2022	**Lynnfield Historical Committee** 55 Summmer St Lynnfield, MA 01940	$550.00	Meeting House Rental (meet and Greet Event)
3/10/2022	**Usps** Summer Street Lynnfield, MA 01940	$232.00	Postage Stamps For Mailers
3/20/2022	**Luongo, Corrie**	$197.47	
	Total Itemized Expenditures:	**$4,589.61**	
	Total Unitemized Expenditures:	**$0.00**	
	Total Expenditures:	**$4,589.61**	

Schedule R: Reimbursements

Date	Reimbursee	Total Amount
3/11/2022	Luongo, Corrie	$614.40
3/11/2022	Luongo, Corrie	$333.18
3/20/2022	Luongo, Corrie	$197.47

Commonwealth
of Massachusetts

Form CPF R1: Itemization of Reimbursements
Office of Campaign and Political Finance

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

CPF ID# 18050

Luongo	
Individual Being Reimbursed	*Committee Name*
$614.40	3/11/2022
Amount of Reimbursement	*Date of Reimbursement*

Date	Name And Address	Amount	Purpose
3/10/2022	**signs 365** 51245 Filomena shelby twp, mi 48315	$614.40	yard signs

Commonwealth
of Massachusetts

Form CPF R1: Itemization of Reimbursements
Office of Campaign and Political Finance

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

CPF ID# 18050

Luongo	
Individual Being Reimbursed	*Committee Name*
$333.18	3/11/2022
Amount of Reimbursement	*Date of Reimbursement*

Date	Name And Address	Amount	Purpose
3/10/2022	**staples** 34 walkers brook drive reading , ma 01867	$333.18	meet and greet mailers

Commonwealth
of Massachusetts

Form CPF R1: Itemization of Reimbursements
Office of Campaign and Political Finance

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

CPF ID# 18050

Luongo	
Individual Being Reimbursed	*Committee Name*
$197.47	3/20/2022
Amount of Reimbursement	*Date of Reimbursement*

Date	Name And Address	Amount	Purpose
3/20/2022	**various**	$197.47	provisions for meet and greet event: food, beverages etc

Commonwealth
of Massachusetts

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

RECEIVED
2022 MAY 11 P 1:54
TOWN CLERKS OFFICE
LYNNFIELD, MA

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

CPF ID# 18050

Reporting Period: Beginning: 3/26/2022 Ending: 5/2/2022

Type of Report: 2022 Post-election Report

Luongo, Corrie	
Full Name of Candidate	*Committee Name*
Municipal, Local Filer	
Office Sought/ District	*Name of Committee Treasurer*
17 Homestead Road Lynnfield, MA 01940	**17 Homestead rd lynnfield, MA 01940**
Residential Address	*Committee Address*

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	**$1,555.39**
Total receipts this period:	**$550.00**
Subtotal:	**$2,105.39**
Total expenditures this period:	**$1,720.31**
Ending Balance:	**$385.08**
Total inkind contributions this period:	**$0.00**
Total out of pocket spending this period:	**$0.00**
Total outstanding liabilities:	**$0.00**
Name of Bank Used:	

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury:

Treasurer's signature (in ink) Donna J. Hegan Date 5/10/22

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

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

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

Signed under the penalties of perjury:

Candidate's signature (in ink) Date 5/11/22

Schedule A: Receipts

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

Date	Name and Residential Address	Amount	Occupation and Employer
3/26/2022	**Arena, Renee** 20 Browns Ave Waltham, MA 02451	$50.00	
3/31/2022	**Kimball, John** 618 Main St Lynnfield, MA 01940	$200.00	Lawyer John H Kimball, Attorney At Law
3/31/2022	**Town of Lynnfield, Town of Lynnfield** 55 Summer St Lynnfield, MA 01940	$300.00	
	Total Itemized Receipts:	**$550.00**	
	Total Unitemized Receipts:	**$0.00**	
	Total Receipts:	**$550.00**	

Schedule B: Expenditures

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

Date	Name and Address	Amount	Purpose
4/4/2022	**Essex Media Group** 10 1st Ave Peabody, MA 01960	$750.00	News Paper Ad
5/1/2022	**Luongo, Corrie**	$145.22	
4/4/2022	**Lynnfield Villager** 26 Albion St Wakefield, MA 01880	$450.00	Newspaper Ad
3/30/2022	**Luongo, Corrie**	$208.88	
3/31/2022	**Luongo, Corrie**	$78.60	
5/1/2022	**Luongo, Corrie**	$39.84	
5/1/2022	**Luongo, Corrie**	$47.77	

Total Itemized Expenditures:	**$1,720.31**
Total Unitemized Expenditures:	**$0.00**
Total Expenditures:	**$1,720.31**

Schedule R: Reimbursements

Date	Reimbursee	Total Amount
5/1/2022	**Luongo, Corrie**	$145.22
3/30/2022	**Luongo, Corrie**	$208.88
3/31/2022	**Luongo, Corrie**	$78.60
5/1/2022	**Luongo, Corrie**	$39.84
5/1/2022	**Luongo, Corrie**	$47.77

Commonwealth
of Massachusetts

Form CPF R1: Itemization of Reimbursements
Office of Campaign and Political Finance

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

CPF ID# 18050

Luongo	
Individual Being Reimbursed	*Committee Name*
$145.22	5/1/2022
Amount of Reimbursement	*Date of Reimbursement*

Date	Name And Address	Amount	Purpose
5/1/2022	**Corrie Luongo** 17 Homestead rd lynnfield , ma 01940	$145.22	food for election night party

Commonwealth
of Massachusetts

Form CPF R1: Itemization of Reimbursements
Office of Campaign and Political Finance

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

CPF ID# 18050

Luongo	
Individual Being Reimbursed	*Committee Name*
$208.88	3/30/2022
Amount of Reimbursement	*Date of Reimbursement*

Date	Name And Address	Amount	Purpose
3/30/2022	**Corrie Luongo** 17 Homestead Rd Lynnfield , MA 01940	$208.88	additional Yard signs

Commonwealth
of Massachusetts

Form CPF R1: Itemization of Reimbursements
Office of Campaign and Political Finance

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

CPF ID# 18050

Luongo	
Individual Being Reimbursed	*Committee Name*
$208.88	3/30/2022
Amount of Reimbursement	*Date of Reimbursement*

Date	Name And Address	Amount	Purpose
3/30/2022	**Corrie Luongo** 17 Homestead Rd Lynnfield , MA 01940	$208.88	additional Yard signs

FORM CPF R1: ITEMIZATION OF REIMBURSEMENTS

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

Luongo	
Individual Being Reimbursed	*Committee Name*
$78.60	3/31/2022
Amount of Reimbursement	*Date of Reimbursement*

Date	Name And Address	Amount	Purpose
3/31/2022	**Corrie Luongo** 17 Homestead Rd Lynnfield , MA 01940	$78.60	"Dear Friend" Mailer cards

Commonwealth
of Massachusetts

Form CPF R1: Itemization of Reimbursements
Office of Campaign and Political Finance

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

CPF ID# 18050

Luongo	
Individual Being Reimbursed	*Committee Name*
$47.77	5/1/2022
Amount of Reimbursement	*Date of Reimbursement*

Date	Name And Address	Amount	Purpose
5/1/2022	**Corrie Luongo** 17 Homestead rd Lynnfield , MA 01940	$47.77	sign holder coffee and donuts etc

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED
2022 APR -4 A 7:54
TOWN CLERKS OFFICE
LYNNFIELD MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2022 Ending Date: 3/25/2022

Type of Report: (Check one)

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

Joseph A. Markey
Candidate Full Name (if applicable)

Lynnfield Town Moderator
Office Sought and District

22 Pine St., Lynnfield, MA 01940
Residential Address

E-mail: jomarkey@verizon.net

Phone # (optional):

Joseph Markey Committee
Committee Name

Josephine M. Markey
Name of Committee Treasurer

22 Pine St., Lynnfield, MA 01940
Committee Mailing Address

E-mail: jomarkey@verizon.net

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	101.30
Line 2: Total receipts this period (page 3, line 11)	∅
Line 3: Subtotal (line 1 plus line 2)	101.30
Line 4: Total expenditures this period (page 5, line 14)	∅
Line 5: Ending Balance (line 3 minus line 4)	101.30
Line 6: Total in-kind contributions this period (page 6)	∅
Line 7: Total (all) outstanding liabilities (page 7)	∅
Line 8: Name of bank(s) used:	The Savings Bank

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

Signed under the penalties of perjury: Josephene M. Markey (Treasurer's signature) Date: 3/30/22

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury: Joseph A. Markey (Candidate's signature) Date: 3/30/22

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED
2022 MAY 10 A 9:26
TOWN CLERK'S OFFICE
LYNNFIELD, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/26/2022 Ending Date: 5/12/2022

Type of Report: (Check one)

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

Joseph A. Markey
Candidate Full Name (if applicable)
Lynnfield Town Moderator
Office Sought and District
22 Pine Street, Lynnfield, MA 01940
Residential Address
E-mail: jomarkey@verizon.net
Phone # (optional):

Joseph Markey Committee
Committee Name
Josephine M. Markey
Name of Committee Treasurer
22 Pine St, Lynnfield, MA 01940
Committee Mailing Address
E-mail: jomarkey@verizon.net
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	101.30
Line 2: Total receipts this period (page 3, line 11)	ϕ
Line 3: Subtotal (line 1 plus line 2)	101.30
Line 4: Total expenditures this period (page 5, line 14)	ϕ
Line 5: Ending Balance (line 3 minus line 4)	101.30
Line 6: Total in-kind contributions this period (page 6)	ϕ
Line 7: Total (all) outstanding liabilities (page 7)	ϕ
Line 8: Name of bank(s) used:	The Savings Bank

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

Signed under the penalties of perjury: Josephine M. Markey (Treasurer's signature) Date: 5/9/22

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury: Joseph A. Markey (Candidate's signature) Date: 5/9/22

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

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

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

SCHEDULE B: EXPENDITURES

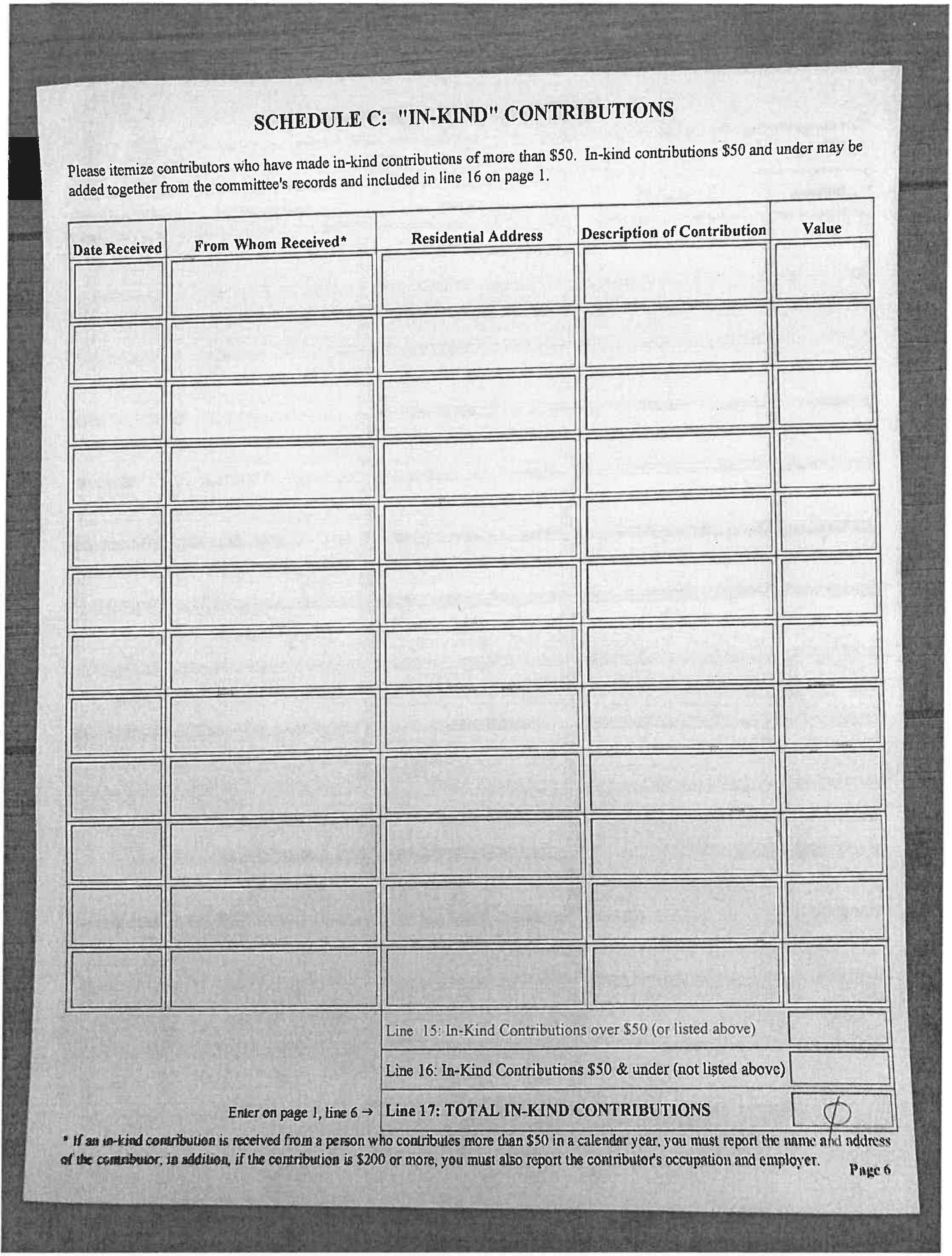
M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over $50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over $50. Expenditures $50 and under may be added together, from committee records, and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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Total Expenditures over $50 (or listed above)	
Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	ϕ

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



SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

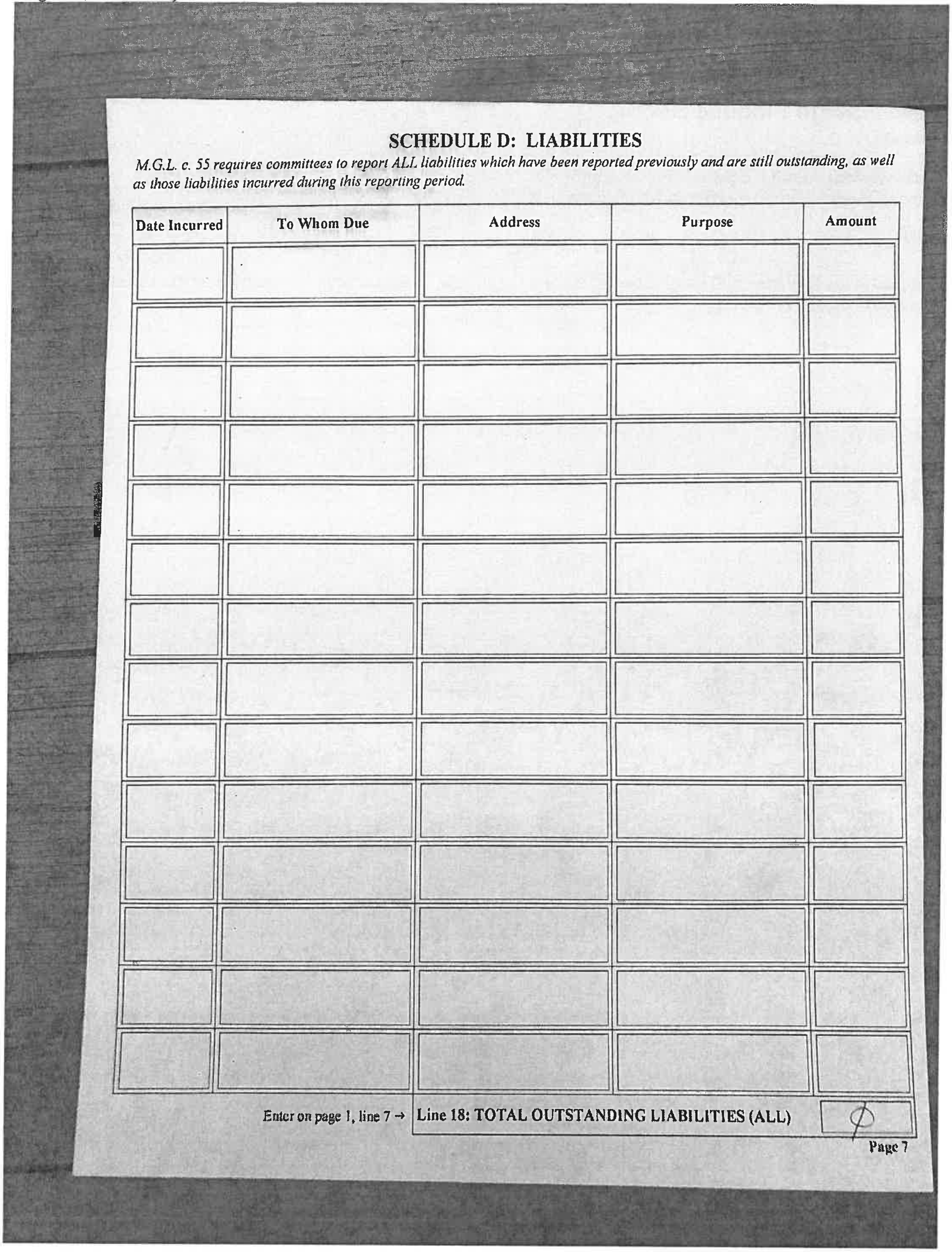
Line 15: In-Kind Contributions over $50 (or listed above)

Line 16: In-Kind Contributions $50 & under (not listed above)

Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS** 0

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

Regards, Jo Markey



SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 0

Page 7

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED
2022 MAR 30 P 12: 36
TOWN CLERKS OFFICE
LYNNFIELD, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2022 Ending Date: 3/25/2022

Type of Report: (Check one)

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

Richard J. Mazzola
Candidate Full Name (if applicable)

Library Board of Trustees
Office Sought and District

14 Sylvan Circle Lynnfield
Residential Address

E-mail: Richm@futuressearchllc.com

Phone # (optional): 781-451-6222

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	00.00
Line 2: Total receipts this period (page 3, line 11)	00.00
Line 3: Subtotal (line 1 plus line 2)	00.00
Line 4: Total expenditures this period (page 5, line 14)	00.00
Line 5: Ending Balance (line 3 minus line 4)	00.00
Line 6: Total in-kind contributions this period (page 6)	00.00
Line 7: Total (all) outstanding liabilities (page 7)	00.00
Line 8: Name of bank(s) used:	N/A

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

Signed under the penalties of perjury: _____ (Treasurer's signature) Date: 3/29/22

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

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

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

Signed under the penalties of perjury: _____ (Candidate's signature) Date: 3/29/22

Form CPF M 102: Campaign Finance Report
Municipal Form

Commonwealth of Massachusetts

Office of Campaign and Political Finance

RECEIVED

2022 MAY -9 A 10: 25

TOWN CLERKS OFFICE
LYNNFIELD, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/26/2022 Ending Date: 5/12/2022

Type of Report: (Check one)

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

Richard J. Mazzola
Candidate Full Name (if applicable)

Board of Library Trustees
Office Sought and District

14 Sylvan Circle
Residential Address

E-mail: Richm@futuressearchllc.com

Phone # (optional): 7812586544

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	.00
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)	.00
Line 6: Total in-kind contributions this period (page 6)	.00
Line 7: Total (all) outstanding liabilities (page 7)	.00
Line 8: Name of bank(s) used:	NA

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

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

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

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

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

Signed under the penalties of perjury: _____ (Candidate's signature) Date: 5/9/2022

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2022 Ending Date: 3/25/2022

2022 MAR 29 A 9:08

Type of Report: (Check one)

TOWN CLERKS OFFICE LYNNFIELD, MA

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

Stephanie Petty
Candidate Full Name (if applicable)

Housing Commissioner / Lynnfield
Office Sought and District

1 Melch Rd. Lynnfield MA 01940
Residential Address

E-mail: Spetty@bdboston.com

Phone # (optional): 617-251-4278

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	N/A
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:	N/A

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

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

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

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

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

Signed under the penalties of perjury: _____ (Candidate's signature) Date: 3/28/2022

SCHEDULE A: RECEIPTS

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

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

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

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 9: Total Receipts over $50 (or listed above)		
Line 10: Total Receipts $50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD	$0.00	← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Total Expenditures over $50 (or listed above)		
		Line 13: Total Expenditures $50 and under* (not listed above)		
Enter on page 1, line 4 →		**Line 14: TOTAL EXPENDITURES IN THE PERIOD**		$0.00

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over $50 (or listed above)	
Line 13: Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	$0.00

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** $0.00

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/26/2022 Ending Date: 5/12/2022

Type of Report: (Check one)

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

Stephanie Petty
Candidate Full Name (if applicable)

Housing Commissioner / Lynnfield
Office Sought and District

1 Melch Rd, Lynnfield, MA 01940
Residential Address

E-mail: spetty@bdboston.com

Phone # (optional): 617-251-4278

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

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

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

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

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

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

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

Signed under the penalties of perjury: _____ (Candidate's signature) Date: 5/9/2022

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 9: Total Receipts over $50 (or listed above)	
Line 10: Total Receipts $50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	0 ← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

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

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

SCHEDULE B: EXPENDITURES

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

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

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

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over $50 (or listed above)	
Line 13: Expenditures $50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	0

Enter on page 1, line 4 →

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over $50 (or listed above)

Line 16: In-Kind Contributions $50 & under (not listed above)

Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS** 0

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

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 0

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED

2022 APR -4 A 8:55

TOWN CLERKS OFFICE
LYNNFIELD, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2022 Ending Date: 3/25/2022

Type of Report: (Check one)

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

RICHARD A. SJOBERG
Candidate Full Name (if applicable)

LYNNFIELD SCHOOL COMMITTEE
Office Sought and District

5 LANDER RD LYNNFIELD MA 01940
Residential Address

E-mail: NSA1@EARTHLINK.NET

Phone # (optional):

Reelect RICH SJOBERG
Committee Name

RICH SJOBERG
Name of Committee Treasurer

5 LANDER RD LYNNFIELD MA 01940
Committee Mailing Address

E-mail: NSA1@EARTHLINK.NET

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	148.50
Line 5: Ending Balance (line 3 minus line 4)	– 148.50
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:	BANK OF AMERICA

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

Signed under the penalties of perjury: Richard A Sjoberg (Treasurer's signature) Date: 4-4-22

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury: Richard A Sjoberg (Candidate's signature) Date: 4-4-22

You sent a payment of $114.75 USD to Wix.com Inc

It may take a few moments for this transaction to appear in your account.

Transaction ID
1KK95477GB334572G

Transaction date
Mar 15, 2022 09:43:34 EDT

Merchant
Wix.com Inc
http://www.wix.com

Instructions to merchant
You haven't entered any instructions.

Invoice ID
986071859

Offer may be canceled or modified at any time. Terms apply' dir='ltr'/>

Description	Unit price	Qty	Amount
Unlimited	$216.00 USD	1	$216.00 USD
Discount			-$108.00 USD

Subtotal	$108.00 USD
Tax	$6.75 USD
Total	$114.75 USD
Payment	$114.75 USD

Payment sent from lucykaris2011@gmail.com

Funding Sources Used (Total)

DIRECT FEDERAL CREDIT UNION x-2202	$114.75 USD

You sent a payment of $33.75 USD to Wix.com Inc

It may take a few moments for this transaction to appear in your account.

Transaction ID
1CD01826VU348063H

Transaction date
Mar 15, 2022 09:49:33 EDT

Merchant
Wix.com Inc
http://www.wix.com

Instructions to merchant
You haven't entered any instructions.

Invoice ID
986072193

Offer may be canceled or modified at any time. Terms apply' dir='ltr'/>

Description	Unit price	Qty	Amount
.net domain with privacy	$33.75 USD	1	$33.75 USD
		Subtotal	$33.75 USD
		Total	$33.75 USD
		Payment	$33.75 USD

Payment sent from lucykaris2011@gmail.com

Funding Sources Used (Total)

DIRECT FEDERAL CREDIT UNION x-2202	$33.75 USD

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 9: Total Receipts over $50 (or listed above)	
Line 10: Total Receipts $50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	

← Enter on page 1, line 2

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

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED

File with: City or Town Clerk or Election Commission

2022 MAY 10 A 10:33

TOWN CLERKS OFFICE
LYNNFIELD, MA

Fill in Reporting Period dates: Beginning Date: 3/26/2022 Ending Date: 5/12/2022

Type of Report: (Check one)

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

RICHARD S JUBERG
Candidate Full Name (if applicable)

SCHOOL COMMITTEE
Office Sought and District

5 LANDER RD, LYNNFIELD MA 01940
Residential Address

E-mail: NSA1@EARTHLINK.NET

Phone # (optional):

SAME
Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

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

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

Signed under the penalties of perjury: Richard S. Juberg (Treasurer's signature) Date: 5/10/22

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

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

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

Signed under the penalties of perjury: Richard S. Juberg (Candidate's signature) Date: 5/10/22

Richard Sjoberg 2022 - Election Expenses

WIX Website	$148.50	($114.75 & $33.75)	03.15.22
Lynnfield Weekly	$260.00	Weekly Ad 03.31.22	03.27.22
Lynnfield Villager	$250.00	Weekly Ad 03.31.22	03.27.22
Lynnfield Graphics	$584.38	Yard Signs	03.27.22
Home Depot	$114.75	Pole Sign Wood / Mounting Tape	03.27.22
Lynnfield Weekly	$750.00	Weekly Ad 04.06.22	03.31.22
Lynnfield Villager	$450.00	Weekly Ad 04.06.22	03.31.22
Facebook AD	$125.00	Daily FB Ad (no receipt)	04.07.22
Staples	$225.08	"Vote Today" Yard Signs	04.11.22
	$2,907.71 - Total		

You sent a payment of $114.75 USD to Wix.com Inc

It may take a few moments for this transaction to appear in your account.

Transaction ID
1KK95477GB334572G

Transaction date
Mar 15, 2022 09:43:34 EDT

Merchant
Wix.com Inc
http://www.wix.com

Instructions to merchant
You haven't entered any instructions.

Invoice ID
986071859

Offer may be canceled or modified at any time. Terms apply' dir='ltr'/>

Description	Unit price	Qty	Amount
Unlimited	$216.00 USD	1	$216.00 USD
Discount			-$108.00 USD
		Subtotal	$108.00 USD
		Tax	$6.75 USD
		Total	$114.75 USD
		Payment	$114.75 USD

Payment sent from lucykaris2011@gmail.com

Funding Sources Used (Total)
DIRECT FEDERAL CREDIT UNION x-2202 $114.75 USD

You sent a payment of $33.75 USD to Wix.com Inc

It may take a few moments for this transaction to appear in your account.

Transaction ID
1CD01826VU348063H

Transaction date
Mar 15, 2022 09:49:33 EDT

Merchant
Wix.com Inc
http://www.wix.com

Instructions to merchant
You haven't entered any instructions.

Invoice ID
986072193

Offer may be canceled or modified at any time. Terms apply' dir='ltr'/>

Description	Unit price	Qty	Amount
.net domain with privacy	$33.75 USD	1	$33.75 USD
		Subtotal	$33.75 USD
		Total	$33.75 USD
		Payment	$33.75 USD

Payment sent from lucykaris2011@gmail.com

Funding Sources Used (Total)
DIRECT FEDERAL CREDIT UNION x-2202 $33.75 USD

Advertising Statement

Wakefield Daily Item · Lynnfield Villager · Melrose Weekly News · Stoneham Independent · Transcript

29 Albion Street, Wakefield, MA 01880

Phone #: 781-245-0080

1/1

Rich Sjoberg
Commitee to Elect Rich Sjoberg

Acct #: 00011246
Phone: (617)590-~~4980~~
Date: 04/30/2022
Due Date: 04/30/2022

Date	Trans #	Type	Description	Runs	Inches	Amount	Balance
03/31/2022			Balance Forward				0.00
04/08/2022	300107086	INV	00041563 Political Ad 4/6/22				450.00
		PUB	INS 11 Lynnfield Villager	1	40.00	450.00	
04/14/2022	400046353	CC	Payment Credit Card			-450.00	0.00

Remarks
Thank you for your business.

Total Due $ 0.00

April 2022	March 2022	February 2022	January 2022	December 2021	November 2021
$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

1

Order Receipt

Wakefield Item Company
26 Albion St.
Wakefield, MA 01880

Phone: 781-245-0080

1

Rich Sjoberg
Commitee to Elect Rich Sjoberg

Acct #: 00011246
Phone: (617)590-~~4980~~
Date: 04/27/2022
Ad #: 00041440
Salesperson: CE Ad Taker: CE

Class:
Ad Notes:
Sort Line: Political Ad 3/30/22

Description	Amount
11 Lynnfield Villager 2022-03-30	250.00

Ad Text:

Payment Reference:
Credit Card #0 $-250.00

Total:	250.00
Tax:	0.00
Net:	250.00
Prepaid:	-250.00
Total Due	0.00

Lynnfield GRAPHICS

Payment Receipt

Invoice #18403

Lynnfield Graphics LLC
[illegible] Wakefield
[illegible] Massachusetts 01940-2312
United States
[illegible] 978-[illegible]-[illegible]54
[illegible]

Payment for Invoice #18403

Payment Amount: **$584.38 USD**

PAYMENT METHOD: Apple Pay VISA

andy@lynnfieldgraphics.com

THE HOME DEPOT

How doers get more done

[illegible]

[illegible] 03/27/22 [illegible]

[illegible] TAX [illegible]
[illegible] GIFT STRIP
2[illegible] 30 [illegible]
[illegible] MEXINI -A-
[illegible] Vino Extra M [illegible]
2021 00 [illegible]

SUBTOTAL [illegible]
SALES TAX [illegible]
TOTAL $114.75
CARD BALANCE [illegible]

**********1092 MASTERCARD

2614 03/27/22 12:00 PM
2614 09 57240 03/27/2022 9092

RETURN POLICY DEFINITIONS
[illegible]

****
DID WE NAIL IT?
[illegible]

Staples
Connect
444 Broadway (Route 1)
Saugus, MA 01906
781-231 6860

Sale

Store: 51 Register: 6
Date: 4/11/22 Time: 2:12 PM
Transaction: 5991 Cashier: 1705645

REWARDS NUMBER 2151310655

Qty	Item	Price	Amount
********* Order Number 2230060451*********			
10	POSTERS 2503349	22.18	211.84
Coupon No. 13678			(10.00)

Questions on Customer Order 2230060451
Call your local Staples Store

****

Subtotal	211.84
MASSACHUSETTS 6.25%	13.24
Total	225.08
CREDIT VISA	USD$225.08

Card No. [illegible]xxxxxx3333 [C]
Chip Read
Auth No. : 072540
AID.: A0000000031010

EMG
Essex Media Group
110 Munroe St.
Lynn, MA 01901
781-593-7700

The Daily Item
Itemlive.com
Lynnfield Weekly News
Peabody Weekly News
Suburban Real Estate News
01907 The Magazine
One

Credit Card Transaction Form

Credit Card Number

XXXXXXXXXXXX[redacted]	
Expiration Date:	1223

Account Name

COMMITTE TO RE-ELECT RICHARD SJOBERG	
CARDHOLDER (name,addr,zip)	
RICHARD A SJOBERG 4 LANDER RD, LYNNFIELD, MA, 01940	
Account#	1048460
Salesperson ID	RM

Transaction Summary

Trans Id	Description	Amount	Trans Date
32116	1	260.00	2022-03-31 13:41:38

Receipt Date	05/03/2022	TOTAL	260.00

EMG
Essex Media Group
110 Munroe St.
Lynn, MA 01901
781-593-7700

The Daily Item
Itemlive.com
Lynnfield Weekly News
Peabody Weekly News
Suburban Real Estate News
01907 The Magazine
One

Credit Card Transaction Form

Credit Card Number

XXXXXXXXXXXX[redacted]	
Expiration Date:	1223

Account Name

COMMITTE TO RE-ELECT RICHARD SJOBERG	
CARDHOLDER (name,addr,zip)	
RICHARD A SJOBERG 4 LANDER RD, LYNNFIELD, MA, 01940	
Account#	1048460
Salesperson ID	RM

Transaction Summary

Trans Id	Description	Amount	Trans Date
32191	1	750.00	2022-04-07 14:53:59

Receipt Date	05/03/2022	TOTAL	750.00

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 9: Total Receipts over $50 (or listed above)	
Line 10: Total Receipts $50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	

← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 9: Total Receipts over $50 (or listed above)	
Line 10: Total Receipts $50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	

← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

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

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over $50 (or listed above)	
Line 13: Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over $50 (or listed above)	
Line 16: In-Kind Contributions $50 & under (not listed above)	
Line 17: TOTAL IN-KIND CONTRIBUTIONS	

Enter on page 1, line 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.

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)**