

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



Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission ///2020 Ending Date: 22/2/3/23620			
Type of Report: (Check one)	LYMPIELD, MA			
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution			
Brian Roger Charville Candidate Full Name (if applicable)	The Charville Committee			
Candidate Full Name (if applicable) Lynn field Planning Board	Gorand A. Noumi			
Office Sought and District 9 Willard Lane, Lynnfeld	Name of Committee Treasurer 9 Wilhard La., Lyanfield MA, 01940			
Residential Address E-mail: 6 charville gmail.com	Committee Mailing Address E-mail: gerard nouni e yahoo, com			
Phone # (optional):	Phone # (optional):			
SUMMARY BALAN	CE INFORMATION:			
Line 1: Ending Balance from previous report	\$			
Line 2: Total receipts this period (page 3, line 11	φ			
Line 3: Subtotal (line 1 plus line 2)	ø			
Line 4: Total expenditures this period (page 5, li	ne 14) 🕏			
Line 5: Ending Balance (line 3 minus line 4)	ϕ			
Line 6: Total in-kind contributions this period (p	age 6) ϕ			
Line 7: Total (all) outstanding liabilities (page 7)	<i>\phi</i>			
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 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. Gigned under the penalties of perjury: (Treasurer's signature) Date:				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox only)			
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	be best of my knowledge and belief, a true and complete statement of all campaign finance coordance 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			
Rean A Chapelle	(Candidate's signature) Date: 1/16/2021			

Type of Report: (Check one)		after election year-end	
Candidate Full Name (if applicable)	The	Committee to ELE	of Kimberler meter Lynnfield School Committee
School Committee Lynofield MA Office Sought and District	LN.	Name of Committee	Treasurer
19 Edgemere Rd Lynnfield NA 01940 Residential Address	3 5	evinor Pd Lyn Committee Mailing	nfield MA Address
elephone Number (optional):	Telephone	Number (optional): nicoledi.	irgilio e gmail con
SUMMARY BALANCE	INFO	RMATION:	
Line 1: Ending Balance from previous report		81.26	
Line 2: Total receipts this period (page 3, line 11)		0	
Line 3: Subtotal (line 1 plus line 2)		81.26	
Line 4: Total expenditures this period (page 5, line 14)			
Line 5: Ending Balance (line 3 minus line 4)		0	
Line 6: Total in-kind contributions this period (pag	e 6)	0	
Line 7: Total (all) outstanding liabilities (page 7)		0	
Line 8: Name of bank(s) used: Wakefield Co-operative Bank			
avit of Committee Treasurer: If that I have examined this report including attached schedules and it is, to the best of ty, including all contributions, loans, receipts, expenditures, disbursements, in-kind come activity of all persons acting under the authority or on behalf of this committee in act dunder the penalties of perjury:	ntributions cordance v	and liabilities for this reporting period	statement of all campaign finance d and represents the campaign Date: 6/23/27
CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee and no activity independent of the committee certify that I have examined this report including attached schedules and it is, to the bestivity, of all persons acting under the authority or on behalf of this committee in acconcurred any liabilities nor made any expenditures on my behalf during this reporting p	est of my k	nowledge and belief, a true and comp to the requirements of M.G.L. c. 55. I	lete statement of all campaign fin have not received any contribution
andidate without Committee OR Candidate with independent activity filing septertify that I have examined this report including attached schedules and it is, to the because activity, including contributions, loans, receipts, expenditures, disbursements, impaign finance activity of all persons acting under the authority or on behalf of this under the penaltics of perjury:	cst of my k	tributions and liabilities for this repor	nlete statement of all campaign ting period and represents the of M.G.L. c. 55. Date: 7/22/20



Office of Campaign and Political Finance

RECEIVED

Fill in Reporting Period dates M. Beginning Date.	File with: City or Town Clerk or Election Commission Ending Date: 6/2,3/2,D	
I in in Reporting I cried dates in the Beginning Date.	1125 Ending Date: 6/23/20	
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution	
Kimbertee Kossover Honsen Candidate Full Name (if applicable)	The Committee to Elect Kimberlee Kossover Hansen Committee Name for Lynnfield School Committee	
School Committee, Lynnfield MA Office Sought and District	Name of Committee Treasurer	
19 Edgemere Rd Lynnfield NA 01940 Residential Address	3 Sevinor ed Lynnfield MA Committee Mailing Address	
Telephone Number (optional):	Telephone Number (optional): nicoledivirgilia e gmail com	
SUMMARY BALANC	E INFORMATION:	
Line 1: Ending Balance from previous report	81.26	
Line 2: Total receipts this period (page 3, line 11)	O	
Line 3: Subtotal (line 1 plus line 2)	81.26	
Line 4: Total expenditures this period (page 5, line	e 14) 8\.2\land	
Line 5: Ending Balance (line 3 minus line 4)	0	
Line 6: Total in-kind contributions this period (pa	ge 6)	
Line 7: Total (all) outstanding liabilities (page 7)	0	
Line 8: Name of bank(s) used: Wakefield	Co-operative Bonk	
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: Well Dellevier	contributions and liabilities for this reporting period and represents the campaign	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)	
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.		
Candidate without Committee OR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the	
Signed under the penalties of perjury:	(Candidate's signature) Date:	

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	Town of Lynnfield- 20VID-19	55 Summer st clo Julie Hilarthy Winnfield, MA 01940	To dissolve committee- balance donated	81.26
A Academy A Adda				
tarecont.				
		Line 12: Total Expenditures ove	er \$50 (or listed above)	81.26
		Line 13: Total Expenditures \$50	and under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	81.26

^{*} 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

Finance Report

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		Form CPF	Campaign nicipal Forn	
Commonwealth of Massachusetts	()	Part of the Part of the Day	npaign and Political	

· · · · · · · · · · · · · · · · · · ·		File with: City or Town Clerk	or Election Commission	
Fill in Reporting Period dates: DEC 2Beginning: Date: Jo	in.1,6	ROQO Ending Date: Dec. 31,	2020	
Type of Report: (Check one)	~-10H ************************************	oblide and the second of the s	Highingin a samula quantimbita	
8th day preceding preliminary 8th day preceding election	☐ 30 day	vafter election year-end report	dissolution	
T 1 2 2 1			7.7	
Joseph A. Markey Candiday Full Name (if applicable)	Jo	Committee Name	mittee	
Town Moderator	10	sephine M. Mar	Key	
22 Pine St. Lynnfield, MA 01940 Residential Address	22	Pine St. Lynnfield, Permittee Mailing Address.	MA 01940	
-mail: jomarkey @verizon.net	E-mail:	iomarkey Everize	n. net	
hone # (optional):	Phone # (d			
SUMMARY BALANC	E INFO	RMATION:		
Line 1: Ending Balance from previous report		289,58	Learner of the state of the sta	
Line 2: Total receipts this period (page 3, line 11)	Line 2: Total receipts this period (page 3, line 11)			
Line 3: Subtotal (line 1 plus line 2)	Line 3: Subtotal (line 1 plus line 2) 729. 70			
Line 4: Total expenditures this period (page 5, line	Line 4: Total expenditures this period (page 5, line 14)			
Line 5: Ending Balance (line 3 minus line 4)	Line 5: Ending Balance (line 3 minus line 4)			
Line 6: Total in-kind contributions this period (page	ge 6)	Ø		
Line 7: Total (all) outstanding liabilities (page 7)	ļ	Ø		
Line 8: Name of bank(s) used: The Sav	ings	Bank		
findavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance trivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign nance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. gned under the penalties of perjury: Date: 12/26/20 Date: 12/26/20				
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)				
Candidate with Committee Certify that I have examined this report including attached schedules and it is, to the beautivity, of all persons acting under the authority or on behalf of this committee in accommittee any liabilities nor made any expenditures on my behalf during this reporting persons.	ordance with	the requirements of M.G.L. c. 55. I have not receive	1 0	
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the being finance activity, including contributions, loans, receipts, expenditures, disbursements, is campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contri	ibutions and liabilities for this reporting period and raccordance with the requirements of M.G.L. c. 55.		
ned under the penalties of perjury:	secretary viscos consession	(Candidate's signature)	1/00/20	

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar rear. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the accupation 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 eport 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)
5/9/20	Joseph A. Markey 22 Pine Street Lynnfield, MA 01940	440.12	Attorney Bellotti Group
1 () () () () () () () () () (
		1	
		-	
ne 9: Total Receip	ts over \$50 (or listed above)	440.12	
ne 10: Total Receip	ots \$50 and under* (not listed above)	Ø	
ne 11: TOTAL RI	ECEIPTS IN THE PERIOD	440.12	Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/8/20	Hung Goon	83 Antwerpst. Brighton, MA 02135	PPE Masks for Town	478.40
1/6/20	Think of Michael Foundation	P.O. Box 1333 Lynnfield, MA 01940	Tickets for Charity Fund- raiser	150.00
Population of the Control of the Con				
A Company of the Comp				
2				
Tables 4				
and provide a contraction of the				
			To design the second se	
				and the state of t
	anno de de	7 1 1000		
		Line 12: Total Expenditures over		628.40
				628.40
if you have itemiz	you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized			

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

Page 4



Form CPF M 102: Campaign Finance Report

Municipal Form

10 RECEIVED

2001 1111 0	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates? Beginning Date:	1/2020 Ending Date: 12/31/2020
Type of Report: (Check one)	
LIBRE CLU, FIA	~ 4
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
RICHARD J MAZZOVA	
Candidate Full Name (if applicable) Lynnhino Lignary = Boms of Thostes Office Sought and District	Committee Name
Office Sought and District 14 St//vnv Cincle Residential Address	Name of Committee Treasurer
E-mail: RICHMO FUTURES SEARCHALC. COM	Committee Mailing Address E-mail:
Phone # (optional): 784-258-65-44	Phone # (optional):
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	N/A Q
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	4)
Line 5: Ending Balance (line 3 minus line 4)	8
Line 6: Total in-kind contributions this period (page	6)
Line 7: Total (all) outstanding liabilities (page 7)	8
Line 8: Name of bank(s) used:	MA
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of m ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contri nance activity of all persons acting under the authority or oppositely of this committee in account.	ibutions and liabilities for this reporting period and represents the campaign rdance with the requirements of M.G.L. c. 55.
igned under the penalties of p	signature) Date:
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box onl	y)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best activity, of all persons acting under the authority or on behalf of this committee in accorda incurred any liabilities nor made any expenditures on my behalf during this reporting period.	nce with the requirements of M.G.L. c. 55. I have not received any contributions.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best finance activity, including contributions, loans, receipts, expenditures, disbursements, in-ki campaign finance activity of all persons acting under the authority or on behalf of this cand	ind contributions and liabilities for this reporting period and represents the
gned under the penalties of perjury	(Candidate's signature) Date: 1/16/2021





, 4	Form CPF M 102: Campaign Finance	ce Repo
	Municipal Form	_
Commenced lab	Office of Campaign and Political Finance	RECE
Commonwealth		

of Massachusetts	77		
Fill in Reporting Period dates: Beginning Date:	File with party of them Gerk & Election Commission NUARY 1, Ending Date: PECEMBER 31, 2029		
Type of Report: (Check one)	ZOID LELD, MA		
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution		
Candidate Full Name (if applicable) SCHOOL COMMITTEE, LYPVEUD, MA Office Sought and District ONE FORD AVENUE, LYPVEUD MA OR40 Residential Address E-mail: FILM CR acl. Com Phone # (optional): 181) 334-0028	COMMITTEE TO ELECT FHILL MAYON Committee Name ROBERT F. CONLON Name of Committee Treasurer ONE FORD AVENUE LYNNFIELD 0940 Committee Mailing Address E-mail: RFC BOSO PAOL: COM Phone # (optional): 781) 215- 6914		
SUMMARY BALANCE	E INFORMATION:		
Line 1: Ending Balance from previous report	1.698,59		
Line 2: Total receipts this period (page 3, line 11)	B		
Line 3: Subtotal (line 1 plus line 2)	1.698, 58		
Line 4: Total expenditures this period (page 5, line 14)			
Line 5: Ending Balance (line 3 minus line 4)	448, 58		
Line 6: Total in-kind contributions this period (page	e 6) <i>O</i>		
Line 7: Total (all) outstanding liabilities (page 7)	.0		
Line 8: Name of bank(s) used:	ELN BANK		
ffidavit of Committee Treasurer: pertify 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 tivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign nance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Igned under the penalties of perjury: OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)			
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.			
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.			
gned under the penalties of perjury:	(Candidate's signature) Date: 01/12/2		



2021 JAN - 5 P 1: 0.9	File with: City or Town Clerk or Election Commission		
Fill in Reporting Period dates: Beginning Date: 1-1-20	0 Ending Date: 12-31-20		
Type of Report: (Check one) [], MA			
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution		
THOMAS TERRANOVA	COMMITTEE TO ELECT TOM TERRANOVA		
Candidate Full Name (if applicable)	Committee Name		
Office Sought and District	JOHN F SPADAFORA JR Name of Committee Treasurer		
37 APPLE HILL LANE, LYNNFIELD MA 01940	37 APPLE HILL LANE, LYNNFIELD, MA 01940		
Residential Address	Committee Mailing Address		
E-mail: NONE	E-mail: NONE		
Phone # (optional):	Phone # (optional):		
SUMMARY BALANCE	E INFORMATION:		
Line 1: Ending Balance from previous report	1,050		
Line 2: Total receipts this period (page 3, line 11)	0		
Line 3: Subtotal (line 1 plus line 2)	1,050		
Line 4: Total expenditures this period (page 5, line 14)			
Line 5: Ending Balance (line 3 minus line 4)	0		
Line 6: Total in-kind contributions this period (pag	ge 6) 0		
Line 7: Total (all) outstanding liabilities (page 7) 5,345.77			
Line 8: Name of bank(s) used: BROOKLINE BANK			
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign inance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. igned under the penalties of perjury: (Treasurer's signature) Date: 12 31 302 0			
FOR CANDIDATE FILINGS ONLY: 'Affidavit of Candidate: (check 1 box	(Trouble of Sugaration)		
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report. Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, djsbursements, 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 c	candidate in accordance with the requirements of M.G.L. c. 55. (Candidate's signature)		

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			(101 COMMINGUIS OF GROUP OF MOTO)
			1
			7
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Receip	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	0	Entered to the control of the contro
	requires of \$50 and under include them in line		← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

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

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
.2/30/2020	Crossroads Family Center	56 Havre Street East Boston, MA 02128	Donation	1,05
			Jonasin	
- 1				
		Line 12: Total Expenditures of	ver \$50 (or listed above)	1,050
		Line 13: Total Expenditures \$	50 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	FUDES IN THE DEDIOD	1,05

^{*} 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
H				
111				
111				
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	ander* (not listed above)	
			L	
		Line 14: TOTAL EXPENDITE	L	

^{*} 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 CO	NTRIBUTIONS	0

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

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
5-2-13	TERRANOVA, THOMAS	37 APPLE HILL LANE LYNNFIELD, MA 01940	LOAN	638
5-6-16	TERRANOVA, THOMAS	37 APPLE HILL LANE LYNNFIELD, MA 01940	LOAN	312.5
4-30-13	TERRANOVA, THOMAS	37 APPLE HILL LANE LYNNFIELD, MA 01940	LOAN	276
8-2-12	TERRANOVA, THOMAS	37 APPLE HILL LANE LYNNFIELD, MA 01940	LOAN	4,096.27
8-8-12	TERRANOVA, THOMAS	37 APPLE HILL LANE LYNNFIELD, MA 01940	LOAN	23
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	5,345.77



Office of Campaign and Political Finance

RECEIVED

	File with: City of Thursday for Election Commission					
Fill in Reporting Period dates: Beginning Date: 1-1-19	.9 Ending Date: 12-31-19					
	TOWN OF FORE OFFICE					
Type of Report: (Check one)	PART IN MA					
Type of Report. (Check one)	From S. S. S. J. T. B Specified Super # A. S. F. S.					
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution					
THOMAS TERRANOVA	COMMITTEE TO ELECT TOM TERRANOVA					
Candidate Full Name (if applicable)	Committee Name					
	JOHN F SPADAFORA JR					
Office Sought and District	Name of Committee Treasurer					
37 APPLE HILL LANE, LYNNFIELD MA 01940	37 APPLE HILL LANE, LYNNFIELD, MA 01940					
Residential Address	Committee Mailing Address					
E-mail: NONE	E-mail: NONE					
Phone # (optional):	Phone # (optional):					
SUMMARY BALANCE	E INFORMATION:					
Line 1: Ending Balance from previous report	1,050					
Line 2: Total receipts this period (page 3, line 11)	0					
Line 3: Subtotal (line 1 plus line 2)	1,050					
Line 4: Total expenditures this period (page 5, line	e 14) 0					
Line 5: Ending Balance (line 3 minus line 4)	1,050					
Line 6: Total in-kind contributions this period (pag	ge 6) 0					
Line 7: Total (all) outstanding liabilities (page 7)	5,345.77					
Line 8: Name of bank(s) used: BROOKLINE BANK						
Affidavit of Committee Treasurer: It certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date:						
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	(only)					
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.						
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of his considered under the penalties of perjury:	in-kind contributions and liabilities for this reporting period and represents the					

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	("		(101 COLUMN CONTROL OF GROOT OF MICHO)
e 9: Total Receip	ts over \$50 (or listed above)		
e 10: Total Receip	ots \$50 and under* (not listed above)		
e 11. TOTAL PI	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

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

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

SCHEDULE B: EXPENDITURES

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

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

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
11				
				<u> </u>
111				
		Line 12: Total Expenditures over	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed shows)	
		Line 15. Total Expellutures \$50	and under (not fisted above)	
	Enter on page 1. line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
1		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and un	nder* (not listed above)	
		I 14. TOTAL NUMBER OF	INTO IN THE PERSON	
		include them in line 12. Line 13 che		0

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

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

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
5-2-13	TERRANOVA, THOMAS	37 APPLE HILL LANE LYNNFIELD, MA 01940	LOAN	638
5-6-16	TERRANOVA, THOMAS	37 APPLE HILL LANE LYNNFIELD, MA 01940	LOAN	312.5
4-30-13	TERRANOVA, THOMAS	37 APPLE HILL LANE LYNNFIELD, MA 01940	LOAN	276
8-2-12	TERRANOVA, THOMAS	37 APPLE HILL LANE LYNNFIELD, MA 01940	LOAN	4,096.27
8-8-12	TERRANOVA, THOMAS	37 APPLE HILL LANE LYNNFIELD, MA 01940	LOAN	23
,	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	5,345.77



Form CPF 102 BO: Campaign Finance Report **Ballot Question Committee** Office of Campaign and Political Finance

RECEIVED

File with: Director

One Ashburton Place

CPF ## JAN - 6 P 1: 23 Office of Campaign and Political Finance Boston, MA 02108 TOWN CLEANS OFFICE Please print or type all information, except signatures. (617) 727-8352 LYRNFIELD. MA Fill in dates: Month Month 2019 Reporting Period Beginning: Ending: Type of report: (Check one) 5th and 20th day ☐ 60th day ☐ Initial Report after election if of month until preceding liabilities exist election election Committee Mailing Address MA 01940
State & Zip Tel. No. (optional) SUMMARY BALANCE INFORMATION: **\$** 1853.45 Line 1: Ending balance from previous report \$ 7032.00 Line 2: Total receipts this period (page 2, line 11) 3885 45 Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used The Savings Bank Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:

Treasurer's signature (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.

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

Date Received	(1	Am	ount	Occupation & Employer (for contributions of \$200 or more
4/1/19	10 Westover Dr. Lynnfield MA	250	00	Retired
4/2-/19	nendy Counta 7 Westover Dr. Lynnfield MA	352	υĊ	Homemaker
1/13/19	The same of the sa	1000	ii	Retired
4/1/19	Frank Seric 25 Westover Dr. Lynnfield 1741	100	c -	
3/30/19	1	100	o t	
		mpi njuk na anjeje go godinače zada		-7
			1	Takan — dalar injagoning ka
		190		
	Appropriate and the second sec			
			-	
Line 9: T	otal receipts in excess of \$50 (or listed above)	1832	2 1	
ine 10: 1	otal receipts \$50 and under* (not listed above)	200	60	
ine 11: T	OTAL RECEIPTS IN THE PERIOD	2032	00	Enter on page 1, line 2

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

Page 2

SCHEDULE B: EXPENDITURES

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

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

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

report an expen	To William D 11	nittee name and a page number or	each page.)	
Date Paid	To Whom Paid			
Date Faiu	(alphabetical listing)	Address	Purpose of Expenditure	Amount
9/17/19	Choice Graphics, Inc	140 Central st. Rouley MA (1769	Poste and s	219.55
9/30/19	Choice Graphics Inc	140 Central st Rowley MA 01969	Flyers	239.65
4/4/19	Essex Medic Group	Lynn MA 01903	Advertisement	938:00
9/28/19	Essex Medic Grap	Lynn MA 01903	Adventise ment	56 2.50
4/1/19	Gilfreia Giogliano	1 Giugliane Tem Lynntield 01940	\$ 5.gns	420.2
9/20/19	Lynnfield Villages	26 Allsion St. witefield 01880	Alvertist ment	400.00
4/4/19	waterfield I tem (cymical Villages)	20 Albionst.	Admertise ment	Sic. "
		Line 12: Total Expenditures ove	r \$50 (or listed above)	3 5 59, 70
		Line +3. Total Expenditures \$50	and under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	3559,70

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

Page 4

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

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

^{*} 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
and a state of the				
				e per a company de la company
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0



City or Town of:	ynnfield	DEC.	Please	orint or type all information, except signatures.
Reporting Period:	Beginning: 1/1/201	9 (MM/DD/YYYY) 7070 IAN		M/DD/YYYY)
Type of Report: (Check	One)	LULU JAN	23 P 4 4 9	William Control (III) Control (III)
8th day preceding pr		oreceding election 30th day followi	ng election (town or special)	th day of January (Year-End report)
2. I certify that I have	a candidate for or currently hold M			not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1/1/2020 Chi	ristopher Barrett	Christ Maners	38 Fairvieu Avenue	Board of Selectmen
		/ 0		
			×4,000	
		lan any		
	www.co.co.		With the state of	
			10-20-21-21-21-21-21-21-21-21-21-21-21-21-21-	
	The second secon			
	All the second s			
	/ 4.1. (Basel and Basel an			





City or Town of:	LYNNFIELD		Please	print or type all information, except signatures. 2021 JAN 19 P 2: 08
Reporting Perio	d: Beginning: 06/13	/2020 (MM/DD/YYYY)	Ending: 12/31/2020	MM/DD/YYYY)
Type of Report: (Check One)			LYMETELDIMA
8th day prece	ding preliminary/primary 28th day	preceding election 30th day follow	ving election (town or special)	Oth day of January (Year-End report)
I certify th	L. Chapter 55: at I am a candidate for or currently hold N	Aunicipal Office	igations during this reporting period, and do	
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1/15/21	Robert D. Calamari, Jr	the star to the st	5 Sylvan Civele, Lynnfield, Md.	Library Trustee
	-			



Office of Campaign and Political Finance



Please print or type all information except signatures. City or Town of: LYNNFIELD Reporting Period: Beginning: 06/13/2020 Ending: 12/31/2020 (MM/DD/YYYY) (MM/DD/YYYY) Type of Report: (Check One) 8th day preceding preliminary/primary 8th day preceding election 30th day following election (town or special) ■ 20th day of January (Year-End report) Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence. 3. I certify that I do not have a political committee. SIGNATURE RESIDENTIAL ADDRESS DATE PRINT NAME Signed under the penalties of perju (Street and Number) **OFFICE SOUGHT** Philip B. Crawford 1/27/2021 16 Durham Drive Select Board





City or Town of:	LYNNFIELD			Please print or type all information, except signatures. 2021 JAN 28 A 11: 31
Reporting Period	d: Beginning: (06/13/2020 (MM/DD/YYYY)	Ending:12/31/20	
Type of Report: (6	Check One)			LY REF IF LE FA
8th day preced	ling preliminary/primary 🔲 8	Sth day preceding election 30th day	following election (town or special)	20th day of January (Year-End report)
I certify that	at I am a candidate for or currently	hold Municipal Office.		d, and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of pe	RESIDENTIAL ADDRES rjury (Street and Number)	s Currenty Sening
1/25/201	Stacy A. Dohlst	edt Africa	42 Lincoln Arenu	2 Junnfeld School Committee
	,			



City or Town of:	LYNNFIELD				F	Please print or type all information, except signatures
Reporting Period:	Beginning:	06/13/2020 (MM/DD/YYYY)		Ending:	12/31/2020	021 FEB - 5 A 8: 42
Type of Report: (Check	One)					THE RESERVE THE PARTY OF THE PA
8th day preceding p	reliminary/primary	8th day preceding election	30th day followi	ng election (town	or special)	20th day of January (Year-End report)
2. I certify that I ha	n a candidate for or cu	ommittee.	s, or incurred any oblig			and do not have a campaign fund in existence.
DATE	PRINT NAME	Signed under the	ATURE penalyles of polity		FIAL ADDRESS and Number)	OFFICE SOUGHT
1/30/21 K	ichard P. Dr	tow Kellete	Platto	18 Partru	lge Jane	Select Board
					0	
	*					



City or Town of:	LYNNFIELD			Please print or type all information, except signatures.
Reporting Period:	: Beginning: 06	6/13/2020 (MM/DD/YYYY)	Ending: 12/31/202	(MM/DD/YYYY)
Type of Report: (Cl	heck One)			(Mind Doll 1 1 1)
8th day precedi	ng preliminary/primary 28tl	h day preceding election 30th day follow	ring election (town or special)	■ 20th day of January (Year-End report)
I certify that	I am a candidate for or currently l	hold Municipal Office. ions, made any expenditures, or incurred any obliv		
TO A TELE		SIGNATURE	RESIDENTIAL ADDRESS	
DATE	PRINT NAME	Signed under the penalties of perjury	(Street and Number)	OFFICE SOUGHT
1/20/21	Katherne Flaus	foulhir	27 Apple Hill Care	Panning Boad Mente
		and the same of th		- I I - II



Form CPF M 102-0: Campaign Finance Report

Municipal Form



Office of Campaign and Political Finance

many Of

City or Town of:	LYNNFIELD				2021 FEB 10 /	ise print or type all information, except signatures. $41:29$
Reporting Period	: Beginning:	06/13/2020 (MM/DD/YYYY)		Ending:	12/31/2020	(MM/DD/YYYY)
Type of Report: (C	theck One)				the leading that I	
8th day preced	ing preliminary/primary	8th day preceding election	30th day followi	ng election (town or	special)	20th day of January (Year-End report)
2. I certify that	t I am a candidate for or curren	tly hold Municipal Office. butions, made any expenditures, o			<u> </u>	do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNAT Signed under the pe		RESIDENTIA (Street and		OFFICE SOUGHT
2/9/21	Donald T. GA.			232 Bumi	nce St	Assessor
2/10/24	RICHARD J. O'NIZ	Va So		1 WINDSOR	Rd.	Assessor
						Assessor
	•					



of Massachusetts			and I offical I mance	RECEIVED
City or Town of:	LYNNFIELD		Ple	ase print or type all information, except signature
Reporting Period	l: Beginning: 06/1	3/2020 (MM/DD/YYYY)	Ending:12/31/2020	2021 MAR 2.3 A 8: 52 (MM/DD/YYYY)
Type of Report: (C	Check One)			LYMPHELD, MA
8th day preced	ing preliminary/primary 2 8th da	y preceding election 30th day follo	owing election (town or special)	20th day of January (Year-End report)
2. I certify that	. Chapter 55: t I am a candidate for or currently hold	Municipal Office. , made any expenditures, or incurred any ob	ligations during this reporting period, and	do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1/15/2021	JAMIE HAYMAN	J. 8/1	B VILLAGE ROW	School Committee





City or Town of:	LYNNFIELD			Ple	ase print or type all information, except signatures.
Reporting Period		06/13/2020	Ending:	12/31/2020	2021 JAN 2 1 P 2: 38
		(MM/DD/YYYY)		12/31/2020	(MM/DD/YYYY)
Type of Report: (0	Check One)				LYMPELD, MA
8th day preced	ling preliminary/primary	8th day preceding election	30th day following election (town	or special)	20th day of January (Year-End report)
I certify that	nt I am a candidate for or c	currently hold Municipal Office.			d do not have a campaign fund in existence.
DATE	PRINT NAM		, and a second s	FIAL ADDRESS and Number)	OFFICE SOUGHT (Had)
1 18 2021	Faith Honer (Cookley Fact Your C	Jahly 29 Bancro	C+ST	OFFICE SOUGHT (HJd) Library Trustee
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	12				





City or Town of:	LYNNFIELD		Please	print or type all information, except signatures. 2021 JAN 29 A 11: 14
Reporting Perio	d: Beginning: 06/1	3/2020 (MM/DD/YYYY)	Ending: 12/31/2020	MM/DD/YYYY)
Type of Report: (Check One)			LYMFIELD, MA
8th day prece	ding preliminary/primary	y preceding election 30th day follo	wing election (town or special) 2	Oth day of January (Year-End report)
2. I certify th	L. Chapter 55: at I am a candidate for or currently hold			
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1/25/2021	Andrews. Kenneally	andrew I IL	8 Levell Rd., Lyhnfield MA 01940	Library trustee



Office of Campaign and Political Finance

City or Town of:	LYNNFIELD				Plea	ase print or type all information, except signatures
Reporting Perio	d: Beginning: 06	/13/2020 (MM/DD/YYYY)		Ending: 1	2/31/2020	(MM/DD/YYYY) ELD, MA
Type of Report: (Check One)					Las I Person I have Las U. I TA
8th day prece	ding preliminary/primary 2 8th	day preceding election	30th day following el	lection (town or sp	ecial)	20th day of January (Year-End report)
2. I certify th	at I am a candidate for or currently he	old Municipal Office.				do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATU Signed under the pen		RESIDENTIAL		
			atties of perjury	(Street and)		OFFICE SOUGHT
3/22/21	RICHAM T. O'NIL.	Ve Jan 70		WINDSOR	Rd	AKESESOR
			7/			



City or Town of:	LYNNFIELD			202	l FEB 24 P 12: 49
Reporting Period:	Beginning:	06/13/2020 (MM/DD/YYYY)	Ending:	12/31/2020	(MM/DD/YYYY)
Type of Report: (Che	eck One)				I all all all
8th day precedin	g preliminary/primary	8th day preceding election	30th day following election (town	or special)	20th day of January (Year-End report)
2. I certify that I	I am a candidate for or cu	urrently hold Municipal Office.			do not have a campaign fund in existence.
D. A. ONE		SIGNATUR		TIAL ADDRESS	
DATE	PRINT NAMI			and Number)	OFFICE SOUGHT
2/20/2021	Michael SI	nechan Mulif). In 16 Orch	hard Lang	Not seeking
			Lyan	field,144	Not seeking re-election to Plannin, Board
				01940	to Planning Board





City or Town of:	LYNNFIELD					,	lease print or type all in? 2021 FEB	formation, except signatures.
Reporting Period:	Beginning:	06/13/2	.020 (MM/DD/YYYY)		Ending:	12/31/2020	(MM/DD/YYYY)	- HTFICE-
Type of Report: (Che	eck One)							
☐ 8th day preceding	g preliminary/primary	8th day pre	eceding election	30th day follow	ng election (town	or special)	20th day of Januar	y (Year-End report)
2. I certify that I	Chapter 55: am a candidate for or <u>c</u> have not received any of do not have a political	contributions, mad	nicipal Office. de any expenditures	, or incurred any oblig	ations during this			
DATE	PRINT NAM			ATURE penalties of perjury	RESIDEN (Street	TIAL ADDRESS and Number)	OFF	HELD ICE SOUGHT
1/20/21 1	RICHARD ST	13Berg	Richard ;	Atoley	5 LANDO	ek RD	School	Commicael
				0 0				
						— p —		