

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

Fill in Reporting Period dates: Beginning Date: 9 01/	File with: City or Town Clerk or Election Commission/01/2022 Ending Date: 04/04/2022
	104/04/2022
Type of Report: (Check one) LYNNFIELD, MA	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
, , , , , , , , , , , , , , , , , , ,	
Brian R. Charville	The Charville Committee
Candidate Full Name (if applicable)	Committee Name
Lynnfield Planning Board	Gerard A. Noumi
Office Sought and District	Name of Committee Treasurer
9 Willard Lane, Lynnfield, MA, 01940  Residential Address	9 Willard Lane, Lynnfield, MA, 01940
E-mail: bcharville@gmail.com	Committee Mailing Address  E-mail: gerardpourni@vaboo.com
Phone # (optional):	- garanama yanaasaan
rnone # (optional).	Phone # (optional):
SUMMARY BALAN	CE 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, lin	ne 14) 0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (p.	age 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: N/A	
Affidavit of Committee Treasurer:	
certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on-brial follows committee in	contributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date: 04/02/2022
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, g 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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	s, in-kind contributions and liabilities for this reporting period and represents the
signed under the penalties of perjury: Sucare Chancelle	(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		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
		L	
		L	
Terreta de mantenamento de Salar por de Calar de Mantenamento de Calar de Mantenamento de Calar de Cal	And the second of the region of the second o		Transaction of the second of t
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			92
	MI - H - M - M - M - M - M - M - M - M - M		
			- 1
1			·
a O. Tatal Danier	g over \$50 (or listed share)		
e 9: Total Receipt	s over \$50 (or listed above)	0	
e 10: Total Descini	ts \$50 and under* (not listed above)	o	
	o woo and duder (not listed appay)	J	2

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

#### SCHEDULE A: RECEIPTS (continued)

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

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

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

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

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

Data Bald	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			s (1)	
			*	
			+1	
			ž.	
			a d	
		111		
		Line 12: Total Expenditures over	\$50 (or listed above)	
		Line 13: Total Expenditures \$50 a	and under* (not listed above)	
		The 14 BOOK A SECRETARY	DECIM THE DEDICES	
		Line 14: TOTAL EXPENDITUE , include them in line 12. Line 13 show		

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

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### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(C) (1/1) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			
			2	
			8	
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u		
		Line 14: TOTAL EXPENDIT	URES IN THE PERIOD  nould include only those expenditures	

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

#### SCHEDULE 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
and and the control of the control o				
			=	
	,			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions 9	\$50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

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

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#### SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
	11 2 - 1911-191	Was of Proc. space but	Andrew Comments and the	
	-			
	T			
			-	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0

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

Office of Campaign and Political Finance

RECEIVED

	THE WITH. CITY OF TOWN CICIA OF ELECTION COMMINISSION
Fill in Reporting Period dates: Beginning Date: 3/26,	/2022 Ending Date: 2075/12/2022 A 8: 01
Type of Report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	✓ 30 day after election  year-end report dissolution
Brian R. Charville	The Charville Committee
Candidate Full Name (if applicable)	Committee Name
ynnfield Planning Board	Gerard A. Noumi
Office Sought and District  Willard Lane, Lynnfield, MA, 01940	Name of Committee Treasurer  9 Willard Lane, Lynnfield, MA, 01940
Residential Address	Committee Mailing Address
-mail: bcharville@gmail.com	E-mail: gerardnoumi@yahoo.com
hone # (optional):	Phone # (optional):
SUMMARY BALANC	CE 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, lin	e 14) 0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pa	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: N/A	
Candidate with Committee  Treasurer:  DR CANDIDATE FILINGS ONLY:  Affidavit of Committee Treasurer:  Candidate with Committee  Treasurer:  Candidate with Committee  Treasurer:  Certify that I have examined this report including attached schedules and it is, to the best divity, including all contributions, loans, receipts, expenditures, disbursements, in-kind chance activity of all persons acting under the authority or on behalf of this committee in the committee of perjury:  Candidate with Committee	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 05/12/2022
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 cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the
oned under the negaties of perjury. August R. Changelle	(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)
Date Received	(aiphabetical listing required)	Amount	(for contributions of \$200 or more)
ne 9: Total Receipt	ts over \$50 (or listed above)	0	
ne 10: Total Receip	ots \$50 and under* (not listed above)	0	
11. TOTAL DE	ecempe in the penion		
ie II: IUIAL RE	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(mp.m. svem memB reduiter)	- AMEGUAL	(101 COMPLETED OF PROPERTY
Line 9: Total Recei	pts over \$50 (or listed above)	0	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2
* If you have itemized	receipts of \$50 and under include them in line	O Line 10 chevi	d include only those receipts not itemized above

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

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

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.)

port all expenditures. Please include your committee name and a page number on each page.)  To Whom Paid				
Date Paid	(alphabetical listing)	Address Purpose	of Expenditure Amount	
			111	
111				
111				
		Line 12: Total Expenditures over \$50 (or list	ted above)	
		Line 13: Total Expenditures \$50 and under*	(not listed above)	
	Tukan ang kacamatan 12 ang kara	I in 14. TOTAL EVDENDITIDES IN EX	IE DEDIOD	
		Line 14: TOTAL EXPENDITURES IN THe include them in line 12. Line 13 should include to		

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

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		11		
		L		
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

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

#### 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)		
	Enter on page 1, line $6 \rightarrow$	er on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

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

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#### **SCHEDULE D: LIABILITIES**

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

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0



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

Office of Campaign and Political Finance RECEIVED

Fill in Reporting Period dates: Beginning Date: 01/0	1/2022	Ending Date	e: 03/25/222	
			J. 05/25/222	
			AN OLERKS O	FICE
Type of Report: (Check one)			LYNNE IELD. N	1A
8th day preceding preliminary    8th day preceding election	30 day aft	ter election [	year-end report	dissolution
Stacy Dahlstedt	Committee	to re- elect Stac	cy Dahlstedt	
Candidate Full Name (if applicable)	-		Committee Name	
School Committee	Jacques Da	hlstedt		
Office Sought and District	-	Name o	of Committee Treasurer	
42 Lincoln Ave, Lynnfield MA 01940	42 Lincoln	Ave, Lynnfield M	A 01940	
Residential Address	-	Comm	ittee Mailing Address	
E-mail: stacy_dahlstedt@yahoo.com	E-mail:	jack <u></u>	_dahlstedt@yahoo.c	om
Phone # (optional): (781) 484-8925	Phone # (optio	onal):	(781) 780-165	58
SUMMARY BALANC	E INFORM	MATION:		
Line 1: Ending Balance from previous report				o
Line 2: Total receipts this period (page 3, line 11)			3,547.7	7
Line 3: Subtotal (line 1 plus line 2)			3,547.7	7
Line 4: Total expenditures this period (page 5, lin	e 14)		1,467.3	9
Line 5: Ending Balance (line 3 minus line 4)		11	2,080.3	8
Line 6: Total in-kind contributions this period (pa	ge 6)		90.7	8
Line 7: Total (all) outstanding liabilities (page 7)			1,397.7	
Line 8: Name of bank(s) used: The Savings Bank			11	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts expenditures, disbursements, in kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo  Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actineurred any liabilities nor made any expenditures on my behalf during this reporting  Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the	contributions and liacondance with the contribution of my knowle cordance with the period that are not best of my knowle best of my knowle	iabilities for this reporter requirements of M(Treasurer's sign  edge and belief, a tru requirements of M.G t otherwise disclosed	cand complete statement. L. c. 55. I have not receive in this report.	of all campaign finance ved any contributions,
finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties of perjury:	in-kind contributi	ions and liabilities for	r this reporting period and irements of M.G.L. c. 55.	l represents the

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

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

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

Date Received	Name and Residential Address	A 4	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(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	
ine 9: Total Recei	pts over \$50 (or listed above)	1,850	this page
ine 10: Total Rece	ipts \$50 and under* (not listed above)	0	this page (cont)

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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 Recei	pts over \$50 (or listed above)	3,547.77	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	3,547.77	← Enter on page 1, line 2

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

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

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

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

***	To Whom Paid		_	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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	Wixicom	500 Terry A Francois Blvd San Francisco, CA 94158	Domain name	9.9
		Line 12: Total Expenditures over	er \$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 EXPENDIT	URES IN THE PERIOD	1,467.39

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				-
1.7				
	L	ine 12: Expenditures over \$50	(or listed above)	
	I	ine 13: Expenditures \$50 and υ	under* (not listed above)	
	Enter on many 1 King 4 > I	ine 14: TOTAL EXPENDIT	IDEC IN THE DEDICE	

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

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

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

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

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

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#### **SCHEDULE D: LIABILITIES**

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

Date Incurred	To Whom Due	Address	Purpose	Amount
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 OUTSTAND	ING LIABILITIES (ALL)	1,397.77



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

Office of Campaign and Political Finance

RECEIVED

OI Massachuseus				
File with: City / Town Clerk or Election Commis	ssion		2022 FEB 17 A 10:	56
NOTICE IS HEREBY GIVEN in accordandidate's committee as follows:	dance with the provisions of	General Laws, Chapter 55, as as		fa ICE
CANDIDATE: Full Name:	Stacy Ann	Dohlstoff	LYRNFIELU, MA	
Residential Address:	1 421	incoln Avenue		
City / State / Zip:	lupo field.	MA 01940		
E-Mail Address:	Ustaci di	1 11 0	om Phone #: 781 - 48	4-8974
Party Affiliation:		ATTIONED YOUR	100 Charles	(If applicable)
OFFICE SOUGHT/PURPOSE:		267)		( <b></b>
Title:	School C.	mmi leo		
District:	umfeld 7	Jublic School	S	
COMMITTEE: Name of Committee:	Committee	mittee must include the candidate's last	Ochlstedt type	Reld
Committee Mailing Add	ress: 42 Lincoln	henve	name)	Contrille
City / State / Zip:	Lynnfeld	MA 0940	Phone #: 781 -334 -	
OFFICERS:				
Chairman: Chair person	ethin Price	Treasurer*:	ives (Jack) Dat	Islect
Residential Address: 12 Busset	- Lank	Residential Address:	142 Lincoln Av	enue
City/State/Zip: umbeld	MA 01940	City / State / Zip:	Held MAL	04910
Phone #: <u>617 - 680</u> - 272 (	2	7-1 JUL 140 X	nail: jack_dhlshdk	Sychoo,
Other Officer/Title:		Other Officer/Title:		
Residential Address:		Residential Address:	•	
City / State / Zip:		City / State / Zip:		
Phone #:		Phone #:		
hereby consent to the filing of this committe behalf. I am aware that candidates are require the relevant election.	e. I understand that a candidate ed to keep detailed accounts and	ssary, with other officers and finance co shall not give consent to the organi records of all campaign finance act	ization of more than one committ	tee on his/her
SIGNED UNDER THE PENALTIES OF PE	RJURY:  Candidate's signate	1 Dath	Date: 2	7/202
hereby accept the office of Treasurer of the a hat: 1) I am subject to certain duties and liabi and records of all campaign finance activity for appointed public employee, I must resign this committee organized on his/her behalf.	above-named committee. I affirn lities under M.G.L. c. 55, includ or a period of six years from the	n that I am not a public employee a ling the timely filing of campaign fi date of the relevant election; 2) if a	inance reports and keeping detail ofter my acceptance of this office	ed accounts I become an
SIGNED UNDER THE PENALTIES OF PER	RJURY: Treasure signature	M. Furnt	Date: 2	17/20
hereby accept the office of Chairman of the a SIGNED UNDER THE PENALTIES OF PER		7		
	Chairman's signati	ure	Date:	4 151



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

Office of Campaign and Political Finance EIVED

Fill in Reporting Period dates: Beginning Date: 3/26/	/2022 Ending Date: 5/12/2022
	TOWN CLERKS OFFICE
Type of Report: (Check one)	LYNNFIELD, MA
	⊠ 30 day after election
our day preceding premininary our day preceding election	year-end report dissolution
Stacy Dahlstedt	Comittee to Re-elect Stacy Dahlstedt
Candidate Full Name (if applicable)	Committee Name
School Committee  Office Sought and District	Jacques Dahlstedt  Name of Committee Treasurer
42 Lincoln Ave , Lynnfield Ma 01940	42 Lincoln Ave, Lynnfield MA
Residential Address	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 BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	2,080.38
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	2,330.38
Line 4: Total expenditures this period (page 5, line	e 14) 1,888.04
Line 5: Ending Balance (line 3 minus line 4)	442.34
Line 6: Total in-kind contributions this period (page	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	1,397.77
Line 8: Name of bank(s) used: The Savings Bank, L	ynnfield Ma
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting accommittee in certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements,	contributions and liabilities for this reporting period and represents the campaign the ordered with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 05/12/2022  x only)  best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.  best of my knowledge and belief, a true and complete statement of all campaign
campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties of perjury:	candidate in accordance with the requirements of M.G.L. c. 55.  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	
ine 9: Total Recei	pts over \$50 (or listed above)	250	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	0	
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	250	← Enter on page 1, line 2

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

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

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

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

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

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

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

	ditures. Please include your common To Whom Paid			
Date 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 ov	er \$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 EXPENDIT	URES IN THE PERIOD	1,888.04

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

Page 4

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

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
				Mexical Experience	
	blank				
			<u> </u>		
1					
		Line 12: Expenditures over \$50	(or listed above)		
		Line 13: Expenditures \$50 and t			
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	UKES IN THE PERIOD		

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

#### SCHEDULE 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 CO	ONTRIBUTIONS	0

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

Page 6

#### **SCHEDULE D: LIABILITIES**

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

Date Incurred	To Whom Due	Address	Purpose	Amount
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 OUTSTAND	OING LIABILITIES (ALL)	1,397.77



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

Office of Campaign and Political Finance | VED

File with: City / Town	Clerk or Election Commission		Anna	
		n the provinces of C	ZOZZ MAR 22 P 12: 3 General Laws, Chapter 55, as amended, of the org	29
candidate's commit	tee as follows:	- Time provisions of G	File Anna William	
CANDIDATE:	Full Name:	1CHARD	P DALTON HARIELD MA	GE
	Residential Address:	2 PARTIP	IDGE LANE	
	City / State / Zip:	YNNFIEL	D MA 0 19/10	
	E-Mail Address:	DAITON	MF COM Phone #: 6	17.920 4000
=	Party Affiliation:	7110101	A TECON	(If applicable)
OFFICE SOUGI	HT/PURPOSE:			(1) applications)
	Title:	SELECTIV	1 AN	
	District:			
COMMITTEE:	Name of Committee:	wordship was a second	- 0= 0=================================	^ 1
COMMITTEE:	Name of Committee.	(The name of the comm	ittee must include the candidate's last name)	ALTON
,	Committee Mailing Address:	3 PARTRI	MEE LANE	
	City / State / Zip:	WNIFIELD	MA 0(940) Phone #: 61	7.925,4m
OFFICERS:				1 1 90 - 100
Chairman: S	TACEY COOK		Treasurer*: CARMETA	ALTON
Residential Address:	5 ALDERNEY U	UAY	Residential Address: 18 PARTRIDE	FLANE
City / State / Zip:	YNNFIELD Y	MA OBAD	City / State / Zip:   ZYN/NF(E) D	MA 01940
Phone #: 781.95	6.5179		Phone #: 1017.763 26 Email CADMET AL	M DATION @ME. CO
			*A public employee may not serve as treasurer of any politi	
Other Officer/Title:			Other Officer/Title:	
Residential Address:			Residential Address:	
City / State / Zip:	<del>-</del>		City / State / Zip:	
Phone #:	(Complete and attach a Form	CDE M A 101 if magazin	Phone #:  ary, with other officers and finance committee, if any.)	
behalf. I am aware that the relevant election. SIGNED UNDER THE	filing of this committee. I underst t candidates are required to keep do E PENALTIES OF PERJURY:	tand that a candidate shetailed accounts and re  Candidate's signatur	hall not give consent to the organization of more than ecords of all campaign finance activity for a period of	six years from the date of  Date: 3//8/22
that: 1) I am subject to and records of all camp appointed public emplo committee organized or	certain duties and liabilities under aign finance activity for a period o yee, I must resign this position and	M.G.L. c. 55, including six years from the date.	ng the timely filing of campaign finance reports and ke ate of the relevant election; 2) if after my acceptance of resignation; and 3) a candidate may not serve as treasu	eping detailed accounts of this office I become an
hereby accept the offic SIGNED UNDER THE	ce of Chairman of the above-name PENALTIES OF PERJURY:	S	Jaltan Cook	Date: 3/19/22



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

Office of Campaign and Political Finance

RECEIVED

Fill in Reporting Period dates: Beginning Date: Jan	., 2022	Ending D	Mar 25, 2022	cor Election Commission
To a Charles (Charles and		T	OWNCLERKSO	FICE
Type of Report: (Check one)			LYHMFIELU. r	1A
8th day preceding preliminary 8th day preceding election	30 day after	election	year-end report	dissolution
Richard P Dalton	Committee to	o Re-elect D	ick Dalton	
Candidate Full Name (if applicable)			Committee Name	
Selectman Office Sought and District	Carmela Dalto		ne of Committee Treasurer	
18 Partridge Lane, Lynnfield, MA 01940	18 Partridge I		eld, MA 01940	
Residential Address	To runtingo E		mmittee Mailing Address	
E-mail: rpdalton@me.com	E-mail:		armelamdalton@me.co	om
Phone # (optional):	Phone # (optional	al):		
SUMMARY BALANCE	TE INFORMA	ATION.		
	E INFORMA	ATION:		
Line 1: Ending Balance from previous report				0
Line 2: Total receipts this period (page 3, line 11	)		1,561.5	54
Line 3: Subtotal (line 1 plus line 2)			1,561.5	54
Line 4: Total expenditures this period (page 5, line	ne 14)		361.5	54
Line 5: Ending Balance (line 3 minus line 4)			1,20	00
Line 6: Total in-kind contributions this period (p	age 6)			О
Line 7: Total (all) outstanding liabilities (page 7)				О
Line 8: Name of bank(s) used: Salem 5 Savings B	ınk			
Affidavit of Committee Treasurer:  It certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liab accordance with the r	bilities for this	reporting period and represent f M.G.L. c. 55.	nts the campaign
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to th activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	cordance with the req	quirements of N	M.G.L. c. 55. I have not rece	
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf or its signed under the penalties of perjury:	s, in-kind contribution	ns and liabilitie	s for this reporting period an requirements of M.G.L. c. 55	d represents the

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

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

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

Date Received     (alphabetical listing required)     Amount     (for contributions of \$200 or more of \$200 or mor		Name and Residential Address		Occupation & Employer
Idohn Moynihan 500 Moynihan Lumber  Richard P Dalton 361.54 Candidate  Candidate  Candidate  Candidate  Candidate  Candidate  Candidate  Candidate  Candidate	Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Hillda Moynihan  Soo None  361.54 Candidate  361.54 Candidate	Dave Drislane		200	Retired
Richard P Dalton 361.54 Candidate  361.54 Candidate	John Moynihan		500	Moynihan Lumber
ine 9: Total Receipts over \$50 (or listed above)  1,561.54	Hilda Moynihan		500	None
	Richard P Dalton		361.54	Candidate
ine 10: Total Receipts \$50 and under* (not listed above)	ine 9: Total Recei	pts over \$50 (or listed above)	1,561.54	
	ine 10: Total Recei	ipts \$50 and under* (not listed above)	0	
ine 11: TOTAL RECEIPTS IN THE PERIOD 1,561.54 ← Enter on page 1, line 2	ine 11: TOTAL R	ECEIPTS IN THE PERIOD	1,561.54	← Enter on page 1, line 2

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

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

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

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

#### SCHEDULE B: EXPENDITURES

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

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

	To Whom Paid			
Date 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	361.5
-		Line 12: Total Expenditures ov	er \$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 EXPENDIT	URES IN THE PERIOD	361.54

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

Page 4

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				1
				- Congress of the Congress of
		Line 12: Expenditures over \$50	(or listed above)	361.54
		Line 13: Expenditures \$50 and t		(
	Enter on nage 1 line $A \rightarrow$	Line 14: TOTAL EXPENDIT		361.54

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

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

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

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

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

Page 6

### SCHEDULE D: LIABILITIES

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

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

Page 7



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

Office of Campaign and Political Finance

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

File with:	City / Town Clerk or Election Commission	

tiee as follows:			AUTUS, WHEN IN	1117
Full Name:	Robert Gillon			3
Residential Address:	300 Main Street			
City / State / Zip:	Lynnfield, MA 01940			
E-Mail Address: bol	bgillon51@gmail.com		Phone #:	781-367-5500
Party Affiliation:	-			(If applicable
HT/PURPOSE:				
Title:	Select Board			
District:				
Name of Committee:	Citizens for Bob Gillon			
Committee Mailing Add		nmittee must include the	candidate's last name)	
City / State / Zip:	Lynnfield	MA 01	940 Phone #:	781-334-3555
obert Gillon		Treasurer*:	Linda Gillon	
800 Main Street		Residential Address:	300 Main Street	
nnfield	MA 01940	City / State / Zip;	Lynnfield	MA 01940
3555		Phone #: 781-33	84-3555 Email: lind	ajean300@gmail.com
		1 - 1 - 1 - 1 - 1	may not serve as treasurer of any	political committee (see reverse).
		-	3 <del></del>	
		=	12	
	×	-	·	
(Complete and	attach a Form CPF M A 101, if nec		s and finance committee if any	
e filing of this committee transition of this committee are required to the first of the filling of this committee are required to the filling of the f	tee. I understand that a candidated to keep detailed accounts an ERJURY:	e shall not give consend records of all campai	t to the organization of more	than one committee on his/her
	Full Name: Residential Address: City / State / Zip: E-Mail Address: bo Party Affiliation: HT/PURPOSE: Title: District: Name of Committee: Committee Mailing Add City / State / Zip: obert Gillon 300 Main Street //nnfield 3555  (Complete and the filing of this committee at candidates are required)	Full Name: Robert Gillon  Residential Address: 300 Main Street  City / State / Zip: Lynnfield, MA 01940  E-Mail Address: bobgillon51@gmail.com  Party Affiliation:  HT/PURPOSE:  Title: Select Board  District:  Name of Committee: Citizens for Bob Gillon  (The name of the corective of the Corectiv	Full Name: Robert Gillon  Residential Address: 300 Main Street  City / State / Zip: Lynnfield, MA 01940  E-Mail Address: bobgillon51@gmail.com  Party Affiliation:  HT/PURPOSE:  Title: Select Board  District:  Name of Committee: Citizens for Bob Gillon  (The name of the committee must include the 300 Main Street  City / State / Zip: Lynnfield MA 01  Obert Gillon  Treasurer*: Residential Address: Apublic employee Other Officer/Title: Residential Address: City / State / Zip: Phone #: 781-33  *A public employee Other Officer/Title: Residential Address: City / State / Zip: Phone #: 781-33  (Complete and attach a Form CPF M A 101, if necessary, with other officer ef filing of this committee. I understand that a candidate shall not give consertat candidates are required to keep detailed accounts and records of all campains.	Residential Address: 300 Main Street  City / State / Zip: Lynnfield, MA 01940  E-Mail Address: bobgillon51@gmail.com Phone #:  HT/PURPOSE: Title: Select Board  District:  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 #:  obert Gillon  Treasurer*: Linda Gillon  Residential Address: 300 Main Street  City / State / Zip: Lynnfield MA 01940 Phone #:  ODITY - Treasurer -

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

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature Date: 3/84



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

le with: Director

Fice of Campaign and Political Finance
te Ashburton Place Rm. 411
ston, MA 02108
317) 979-8300

CPF ID# 1803

2022 APR -4 P 12: 21

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

TOWN CLERKS OFFICE

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:	

#### 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:

#### iffidavit 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:

### 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<br/>3/29/2022Name and Address<br/>Markarian Sign CoAmount<br/>\$240.00Purpose<br/>\$240.0087a New Salem Street<br/>Wakefield, MA 01880Wakefield O1880

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



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

Office of Campaign and Political Finance

RECEIVED

01.7745.0449.1450	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 3/20	5/2022 Ending Date: \$/32/2022 05
Type of Report: (Check one)	TOWN CLERKS OFFICE
	ST 20 days Apralation ST discounting
8th day preceding preliminary 8th day preceding election	■ 30 day after election  year-end report  dissolution
Robert Gillon	Citizens for Bob Gillon
Candidate Full Name (if applicable)	Committee Name
Select Board	Linda Gillon
Office Sought and District	Name of Committee Treasurer
300 Main St Lynnfield MA 01940	300 Main St Lynnfield MA
Residential Address	Committee Mailing Address
E-mail: bobgillon51@gmail.com	E-mail:
Phone # (optional): 781-367-5500	Phone # (optional):
SIIMMARY RALAN	CE 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, li	ne 14) 397.42
Line 5: Ending Balance (line 3 minus line 4)	1.58
Line 6: Total in-kind contributions this period (p	page 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: The Savings Bank	Wakefield MA 01880
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee it	d contributions and liabilities for this reporting period and represents the campaign n accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: 5/13/23
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	oox only)
	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag 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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the second contributions.	ts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature)  Date: 5/11/22



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

OI MUSACHUSOUS			File with City or Town Clea	k or Election Commissio
Fill in Reporting Period dates: Beginning Date: 3/2	26/2022	Ending I		OFFICE
			TOWN CLEANS	UFFICE
Type of Report: (Check one)				, MA
	FZ 20 1	0 1		J:14:
8th day preceding preliminary 8th day preceding election	<b>≥</b> 30 day	after election	year-end report	dissolution
Robert Gillon	Citizen	s for Bob Gillon		
Candidate Full Name (if applicable)			Committee Name	
Select Board	Linda G	Gillon		
Office Sought and District		Na	me of Committee Treasurer	
300 Main St Lynnfield MA 01940	300 Ma	in St Lynnfield M		
Residential Address		Co	ommittee Mailing Address	
E-mail: bobgillon51@gmail.com	E-mail:			
Phone # (optional): 781-367-5500	Phone # (	optional):		
SUMMARY BALAN	CE INFO	RMATION:		
Line 1: Ending Balance from previous report			249.	00
Line 2: Total receipts this period (page 3, line 1	1)		150.	00
Line 3: Subtotal (line 1 plus line 2)			399.	00
Line 4: Total expenditures this period (page 5, 1	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	7)			0
Line 8: Name of bank(s) used: The Savings Bank	Wakefield N	MA 01880		
				<del></del> !-
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the bactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kir finance activity of all persons acting under the authority or on behalf of this committee	nd contributions	and liabilities for this	s reporting period and represe	all campaign finance ents the campaign
Signed under the penalties of perjury:		(Treasurer's	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 activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	accordance with	h the requirements of	M.G.L. c. 55. I have not rec	nt of all campaign finance
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority or on behalf of	nts, in-kind con	tributions and liabiliti	ies for this reporting period a	nd represents the
Signed under the penalties of perjury:	_	(Candidate	s signature)	1.1

#### **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
-0.9			
ine 9: Total Rece	ipts over \$50 (or listed above)	150.00	
ine 10: Total Reco	eipts \$50 and under* (not listed above)		
ine 11: TOTAL	RECEIPTS IN THE PERIOD	150.00	← Enter on page 1, line 2

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

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

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

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

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

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

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
04/14/2022	Robert Gillon	300 Main Street	Thank You Bathering for volunteers	159.4
04/13/022	Markarian Signs	87A New Salem Street Wakefield, MA 01880	Campaign Signs	238.00
40-3-11				
-				
			es over \$50 (or listed above) s \$50 and under* (not listed above)	397.4
	Enter on page 1, line 4 -	Time 14. TOTAL EXPENS	DITURES IN THE PERIOD	397.4

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

Page 4

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

Date Paid	(alphabetical listing)		Purpose of Expenditure	
				L
				<u> </u>
		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 EXPENDIT	URES IN THE PERIOD	

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

Page 5

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

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

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

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

Page 6

#### **SCHEDULE D: LIABILITIES**

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

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



### 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: 1/1/2	Ending Date AP 3/25/2027: 43
Type of Report: (Check one)	TOWN CLERKS OF FICE
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	Committee Name
Office Sought and District	Name of Committee Treasurer
29 Bancroft Street, Lynnfield, MA	
Residential Address	Committee Mailing Address
E-mail: teachgrad3@msn.com	E-mail:
Phone # (optional): 781-771-4443	Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line to Ending Delance C	
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 (pag	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	F
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best o	of my knowledge and belief, a true and complete statement of all campaign finance
ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind co inance activity of all persons acting under the authority or on behalf of this committee in a	ccordance 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 b activity, of all persons acting under the authority or on behalf of this committee in acconnurred any liabilities nor made any expenditures on my behalf during this reporting p	
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority or on behalf of this of the committee.	in-kind contributions and liabilities for this reporting period and represents the
igned under the penalties of perjury:	Date: 2 3

#### 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.

1)

(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)
	(inpranouteur noting requireu)	7 mount	(101 CONTIDUCIONS OF \$200 OF MOTE)
			0.0
			87
		11	·
			×
			·
		1 11	
			E .
111			
			a
ne 9: Total Receipts	s over \$50 (or listed above)		
an 10: Total Passint	\$50 and undow* (mat list- 1 -1)		
	ts \$50 and under* (not listed above)		
44	CEIPTS IN THE PERIOD		

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			*
			**
			20
			W W
ne 9: Total Receip	ots over \$50 (or listed above)		
ne 10: Total Recei	pts \$50 and under* (not listed above)		
ne 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
you have itemized	receipts of \$50 and under, include them in line		d 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.)

Data Data	To Whom Paid	4.13		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				<u> </u>
			-	
			*	
			i i	
			100	
		Line 12: Total Expenditures over	r \$50 (or listed above)	
		T 10 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	1 1 4 / . 11 . 1	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on mage 1 line 4 ->	Line 14: TOTAL EXPENDITU	IDES IN THE BEDIOD	

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

Page 4

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

Date Paid	To Whom Paid (alphabetical listing)	A J.J	D CE	
Date I alu	(alphabetical fisting)	Address	Purpose of Expenditure	Amount
				·
		·	9	
			-	
			9	
			(8)	
		Line 12: Expenditures over \$50	(or listed above)	
	-	Line 13: Expenditures \$50 and u		
	-			
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	

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

### SCHEDULE 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	<b>Description of Contribution</b>	Value
			*	
	7.		8	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

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

Page 6

### SCHEDULE D: LIABILITIES

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

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

Page 7



### 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: 3/26	/2022 Endin Date 1 5/12/2022 50			
	PLANTE SE PENZA ACCIOC			
Type of Report: (Check one)	TUNN OLERAS UPPICE			
	LYNNFIELD, MA			
8th day preceding preliminary 8th day preceding election	■ 30 day after election  year-end report dissolution			
Faith Honer-Coakley				
Candidate Full Name (if applicable)	Committee Name			
Library Trustee				
Office Sought and District	Name of Committee Treasurer			
29 Bancroft St., Lynnfield MA				
Residential Address	Committee Mailing Address			
E-mail: teachgrad 3@ msn.com	E-mail:			
Phone # (optional): 781-334-6445	Phone # (optional):			
SUMMARY BALANC	CE 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)				
i i				
Line 4: Total expenditures this period (page 5, lin	ne 14)			
Line 5: Ending Balance (line 3 minus line 4)				
Line 6: Total in-kind contributions this period (pa	age 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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign			
Signed under the penalties of perjury:	(Treasurer's signature) Date:			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)			
Candidate with Committee  1 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  Certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the s candidate in accordance with the requirements of M.G.L. c. 55.			
Signed under the penalties of perjury: Fail Hone Coshly	(Candidate's signature) Date: May 10, 2022			



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

Office of Campaign and Political Finance

2022 FEB 22 P 3: 33

File with: City / Town	Clerk or Election Commission		type I to U La to	
NOTICE IS HERE candidate's commi	EBY GIVEN in accordance with the ttee as follows:	e provisions of G	eneral Laws, Chapter 55, as amended, of the orga	mization of a
CANDIDATE:	Full Name: COYYI	eluono	10	
	Residential Address:	Home stor	ad Pd	
	City / State / Zip:	field M	A 01946	
	E-Mail Address:	an Rama	11. CM Phone #: 78	1-258-6799
	Party Affiliation:	go to grita	10	(If applicable)
OFFICE SOUG	HT/PURPOSE:			(ii approaisie)
	Title: Sch	on Comu	withe	
	District:	501 (0)1111	VAL	
COMMITTEE:	Committee Mailing Address:	mittee to the name of the committee thermestee	St '8'	
	City / State / Zip:	antield,	MA 01940 Phone #: 781	·258-4799
OFFICERS:	1			
Chairman:	sonna Hegau		Treasurer*: Dong Higan	
Residential Address:	18 Hume Stead Rd	4.5	Residential Address: 18 Hourstand 2	<u>d</u>
City / State / Zip:	ynnheld MA 019	40	City/State/Zip: Lynnfield MA O	1940
Phone #: 781-334	-6199		Phone #: 13-334 \( \) Email:	
Other Officer/Title:			*A public employee may not serve as treasurer of any politic Other Officer/Title:	2al committee (see reverse).
Residential Address:			Residential Address:	
City / State / Zip:			City / State / Zip:	
Phone #:		_	Phone #:	V
-	(Complete and attach a Form CF	PF M A 101, if necess	ary, with other officers and finance committee, if any.)	
behalf. I am aware the relevant election.	at candidates are required to keep deta IE PENALTIES OF PERJURY:	d that a candidate sliled accounts and re	hall not give consent to the organization of more than of ecords of all campaign finance activity for a period of s	one committee on his/her six years from the date of  Date: 2822
that: 1) I am subject to and records of all cam appointed public empl committee organized of	fice of Treasurer of the above-named concertain duties and liabilities under Manager finance activity for a period of sloyee, I must resign this position and non his/her behalf.  The PENALTIES OF PERJURY:	committee. I affirm a G.L. c. 55, including six years from the datotify OCPF of my r	that I am not a public employee as defined by M.G.L. of the timely filing of campaign finance reports and ker ate of the relevant election; 2) if after my acceptance of resignation; and 3) a candidate may not serve as treasured.	eping detailed accounts f this office I become an
	fice of Chairman of the above-named of E PENALTIES OF PERJURY:	Treasurer's signature committee. Chairman's signature	J. Hear	Date: 2 17 28



### 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

CPF ID# 18050

eporting Period: Beginning: 1/1/2022 Ending: 3/25/	2022
ype of Report: 2022 Pre-preliminary Report	- H
Luongo, Corrie	
Full Name of Candidate	Committee Name
Full Name of Candidate  Municipal, Local Filer	Committee Name
	Committee Name  Name of Committee Treasurer
Municipal, Local Filer	

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:

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 perfery:

Candidate's signature (in ink)	411	12
Candidate's signature (in ink)	Date	

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

3/4/2022 Moynihan, Samantha		\$1,000.00	Real Estate Agent
120 Essex St			Century 21
Lynnfield, MA 01940			
2/23/2022 Noble, Lucas		\$200.00	Financial Advisor
35 Shannon Lane			Noble Financial
North Andover, MA 01845			
3/14/2022 Ogren, Carl		\$250.00	Information Requested
25 Howard Ave			Information Requested
Lynnfield, MA 01940			
3/4/2022 Rodriguez, Nikolas		\$1,000.00	Photographer
120 Essex St			Nikolas Rodriguez Photography
Lynnfield, MA 01940			
2/24/2022 Shaffer, Brian and Annemarie		\$500.00	Homemaker
3 Glen Drive			Homemaker
Lynnfield, MA 01940			
3/13/2022 Smyrnios, Steve and Sondra		\$100.00	
11 Ramsdell Way			
Lynnfield, MA 01940			
	<b>Total Itemized Receipts:</b>	\$6,145.00	
Т	otal 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	\$2,662.56	Final Mailers
	17 Gill Street		
	Woburn, MA 01801		
3/11/2022	Luongo, Corrie	\$614.40	
3/11/2022	Luongo, Corrie	\$333.18	
3/5/2022	Lynnfield Historical Committee	\$550.00	Meeting House Rental (meet and Greet Event)
	55 Summmer St		
	Lynnfield, MA 01940		
3/10/2022	Usps	\$232.00	Postage Stamps For Mailers
	Summer Street		
-	Lynnfield, MA 01940		
3/20/2022	Luongo, Corrie	\$197.47	
2	Total Itemized Expenditure	s: \$4,589.61	
	Total Unitemized Expenditures	s: \$0.00	
	Total Expenditures	<b>\$4,589.61</b>	

#### 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



File with: Director office of Campaign and Political Finance one ashburton Flace 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 3/10/2022 signs 365

51245 Filomena shelby twp, mi 48315 Amount Purpose \$614.40 yard signs



File with: Director Office of Campaign and Political Finance One Ashburton Flace 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

3/10/2022 staples

34 walkers brook drive reading ma 01867 Amount Purpose

\$333.18 meet and greet mailers



Pile with: Director Office of Campaign and Political Finance One Ashburton Flace 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** 

3/20/2022 various

Amount Purpose

\$197.47 provisions for meet and greet event: food, beverages etc



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

RECEIVED

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

TOWN CLERKS OFFICE

ting Period: Beginning: 3/26/2022 Ending: 5/2/2022  of Report: 2022 Post-election Report	LIMITICE, IIA
Type of Report: 2022 Post-election Report	

Luongo, Corrie Full Name of Candidate

Municipal, Local Filer Office Sought/ District

17 Homestead Road Lynnfield, MA 01940

Residential Address

Committee Name

Name of Committee Treasurer

17 Homestead rd lynnfield, MA 01940

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:

Affidavit of Candidate (c)eck 1 box only) :

Candidate with Committee and no activity independent of the committee

Drcertify 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,

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 perj Candidate's signature (in ink

### 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	<b>Amount Occupation and Employer</b>
3/26/2022 Arena, Renee	\$50.00
20 Browns Ave	
Waltham, MA 02451	
3/31/2022 Kimball, John	\$200.00 Lawyer
618 Main St	John H Kimball, Attorney At Law
Lynnfield, MA 01940	
3/31/2022 Town of Lynnfield, Town of Lynnfield	\$300.00
55 Summer St	
Lynnfield, MA 01940	
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		\$750.00 News Paper Ad	
	10 1st Ave			
	Peabody, MA 01960			
5/1/2022	Luongo, Corrie		\$145.22	
4/4/2022	Lynnfield Villager		\$450.00 Newspaper Ad	
	26 Albion St			
	Wakefield, MA 01880			
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:	<b>\$1,720.31</b>	

#### 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



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
5/1/2022 Corrie Luongo
17 Homestead rd
lynnfield , ma 01940

Amount Purpose \$145.22 food for election night party



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
3/30/2022 Corrie Luongo
17 Homestead Rd
Lynnfield , MA 01940

Amount Purpose \$208.88 additional Yard signs



File with: Director
Office of Campaign and Political Finance
One Ashburton Flace 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
3/30/2022 Corrie Luongo
17 Homestead Rd
Lynnfield , MA 01940

Amount Purpose \$208.88 additional Yard signs

### FORM CFF Al: Ipomigation of ......

Pile with: Directon Office of Campaign and Political Pinance One Ashburton Place Rm. 411 Boston, MA 02108 (617) 979-8300

Luongo
Individual Being Reimbursed
\$78.60

Amount of Reimbursement

Committee Name
3/31/2022
Date of Reimbursement

Date Name And Address
3/31/2022 Corrie Luongo
17 Homestead Rd
Lynnfield , MA 01940

Amount Purpose | Triend Mailer cards



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

File with: Director Office of Campaign and Political Finance One Ashburton Flaca 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
5/1/2022 Corrie Luongo
17 Homestead rd
Lynnfield , MA 01940

Amount Purpose

\$47.77 sign holder coffee and donuts etc



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

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/1/2	
Type of Report: (Check one)	TOWN CLERKS OFFICE
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Candidate Full Name (if applicable)  Lynntield Town Moderator  Office Sought and District  22 Pine St. Lynnfield, MA 01940  Residential Address  E-mail: jomarkey averizon. 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 BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	101.36
Line 2: Total receipts this period (page 3, line 11)	Ø .
Line 3: Subtotal (line 1 plus line 2)	101.30
Line 4: Total expenditures this period (page 5, line	e 14) Ø
Line 5: Ending Balance (line 3 minus line 4)	101.36
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	$\square$
Line 8: Name of bank(s) used: The Sav	ings Bank
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind or finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 3/30/22
Ycertify that I have examined this report including attached schedules and it is, to the lactivity, of all persons acting under the authority or on behalf of this committee in accinicurred any liabilities nor made any expenditures on my behalf during this reporting to Candidate without Committee	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
I certify that I have examined this report including attached schedules and it is, to the I finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the
Signed under the parallies of parity way	(Condidately signature) Date: 3/30/27



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

Office of Campaign and I	
Commonwealth of Massachusetts	File with: City or Town Clerk or Election Commission
2,45(1)022	Ending Date. 5/12/2022 MA
Fill in Reporting Period dates: Beginning Date: 3/26/2022	Base \$ 123 KB. It face here wer.
Type of Report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election 🔀 30 day a	after election year-end report dissolution
Joseph A. Markey  Lynnfield Town Moderator  Office Sought and District  22 Pine Street Lynnfield MA  Residential Address 01940  E-mail: jomarkey @ Verizon.net  Phone # (optional):  Phone # (optional):	eph Markey Committee  Committee Name  Phine M. Markey  Name of Committee Treasurer  Pine St. Lynnheld MA 0/940  Committee Mailing Address  Jomarkey & Verizon, net  phinal):
Hote a Columnia.	
SUMMARY BALANCE INFOR	RMATION:
Line 1: Ending Balance from previous report	101.30
Line 2: Total receipts this period (page 3, line 11)	ø
Line 3: Subtotal (line 1 plus line 2)	101.30
Line 4: Total expenditures this period (page 5, line 14)	ø
Line 5: Ending Balance (line 3 minus line 4)	101.30
Line 6: Total in-kind contributions this period (page 6)	<u> </u>
Line 7: Total (all) outstanding liabilities (page 7)	P
Line 8: Name of bank(s) used: The Savings	Bank
idavit of Committee Treasurer: rifly that I have examined this report including attached schedules and it is, to the best of my knowlevity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions as mee activity of all persons acting upder the althority or on behalf of this committee in accordance with and er the penalties of perjury:  Candidate with Committee  I card, that I have examined this report including attached schedules and it is, to the best of my knowled, and it is, to the best of my knowledge of the committee in accordance with	ind liabilities for this reporting period and represents the campaign ith the requirements of M.G.L. c. 55.  Date: 5/9/22  Treasurer's signature)  Date: 5/9/22  nowledge and belief, a true and complete statement of all campaign time.
recovered any limitation nor made any expenditures on my behalf during this reporting period that an account are the second committee of the second co	nowledge and belief, a true and complete statement of all campaign ributions and liabilities for this reporting period and represents the abcordance with the requirements of MOL c 55
11/1/	(Candidate's signature)

report all receipts. Pl	ease include your committee name and a pa Name and Residential Address (alphabetical listing required)	Amount	this report, if additional pages are required to a page.)  Occupation & Employer  (for contributions of \$200 or more)
Date Received	(m)minercent state of		genter var etgen skall in de genockt i staden van de genockt in de genockt in de genockt in de genockt in de g
		3,000	The confidence of the confiden
			And printer to be the complete are adopted before two, the construction and Advanced Londrague & 1 transport a month
Maraus Bell			Mc
9			
e 9 Total Receipts	over \$50 (or listed above)		
e 10: Total Receipts	s \$50 and under* (not listed above)  EIPTS IN THE PERIOD		

### 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,

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to from committee records, and reported on line 13.

report all expenditures. Please include your committee name and a page number on each page.) To Whom Paid Amount Purpose of Expenditure Address (alphabetical listing) Date Paid 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 iteraized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not iteraized Page 4

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

n	From Whom Received*	Residential Address	Description of Contribution	Value
Date Received	FIUM WHOM ROSS, VA			
				D4 5 5 1
		A CONTRACT OF THE		
	Shelly thrus and notices			
		Line 15: In-Kind Contribut	ions over \$50 (or listed above)	
		The state of the s	ons \$50 & under (not listed above	)
	Enter on mage   line 6 →	Line 17: TOTAL IN-KINI	D CONTRIBUTIONS	TA

\* 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 commbutor, in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer. Page 6 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
				THE P
				Main.
			Security and the second	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDI	NG LIABILITIES (ALL)	10
				Pa



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

2022 MAR 30 P 12: 36

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)	Committee Name
Library Board of Trustees Office Sought and District	Name of Committee Treasurer
14 Sylvan Circle Lynnfield	
Residential Address	Committee Mailing Address
E-mail: Richm@futuressearchllc.com	E-mail:
Phone # (optional): 781-451-6222	Phone # (optional):
SUMMARY BALANC	CE 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, lin	one 14) 00.00
Line 5: Ending Balance (line 3 minus line 4)	00.00
Line 6: Total in-kind contributions this period (pa	age 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:  certify that I have examined this report including attached schedules and it is, to the besettivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind inance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign
igned under the penalties of perjury:	(Treasurer's signature)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actinument any liabilities nor made any expenditures on my behalf during this reporting	ne best of my knowledge and belief, a true and complete statement of all campaign fin accordance with the requirements of M.G.L. c. 55. I have not received any contribution agperiod 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 finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority of the contributions.	ts, in-kind contributions and liabilities for this reporting period and represents the
signed under the penalties of perjury:	(Candidate's signature) Date: 3/29/22



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

RECEIVED

Office of Campaign and Political Finance

of Massachusetts 7077 HAY -9 A IO: 25	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	
Richard J. Mazzola	·
Candidate Full Name (if applicable)	Committee Name
Board of Library Trustees	Name of Committee Treasurer
Office Sought and District	Name of Committee Treasurer
14 Sylvan Circle Residential Address	Committee Mailing Address
E-mail: Richm@futuressearchllc.com	E-mail:
Phone # (optional): 7812586544	Phone # (optional):
SUMMARY BALANC	E 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	e 14)
Line 5: Ending Balance (line 3 minus line 4)	.00
Line 6: Total in-kind contributions this period (pa	ge 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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)
activity, of all persons acting under the authority or on behalf of this committee in acc incurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
Candidate without Committee  I certify that I have examined this report including attached schodules and it is, to the finance activity, including contributions, teams, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the nenglities of nemury:	(Candidate's signature)  Date: 3/9/1021



### 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: 1/1/2	Ending Date: 3/25/2022  LILL HAR 29 A 108
Type of Report: (Check one)  ☐ 8th day preceding preliminary  ☐ 8th day preceding election	TOWN CLERKS OFFICE  30 day after election the year-end report dissolution
Candidate Full Name (if applicable)  Housing Commissioner / Lynnfield  Office Sought and District  Melch Rd. Lynnfield MA 01940  Residential Address  E-mail: Spetty Cbdboston. Com-  Phone # (optional): 1017-251-4278	Committee Name  Name of Committee Treasurer  Committee Mailing Address  E-mail:  Phone # (optional):
SUMMARY BALANC	E 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	e 14) <b>©</b> 0.00
Line 5: Ending Balance (line 3 minus line 4)	\$ 0.00
Line 6: Total in-kind contributions this period (pa	ge 6) \$ 0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$0.00
Line 8: Name of bank(s) used:	NIA
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:  ECON CANDIDATE FILLINGS ONLY: Affiliation of Constitute (check the constitute of constitute).	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:
	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee  1 certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the 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.)

Name and Residential Address			Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
- 1			
ii.			
	1		
	1		
0.5			
ne 9: Total Receip	ts over \$50 (or listed above)		
ne 10: Total Receip	ots \$50 and under* (not listed above)		
e 11: TOTAL RI	ECEIPTS IN THE PERIOD	\$0.00	← Enter on page 1, line 2

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receip	ts over \$50 (or listed above)		
Line 10: Total Receip	ots \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	90.00	← Enter on page 1, line 2

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

### **SCHEDULE B: EXPENDITURES**

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

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
111				
				-
				[]
				11
				<u> </u>
				T
111				
				L
111				
***		Line 12: Total Expenditures over	er \$50 (or listed above)	
		Eme 12. Total Expenditures ove	or and (or instear above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
		Eme 15. Total Expenditures \$50	and under (not listed above)	
	Enter on record 1 line 4 ->	Line 14: TOTAL EXPENDITU	IRES IN THE PERIOD	\$0.00
	Enter on page 1, fine 4 ->	Bille 14. 1017ED EAR ENDIT		0.00

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

Page 4

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

	To Whom Paid	T W D :1				
Date Paid	10 Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
	And Course and the Section 91					
31						
	ļ					
		Line 12: Expenditures over \$50	(or listed above)			
Line 13: Expenditures \$50 and under* (not listed above)						
	_			\$ ^ * *		
		Line 14: TOTAL EXPENDIT	ORES IN THE PERIOD	\$0.00		

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

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

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

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

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

Page 6

### SCHEDULE D: LIABILITIES

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

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



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

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date:	e: 3/26/2022 Ending Date: 5/12/2022				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding elec	election 🗵 30 day after election 🔲 year-end report 🔲 dissolution				
Stephanie Peth					
Candidate Full Name (if applicable)	Committee Name				
Candidate Full Name (if applicable)  Housing Commissioner /Lynn  Office Sought and District  I Melch Rd, Cynn Ridd MA 0194  Residential Address  E-mail: Spetty & bod by strong Comm	Name of Committee Treasurer				
Residential Address	Committee Mailing Address				
D-mail. 3 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	E-mail:				
Phone # (optional): (017 - 251 - 4278	Phone # (optional):				
SUMMARY BA	BALANCE INFORMATION:				
Line 1: Ending Balance from previous repo	eport				
Line 2: Total receipts this period (page 3, l	3, line 11)				
Line 3: Subtotal (line 1 plus line 2)	0				
Line 4: Total expenditures this period (pag	page 5, line 14)				
Line 5: Ending Balance (line 3 minus line	ne 4)				
Line 6: Total in-kind contributions this per	period (page 6)				
Line 7: Total (all) outstanding liabilities (p	(page 7)				
Line 8: Name of bank(s) used:	NIA				
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury:	(Treasurer's signature)				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (ch	(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  Fortify 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)
		34	
ne 9: Total Receip	ots over \$50 (or listed above)		
e 10: Total Recei	pts \$50 and under* (not listed above)		
ie 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

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

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

	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
111			
ine 9: Total Receipts o	over \$50 (or listed above)		
*	\$50 and under* (not listed above)		
	EIPTS IN THE PERIOD	0	← Enter on page 1, line 2

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

### **SCHEDULE B: EXPENDITURES**

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

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
- 1				
		<u> </u>	<u> </u>	
11				
11.				
			r	
111				
111				
-		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Eme 12, Total Expenditures 0V	er 450 (or fisicu above)	
		Line 13: Total Expenditures \$50 and under* (not listed above)		
		Ento 15. Total Exponditures \$50	and under (not listed above)	L.
	Enter on nage 1 line 4 -	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0
		include them in line 12. Line 13 sh		

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

Page 4

### **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  fivou have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only these expenditures not itemized					

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

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

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

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

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

Page 6

### **SCHEDULE D: LIABILITIES**

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

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0



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

Office of Campaign and Political Finance

RECEIVED

Fill in Reporting Period dates: Beginning Date: 1/1/2	File with: City or Town Clerk or Election Commission  2022 Ending Pate: 4 3/25/20225
Type of Report: (Check one)  ☐ 8th day preceding preliminary  ☐ 8th day preceding election	TOWN CLERKS OF FICE  LYNNFIELD, MA  30 day after election year-end report dissolution
Candidate Full Name (if applicable)  LYNNFIED SCHOOL COMMITTEE  Office Sought and District  5 LANDER RD LYNNFIELD MA 0/940  Residential Address  E-mail: NSA 1 C EARTHLINK. NET  Phone # (optional):	Committee Name  RICH STOBULG  Name of Committee Treasurer  5 LANDEL RD LYNNFIELD MA 01940  Committee Mailing Address  E-mail: NSA 1 & EARTHLINK.NET  Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 1)	0
Line 5: Ending Balance (line 3 minus line 4)	- 148.50 - 148.50
Line 6: Total in-kind contributions this period (pa Line 7: Total (all) outstanding liabilities (page 7)	ge 6)
Line 8: Name of bank(s) used: Bank of Ar	nedica
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of inance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: John A box	
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 cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.  best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55.
igned under the parelties of pariners	Date: 4-4-ZZ

## 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

**Instructions to merchant** 

You haven't entered any instructions.

Payment sent from <u>lucykaris2011@gmail.com</u>

http://www.wix.com

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

**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 ser	nt from <u>lucykaris</u>	2011@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.)

D . E .	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
ll'			
		1 11	
		1 111	
	1		
- 11			
ne 9: Total Receipt	ts over \$50 (or listed above)		
10. Tat-1 D '	4. C.		
	ets \$50 and under* (not listed above)		
44 =0=4= ==	CCEIPTS IN THE PERIOD		

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



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

Office of Campaign and Political Finance

RECEIVED

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 3/26/2	
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election	TOWN CLERKS OFFICE  LYNNFIELD. MA
Candidate Full Name (if applicable)  School Committee  Office Sought and District  SLANDER RU, AYNNFIELD MA 01940  Residential Address  E-mail: NSA1 C EARTHLINK. NET  Phone # (optional):	Committee Name  Name of Committee Treasurer  Committee Mailing Address  E-mail:  Phone # (optional):
SUMMARY BALANCI	F INFORMATION.
Line 1: Ending Balance from previous report	E INFORMATION.
Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)	ATTACA
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 (pag	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer:  [ certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ntributions and liabilities for this reporting period and represents the campaign
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the b activity, of all persons acting under the authority or on behalf of this committee in accoincurred any liabilities nor made any expenditures on my behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting under the authority or on behalf during this reporting persons acting the authority or on the aut	est of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, is campaign finance activity of all persons acting under the authority or on behalf of this contributions.	n-kind contributions and liabilities for this reporting period and represents the

### 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 \$2,907.71 - To	"Vote Today" Yard Signs	04.11.22

### You sent a payment of \$114.75 USD to <u>Wix.com</u> Inc

Transaction date

Mar 15, 2022 09:43:34 EDT

Instructions to merchant
You haven't entered any instructions.

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

Transaction ID IKK95477GB334572G

Merchant

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

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	4	\$216.00 USD
Discount			-\$108.00 USD
		Subtotal	\$108,00 USD
		Tax	\$6.75 USD
		Total	\$114.75 USD
		Payment	\$114.75 USD
	Paymen	t sent from <u>lucykari</u>	s2011@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
	Downward con	d from broadcorie	3011@amail.aam

Payment sent from <u>lucykaris2011@gmail.com</u>

\$33.75 USD

Funding Sources Used (Total)

DIRECT FEDERAL CREDIT UNION x-2202





Remarks			7		
Thank you for you	r 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

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



### Payment Receipt

Invoice #18403

W I waa e D
e d lassac uset 0 940-23 2
ted tate
e 9 8 6- 54

Payment for Invoice #18403

Payment Amount: \$584.38 USD

PAYMENT METHOD: Apple Payer VISA

andy@lynnfieldgraphics.com





EMG Essex Media Group 110 Mento Group The Dally Hern Iteralive.com Lynsifeld Weeldy News Peabody Weeldy News Suburban Real Estate News 01907 The Magazine

### Credit Card Transaction Form

#### Credit Card Number

## Expiration Date: 1223

#### Account Name

COMMITTE TO RE-EL	ECT RICHARD SJOBERG
ARDHOLDER (name,	addr,zip)
LANDER RD, LYNNI	
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

Ensen Mediat Group

110 Manaroe 31.
Lyng, BIA 01901

783,563,37560

The Daily Item Itemlive.com Lymfield Weekly News Penhody Weekly News Suburbun Real Estate New 01907 The Maguzine

### Credit Card Transaction Form

### Credit Card Number

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		Ī
Expiration Date:	1223	

### Account Name

COMMITTE TO RE-EL	ECT RICHARD SJOBER
ARDHOLDER (name,	addr,zip)
CHARD A SJOBERG	
LANDER RD, LYNNI	TELD, MA, 01940
LANDER RD, LYNNI	TELD, MA, 01940
Account#	TELD, MA, 01940

### Transaction Summary

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

Receipt Date 05/03/2022 TOTAL 7	50.00
---------------------------------	-------

### 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.)

Name and Residential Address Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
,				
H				
		r———	1 1	
11				
	c			
	<u> </u>			
e 9: Total Receip	ots over \$50 (or listed above)			
ne 10: Total Recei	pts \$50 and under* (not listed above)			
- 11. ΤΩΤΑΙ Φ	ECEIPTS IN THE PERIOD			
CII. IUIALN	ECERTORI THE FERIOD		← Enter on page 1, line 2	

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

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

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

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

### **SCHEDULE B: EXPENDITURES**

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

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

D.4. D.23	To Whom Paid	Addings	1.
Date Paid	(alphabetical listing)	Address Purpose of Exper	nditure Amount
11			
	1		
- 11			
11			
			111
111			
			Ш
[]]			
		Line 12: Total Expenditures over \$50 (or listed above)	
		1	
		Line 13: Total Expenditures \$50 and under* (not listed	above)
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITURES IN THE PERIOR	OD

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

Page 4

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

Date Paid		4.77	D 4=	
	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		1		
ĺ				
			1	
11				
		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 EXPENDIT	URES IN THE PERIOD	

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

### 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				

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

Page 6

### **SCHEDULE D: LIABILITIES**

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

To Whom Due	Address	Purpose	Amount
	J		
			#I
	To Whom Due	To Whom Due Address	To Whom Due Address Purpose

Page 7