

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

Office of Campaign and Political Finance

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Please print or type all information, except signatures.	TOWNDD/YYYX) COFFICE	D. F. B.	[1 20th day of January (Year-End report)	uant 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.	OFFICE SOUGHT	Library Trustee	
	Ending: 5/13/2021			gations during this reporting period,	RESIDENTIAL ADDRESS (Street and Number)	2 Timberhill Ter.	
	(MM/DD/YYYY)			pal Office. my expenditures, or incurred any oblig	Signed under the penalties of perjury	1@Russell	
Lynnfield	Beginning: 4/6/2021 (M	k One)	8th day preceding preliminary/primary	uant 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 expendi 3. I certify that I do not have a political committee.	PRINT NAME Si	Russell Boekenkroger 1@	
City or Town of: Ly	Reporting Period:	Type of Report: (Check One)	☐ 8th day preceding	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candi 2. I certify that I have not re 3. I certify that I do not hav	DATE	5/10/21 Rus	



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

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Carlotte .

MM/DD/YYYY) OF FICE	LIMITELD, MA	⊠ 20th day of January (Year-End report)	and do not have a campaign fund in existence.	OFFICE SOUGHT	Library Trustee	
Ending: 12/31/2021		ing election (town or special)	ations during this reporting period	RESIDENTIAL ADDRESS (Street and Number)	2 Timberhill Ter.	
DD/YYYY)			Office. expenditures, or incurred any oblig	SIGNATURE ed under the penalties of perjury	- Bretentings	
			late for or currently hold Municipal ceived any contributions, made any a political committee.		12	
	of Report: (Check One)	h day preceding preliminar	ant to M.G.L. Chapter 55: I certify that I am a candid I certify that I have not rec I certify that I do not have			
	Ending: 12/31/2021	Beginning: 01/01/2021 Ending: 12/31/2021 (MM/DD/YYYYY) Inck One)	eginning: 01/01/2021 Ending: 12/31/2021 (MM/DD/YYYY) nary/primary	eginning: 01/01/2021 (MM/DD/YYYY) nary/primary	inning: 01/01/2021 (MM/DD/YYYY) ry/primary	inning: 01/01/2021 (MM/DD/YYYY) ry/primary

CPF ID #:	
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Form CPF 101 P: Change of Purpose Candidate's Political Committee Office of Campaign and Political Finance

File with: Director Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108

(617) 979-8300 (800) 462-OCPF ocpf@cpf.state.ma.us http://www.mass.gov/ocpf

1.	Name of Candidate:	Brian R. Charville						
2.	Office previously held/sought: Lynnfield Planning Board							
3.	Office now sought:	Lynnfield School Committee						
4.	Party (if applicable):	Democratic		St.				
5.	Committee:	The Charville C	ommittee					
		Mailing Address:	9 Willard Lane					
		City / State / Zip:	Lynnfield	MA	01940			
6.	Contact Person:	Gerard A. Nour	ni, Treasurer					
		Mailing Address:	73 Fairview Avenue					
		City / State / Zip:	Lynnfield	MA	01940			
		Email: gerardn	oumi@yahoo.com	Phone #:	7817107601			
	In accordance with the requirements of M.G.L. c. 55, I hereby certify that the above-named political committee is now organized for the purpose stated above.							



Treasurer's signature

Date: 2/5/2021

andidate's signature

Date: 2/5/2021



Signed under the penalties of perjury:

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:	OL ZOZI Ending Date: 04/05/2021 DE 100
Type of Report: (Check one)	LY THE ELD. 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 Chapathe Committee
Candidate Full Name (if applicable)	Committee Name George A. Noumi
Office Sought and District	Name of Committee Treasurer
Lynafield School Committee Office Sought and District 9 Willard Lone, Lynafield	9 Willard Long Lynafiold
Residential Address	E-mail: Gerard nonmi C yahoo. com
B-mail: behavelle e grath com	J
Phone # (optional):	Phone # (optional):
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	ϕ
Line 2: Total receipts this period (page 3, line 11)	5,075.00
Line 3: Subtotal (line 1 plus line 2)	5,075.00
Line 4: Total expenditures this period (page 5, line	e 14) 3,025.46
Line 5: Ending Balance (line 3 minus line 4)	2,049.54
Line 6: Total in-kind contributions this period (page	2,049.54 ge 6) 2,884.So
Line 7: Total (all) outstanding liabilities (page 7)	ø
Line 8: Name of bank(s) used: Wakefield Con	opratre Bank
Affidavit of Committee Treasurer: 1 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 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 of this committee in 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 of this committee in activity. FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	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: 04/04/2021
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the bactivity, of all persons acting under the authority or on behalf of this committee in accommodate and liabilities nor made any expenditures on my behalf during this reporting p	best of my knowledge and belief, a true and complete statement of all campaign financ ordance with the requirements of M.G.L. c. 55. I have not received any contributions
l 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	in-kind contributions and liabilities for this reporting period and represents the

(Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year. (A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

se include your committee name and a page number on each page.)

report all receipts. F	Please include your committee name and a pa	ge number on ca	Occupation & Employer
Date Received	Name and Residential Address (alphabetical listing required)	Amount	(for contributions of \$200 or more)
3/3/21	Bill Brooky 165 Woburn St., Madford MA	100	
3/15/21	Chrs Cavallo 10 BBhops La., Lynnfold	100	
3/31/21	Ed Champy 4 Pagos Way, Lynattold	250	Developer, Wag point
2/3/21	Brett Charvilla 8 Spanish Moss, Irvine, CA	500	President, PCGS
3/22/21	Brian Charville 9 Wilhard La, hyursteld	200	Afterney, Ferres Berelyneut Group
2/5/21	Eugene Charville Raligh, 7436 Haywood Oako Dr., N.C.	1,000	Regional Sales Ofther, Agriffnement Services
2/25/21	Gane Covino 14 Trickett Rd., Lynatuld	100	
2/10/21	Cathlain Durger, 128 Pleasant St., # 408, Brillington, MA	100	
4/3/21	Kristan Elworthy 1 Bryant St., Lynatiald	150	
2/19/21	Bill Fellon 12 Teabory Lu., Andown MA	250	fedired
2/25/21	Brien E. Fellow Sr. 2 Landmark Dr., Matheuen	/00	
3/6/21	Brown E. Fallon, Jr. 3905 N. Upland St., Arlagton, VA	75	
Line 9: Total Recei	ipts over \$50 (or listed above)	2,925	this page
Line 10: Total Rece	ripts \$50 and under* (not listed above)	150	V
	RECEIPTS IN THE PERIOD	(over)	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)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
2/21/21	Toe Gallogher 71 Phillips Rd., Lynnfield	100	
2/24/21	Dave George 16 Condlewood Al., Lynafield	100	
3/15/21	James Healey 17 Pine Hill Rd. Lyuntide	200	SVP, Eastern Bank
2/8/21	Charlie Googs Nethern MA	206	Consultant, Lyons Consulting
2/24/21	Sabetma Mardell 1 Ashdole Ad, Guntidd	100	
3/23/21	Michael Meblyuk 1 Manuala Way, Medbod, MA	200	Consolder & Mideral J. McBlyun
3/2/21	Namen Mc Manue 76 Centerbury Rd, Lynnefield	100	
4/1/21	Bevarly Nevoitt 4 Glan Dr., Lynnfold	200	Refind
2/27/21	Gerard Nouve) 73 Fainter Ara, bynafield	200	Director Relationary Mynch Cartera Companie
3/5/21	Low Francoutazzi 43 Gory Lene, Gynatteld	250	Physician, North Shore
2/3/21	Stem Walsh 2 Maybeng La., Lynafidd	250	Product & CEO, MA Health & Hagartal Association
3/5/21	Charle Wills 7- Smith Forom Thail, Lyustald	100	
Line 9: Total Recei	pts over \$50 (or listed above)	2,000	this page
Line 10: Total Rece	ipts \$50 and under* (not listed above)	eget gent Committee representation and the contract of the	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	5,075	← Enter on page 1, line 2
If you have itemized	receipts of \$50 and under include them in line	O Line 10 shoul	d include only those receipts not itemized above.

^{*} 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 t

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

report all expen-	T	mittee name and a page number or	n each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/3/21	Convolly Printing	178 Gill St. Water, MA 01801	Yard signs & frames	1,184.69
3/31/21	Counsily Printing	17B Gill St. Woham, MA 01801	Dear Friend postcarola	244.38
3/18/21	Essex Madre Group	110 Munroe St., Lyun, MA 0901	Newspaper ad	270
3/22/21	Essep Medie Group	110 Mauroe Sts Lynn MA 01901	Newspoper ad	270
3/29/21	Esono Mella Group	110 Muaroe St. Lynn, NA 01901	Mrs paper and	270
3/22/21	Gunt Cak Pablishes	26 Albian St. Wakefold, MA 01880	Nuspeper od	362,25
3/29/21	Great Oak Pablications	26 Albion St. Wal 0/830	Nuspepa ad	362.25
		Line 12: Total Expenditures ove	r \$50 (or listed above)	2,963.57
		Line 13: Total Expenditures \$50	and under* (not listed above)	61.89
	Enter on page 1, line $4 \rightarrow $	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	3,025.46

^{*} 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
			Ì	
)			
.				
		L. 10 B. III		
		Line 12: Expenditures over \$50		
		Line 13: Expenditures \$50 and	L F	
		Line 14: TOTAL EXPENDIT	URES IN THE PERIOD hould include only those expenditures	

^{*} 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 Contr	ibution Value
3/1/21	Bran Charrille Attomy, Fenis Dev. Group	9 Willard La, Newspoper and	420
3/4/21	Bren Charille Horay Fens Day George	9 Willard In. Newspaper and	270
3/8/21	Butan Charrolle Attorny, Facts Dar Group	9 Willard bone Housepoper and	362.25
3/11/21	Between Chamille	9 Willack Con. Upwallold Newspaper and	270
3/15/21	Born Charothe Alterny, Fores Dar Gray	9 Willand La. Newspaper and	362,25
2/5/21-	Sarah Handler Kalley Soft- Marketing Consultant, anyloged	2 Daventry Court Digital andla Consulting	1,000
2/28/21	Sarah Handler Kelley Marketing consultant anglased	2 Davenby Court Photographs	200
		Line 15: In-Kind Contributions over \$50 (or listed abov	(e) 2,884.50
		Line 16: In-Kind Contributions \$50 & under (not listed	above) Ø
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CONTRIBUTIONS	2,884.50
an in-kind cont	ribution is received from a nerson wh	to contributes more than \$50 in a calendar year, you must repo	rt the name and addre

^{*} 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 wel as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

	File With City of Jown Clerk of Election Commission
Fill in Reporting Period dates: Beginning Date: 4/6/2	021 Ending Date: 5/13/2021
	TOWY TO THE OFFICE
Type of Report: (Check one)	Line
8th day preceding preliminary 8th day preceding election	⊠ 30 day after election
Brian Roger Cherville Candidate Full Name (if applicable)	The Charville Committee
Candidate Full Name (it applicable) Lynkfield School Consulfice Office Sought and District Willard Level Cynafield Residential Address E-mail: bcheville @ greatl.com	Committee Name General A. Noumi
9 Willard Lane Cymefold	Name of Committee Treasurer 9 Willard Lone Logue Hold Committee Mailing Address
Residential Address	Committee Mailing Address
E-mail: 6Cherville & garall. com	E-mail: georesol no word & yakoo. com
Phone # (optional):	Phone # (optional):
SUMMARY BALANCI	F INFORMATION.
SOMMAN BALANCE	E ANTORNATION.
Line 1: Ending Balance from previous report	2,049.54 500.00 cash +
Line 2: Total receipts this period (page 3, line 11)	500.00 cash +
Line 3: Subtotal (line 1 plus line 2)	2,549.54
Line 4: Total expenditures this period (page 5, line	2,842.01
Line 5: Ending Balance (line 3 minus line 4)	\$ 0.89 in the book
Line 6: Total in-kind contributions this period (pag	ge 6) Ø
Line 7: Total (all) outstanding liabilities (page 7)	Þ
Line 8: Name of bank(s) used: Wake field Co	openative
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 co finance 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 of this committee in activity.	intributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: 5/13/21
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee 1 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 acconnected any liabilities nor made any expenditures on my behalf during this reporting p	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 comparison.	est of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury: Sucan & Chawilly	(Candidate's signature) Date: 5/13/2/

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/9/21	Brian Charrille 9 Willard Langlywoodd	100.00	Ferris Development Georg, UC Attorney
		ī	
			•
ine 9: Total Receip	ots over \$50 (or listed above)	100	
ine 10: Total Receip	pts \$50 and under* (not listed above)	þ	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	100	← 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)
	·		

		A-statistical step relativisations.	
ne 9: Total Receipts	over \$50 (or listed above)	ASSESSMENT STATEMENT	
ne 10: Total Receipts	\$50 and under* (not listed above)	Company of the Compan	
ine 11: TOTAL REC	EIPTS IN THE PERIOD	←	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.)

D (D)	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
4/7/21	Great Oak Publishow (Villager)	26 Albion St. Wakefold, NA 01880	Newspaper and	362.25
4/14/21	State-Line Englis	6 Victoria St. Evenett, MA 02149	Print marker	2,079.76
5/7/21	Betan Charville	9 Willand Lun	locu nazywist	400.00
]	Line 12: Total Expenditures over	r \$50 (or listed above)	2,842.01
	I	Line 13: Total Expenditures \$50	and under* (not listed above)	\$
		Line 14: TOTAL EXPENDITU		2,842.01

^{*} 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)

Data Daid	To Whom Paid	A.J.J.	D 45		
Date 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 EXPENDIT	URES IN THE PERIOD	and the same of th	
		include them in line 12. I ine 13 st	X		

^{*} 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)	ф
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	φ
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	ф

^{*} 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
4/9/21	Brian Charville	9 Willard La.	Campaign ands	\$400.00
				C to a C to the Contraction
			Loan infoguest 5/7/21	-400.00
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	d



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance RECEIVED

of Massachusetts	Fild Ath: Law or Lown Clerk or Destion Commission
Fill in Reporting Period dates: Beginning Date: 05/	/14/2021 Ending Date: 12/31/2021
	TOWN CLERKS OFFICE
Type of Report: (Check one)	LYKKFIELD, MA
,	20 days - Carrier
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Brian Roger Charville	The Charville Committee
Candidate Full Name (if applicable)	Committee Name
Lynnfield School Committee	Gerard A. Noumi
Office Sought and District	Name of Committee Treasurer
9 Willard Lane, Lynnfield Residential Address	9 Willard Lane, Lynnfield
	Committee Mailing Address
- Dollar villa @gritain.com	
Phone # (optional):	Phone # (optional):
	J
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	\$0.89
Line 2: Total receipts this period (page 3, line 11	\$0.00
	\$0.00
Line 3: Subtotal (line 1 plus line 2)	\$0.00
Line 4: Total expenditures this period (page 5, lin	ne 14) \$0.89
Line 5: Ending Balance (line 3 minus line 4)	\$0.00
Line 6: Total in-kind contributions this period (p	sage 6) \$0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$0.00
Line 8: Name of bank(s) used: Wakefield Cooperate	tive Bank
A 65-January Committee Transcommen	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the besactivity, 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 accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: 1/13/2022
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 th activity, of all persons acting under the authority or on behalf of this committee in activity incurred any liabilities nor made any expenditures on my behalf during this reporting	the best of my knowledge and belief, a true and complete statement of all campaign finance occordance 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	is, in-kind contributions and liabilities for this reporting period and represents the his candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: ///3/22

SCHEDULE A: RECEIPTS

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

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3			
	, ,	3	
ne 9: Total Receipt	s over \$50 (or listed above)		
ne 10: Total Receip	ts \$50 and under* (not listed above)		
ne 11: TOTAL RE	CCEIPTS IN THE PERIOD	-	Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
V.	ļ.			
		1 111		
3 2	4	ļ. <u>[] </u>		
e 9: Total Receipts	s over \$50 (or listed above)	0		
e 10: Total Pagaint	ts \$50 and under* (not listed above)			
	e and and ander. (not used above)	0		
	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 (afphabetical fisting)	Áddress	Furpose of Expenditure	Âmount
	Town of Lynnfield -	55 Summer St.	Donation -	TAMOGRE
8/9/2021	General Fund	Lynnfield, MA, 01940	Closeout of campaign account	\$0.8
		1		
42				
			11.	
		Line 12: Total Expenditures	over \$50 (or listed above)	\$0.89
		Line 13: Total Expenditures \$	650 and under* (not listed above)	C
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	\$0.89

^{*} 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 (alphabatical listing)	Adduser	Dumage of Francisco	A
Date Faid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
111			iii ii	
L				
				İ
		Line 12: Expenditures over \$50	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Datos 1 1 4 -			
		Line 14: TOTAL EXPENDIT	URES IN THE PERIOD hould include only those expenditures	

^{*} 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			
)-			
				,,2			
	,,						
		I. 15 1 12 1 2 2 2		0			
		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	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
, t = 1, -1			A.	
, e t				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0



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

Office of Campaign and Political Finance

File with: City / Town	Clerk or Election Commission			2021 1110 70	D 1.00
			_	2021 MAR 30	P 1: 05
candidate's commi	ttee as follows:	ce with the provisions of	General Laws, Chapter 55,	as amended, of the	organization of a
CANDIDATE:	Full Name:	JASEPH 7	. CONNELL		D.11A
	Residential Address:	_	LANE		
2	City / State / Zip:			1940	
	E-Mail Address:		omeast net		5.0 244 1- 61
	Party Affiliation:	J-FCOMMEN & C	oncust net	Phone #:	617-388-4781
OFFICE SOUG					(If applicable
	Title:	SELETA	BOARD, LYN		14 018
•	District:	2000(CONCI, CAN	NTIELLY /V	1A 01940
	2.00.101.				
COMMITTEE:	Name of Committee:	No Comm	ITTÉE FORME)	
	Committee Mailing Address:	(The name of the com	mittee must include the candidate's	s last name)	
Œ			1		
OFFICERS	City / State / Zip:			Phone #:	
OFFICERS: Chairman:					
Residential Address:			Treasurer*:		
			Residential Address:		
City / State / Zip:			City / State / Zip:		
Phone #:			Phone #:	Email:	
Other Officer/Title:			*A public employee may not se Other Officer/Title:	rve as treasurer of any pe	olitical committee (see reverse).
Residential Address:			Residential Address:		
City / State / Zip:			City / State / Zip:		
Phone #:			Phone #:		
	(Complete and attach	a Form CPF M A 101, if nece	ssary, with other officers and finance	ce committee, if any)	
hereby consent to the behalf. I am aware that he relevant election.	filing of this committee. I	understand that a candidate	shall not give consent to the or records of all campaign finance		an one committee on his/her of six years from the date of
	E PENALTIES OF PERJUF	RY:			
		Condition Vi	spll		Date: 3/29/202
nd records of all camp	paign finance activity for a poyee, I must resign this position	e-named committee. I affirm under M.G.L. c. 55, includer period of six years from the	ntre in that I am not a public employ ing the timely filing of campaid date of the relevant election; 2) resignation; and 3) a candidate	ee as defined by M.G.	L. c. 55, s. 13. I understand keeping detailed accounts
IGNED UNDER THE	E PENALTIES OF PERJUR	.Y:			Deter
		Treasurer's signatu	ıre		Date:
hereby accept the offi IGNED UNDER THE	ce of Chairman of the above PENALTIES OF PERJUR	e-named committee.			
		Chairman's signate	ıre		Date:



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

VI IVIII SULVIII suurii suuri	File with: City or Town Clerk or Election Comm						
Fill in Reporting Period dates: Beginning Date:	4/6/2021 Ending Date: 4/8/2021 - 5 P 2: 20						
Type of Report: (Check one)	TOWN CLERKS OFFICE LYNNFIELD, MA						
8th day preceding preliminary 8th day preceding elect							
SUSEPH R. CONNELL							
Candidate Full Name (if applicable)	Committee Name						
Office Sought and District 3 STONE LANE, LYNNFIELD	Name of Committee Treasurer						
Residential Address E-mail: TKCONNELLO COMOAST, NET	Committee Mailing Address E-mail:						
Phone # (optional):	Phone # (optional):						
SUMMARY BAL	LANCE INFORMATION:						
Line 1: Ending Balance from previous repor	ort Ø						
Line 2: Total receipts this period (page 3, lin	ine 11)						
Line 3: Subtotal (line 1 plus line 2)	0						
Line 4: Total expenditures this period (page	e 5, line 14)						
Line 5: Ending Balance (line 3 minus line 4)	4)						
Line 6: Total in-kind contributions this perio	iod (page 6)						
Line 7: Total (all) outstanding liabilities (pag	age 7)						
Line 8: Name of bank(s) used:	NA						
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) 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, finance activity, including contributions, loans, receipts, expenditures, disburse campaign finance activity of all persons acting under the authority or on behalf	is, to the best of my knowledge and belief, a true and complete statement of all campaign rements, in-kind contributions and liabilities for this reporting period and represents the alf of this candidate in accordance with the requirements of M.G.L. c. 55.						
Signed under the penalties of perjury:	(Candidate's signature) Date: 5/5/2/						

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)
	r 1		(for contributions of \$200 or more)
	1/1/2		Trans.
	10/1		IVAN CLEAKS OFFICE
		ili —	TOWN CLERKS OFFICE
			12
111			
		<u> </u>	
111			
111			
111			
e 9: Total Receipt	s over \$50 (or listed above)	0	
e 10: Total Receipt	ts \$50 and under* (not listed above)	6	
e 11: TOTAL DE	CEIPTS IN THE PERIOD	A	
VII. IUIAL KE	CERTISH THE FERIUD	-0	← Enter on page 1, line 2

fif 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 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Please print or type all information, except signatures	2021 MAY -5 P 2: 20	(MM/DD/YYYY)	TOWN OF ERMS OFFICE	☐ 20th day of January (Year-End report)	uant 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.	RESS OFFICE SOUGHT	
• .	Ending: 5/13/2021	*			gations during this reporting p	RESIDENTIAL ADDRESS (Street and Number)	3 STONE LANE
		KY)			ditures, or incurred any obli	SIGNATURE er the penalties of perjury	Nya Caracter and the second of
6		YYYYY		8th day preceding election	uant 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 expend. 3. I certify that I do not have a political committee.	Signed und	
LYNNFIELD	1: Beginning: 4/6/2021		Theck One)	8th day preceding preliminary/primary	uant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently ho 2. I certify that I have not received any contribution 3. I certify that I do not have a political committee.	PRINT NAME	JOSEPH R, CONNEL
City or Town of:	Reporting Period:		Type of Report: (Check One)	Sth day preced	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a cand 2. I certify that I have not re 3. I certify that I do not hav	DATE	2/2/5



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

Office of Campaign and Political Finance

Please print or type all information, except signatures	-5 A 4:34	(MM/DD/YYYY) E	FILLINA	∑ 20th day of January (Year-End report)	uant 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.	OFFICE SOUGHT	Select Board	
Plea	Ending: 12/31/2021	1		30th day following election (town or special)	gations during this reporting period, and	RESIDENTIAL ADDRESS (Street and Number)	16 Durham Drive	
		(MM/DD/YYYY)		30th day preceding election	nicipal Office. de any expenditures, or incurred any obli	Signed under the penalties of perjury	They letterbe	
Lynnfield	l: Beginning: 1/1/2021		Theck One)	Sth day preceding preliminary/primary 8th day pr	uant 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 expendi 3. I certify that I do not have a political committee.	PRINT NAME	Philip B. Crawford	
City or Town of:	Reporting Period:		Type of Report: (Check One)	Sth day preced	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candi 2. I certify that I have not re 3. I certify that I do not hav	DATE	1/4/2022	



of Massachusets File with City Town Clerk or Election Commission NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of candidate's committee as follows: CANDIDATE: Full Name: Residential Address: 38 W Hack lederty RO City / State / Zip: Lantial PA O1940 E-Mail Address: Kate . Seption D G. Marill. Com Phone #: 478-86 Party Affiliation: OFFICE SOUGHT/PURPOSE: Title: School Committee Committee Mailing Address: The man of the committee must include the candidate's last name) City / State / Zip. Lantial D OFFICERS: Chairman: City / State / Zip. Lantial D Residential Address: 38 W Hack lederty RO City / State / Zip. Lantial D Phone #: 407-780 City / State / Zip. Lantial D Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) Debalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the relevant election. SIGNED UNDER THE PENALTIES OF PERJURY: ***Complete The Penal Tites of PERJURY: ***Complete Tite Penal Tites of Persury: ***Complete Tite Penal Tites of Persury: ***Complete Tites Penal Tites of Pensury: ***Complete Tites Penal Tites of Pensury: ***Complete Tites Penal Tites of Pensury:		CANDIDATE'S COMMITTEE MUNICIPAL FORM				
Fix with City Town Circle of Biecion Commission NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of condidate's committee as follows: CANDIDATE: Full Name: Residential Address: Residential Address: City / State / Zip: E-Mail Address: Committee Mailing Address: Committee Mailing Address: Committee Mailing Address: City / State / Zip. Committee Mailing Address: City / State / Zip. Committee Mailing Address: Chairman: City / State / Zip. Committee Mailing Address: Chairman: City / State / Zip. Committee Mailing Address: City / State / Zip. Committee Mailing Address: City / State / Zip. City / State / Zip. Committee Mailing Address: City / State / Zip. Committee Mailing Address: City / State / Zip. City / State / Zip. Committee Mailing Address: City / State / Zip. Committee Mailing Address: City / State / Zip. City / State / Zip. Committee Mailing Address: Committee Mailing Address: City / State / Zip. Committee Mailing Address: City / State / Zip. Committee Mailing Mailin	Commonwealth of Massachusetts		Oince of C	ampaign and Political Finance		
CANDIDATE: Full Name: Residential Address: City / State / Zip: E-Mail Address: City / State / Zip: District: Committee Mailing Address: City / State / Zip: Cother Officer/Title: Complete and attach a Form CPF MA IDI, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF MA IDI, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF MA IDI, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF MA IDI, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF MA IDI, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF MA IDI, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF MA IDI, if necessary, with other officers and finance committee, if any.) Committee organization of the above-named committee, lafirm that I am not a public complete and attach a power-named committee, lafirm that I am not a public complete and attach a power-named committee, lafirm that I am not a public complete and attach a power-named committee, lafirm that I am not a public complete and attach a power-named committee, lafirm that I am not a public complete and attach	File with City / Town	Clerk or Election Commission	,	1011 1 1 2 1 1		
CANDIDATE: Full Name: Residential Address: Residential Address: Party Affiliation: OFFICE SOUGHT/PURPOSE: Title: District: Committee Mailing Address: Committee Mailing Address: Committee Mailing Address: City / State / Zip. Committee Mailing Address: City / State / Zip. Committee Mailing Address: Chairmae: Chairmae: Chief Name of Committee Committee Mailing Address: Chairmae: City / State / Zip. Committee Mailing Address: Chairmae: City / State / Zip. Committee Mailing Address: Chy / State / Zip. Committee Mailing Address: City / State / Zip. City / State / Zip. Committee Mailing Address: City / State / Zip. City / Sta	NOTICE IS HERE	BY GIVEN in accordan	ce with the provisions of	f General Laws, Chapter 55, as amended, of the organization of a		
Residential Address: City / State / Zip: E-Mail Address: Pary Affiliation: OFFICE SOUGHT/PURPOSE: Title: District: Committee Mailing Address: Chairman: City / State / Zip. Committee Mailing Address: Chairman: City / State / Zip. Cary / State / Zip. Cary / State / Zip. Cary / State / Zip. Committee Mailing Address: Chairman: City / State / Zip. Cher OfficerTrite: Chairman: City / State / Zip. Complete and stach a Form CPF M A 101, if necessary, with other officers and finance committee. I affirm that I am most a public employee as defined by M.G.L. c. 55, including the drinely filing of campaign finance activity for a period of six years for mice of the relevant election. Candidate's signature Candidate's signature Candidate's signature Candidate and inampsign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this offinammittee organized on his/her behalf. City Deposition of Chairman activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this offinammittee organized on his/her behalf. City Chairman activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this offinammittee organized on his/her behalf. City Chairman activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this offinammittee organized on his/her behalf. City Chairman activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this offinammittee organized on his/her behalf. City Chairman activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this offinammittee organized o			Vett :-	DP:		
City / State / Zip: E-Mail Address: Rate. Deprisor action. OFFICE SOUGHTPURPOSE: Title: District: Committee Mailing Address: City / State / Zip. Committee Mailing Address Chairman: Chairman: Chairman: Chairman: City / State / Zip. City / State / Z		Residential Address:		Annual Company of the		
E-Mail Address: Kate Deprice a gracil. Com Phone #: 978-86 Property Affiliation: OFFICE SOUGHT/PURPOSE: Title: School Committee Committee Mailing Address: City / State / Zip. Deprice De		City / State / Zip:				
Party Affiliation: OFFICE SOUGHT/PURPOSE: Title: District: District: District: District: District: District: District: Depth 213 Committee Mailing Address: City / State / Zip: City / State / Zip: Depth 213 City / State / Zip: City / State / Zip: District: Chairman: City / State / Zip: District: City / State / Zip: District: City / State / Zip: District: City / State / Zip: Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF M A 101, if necessary, wi						
Title: District: Defrite: Defrite: Committee Mailing Address: Clay State / Zip. Chael Defrite Residential Address: City / State / Zip. Chael Defrite Treasurer*: Phone # Giff- Too Site City / State / Zip. Complete and attach a Form CPF MA 101, if necessary, with other officers and finance committee, if any.) City / State / Zip: Chael Defrite Residential Address: City / State / Zip: City /		Party Affiliation:	mare. acpiras			
District: District:	OFFICE SOUGH	IT/PURPOSE:		(If ap		
District: COMMITTEE: Name of Committee Committee Mailing Address: City / State / Zip. Chairman: City / State / Zip. City / State	7.0		Sch 1 (
COMMITTEE: Name of Committee Committee Mailing Address: City / State / Zip: City / State /		District:		MM WER		
Committee Mailing Address: City / State / Zip. Chairman: City / State / Zip. City / State	001/1/		- Winter S			
City / State / Zip: Chairman: Chairman: Chairman: Chairman: Charact Versus City / State / Zip: City / State	COMMITTEE: N	Name of Committee:	DePrizio	Committee		
City/State/Zip. Chairman: City/State/Zip. Phone #: Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) City/State/Zip. Phone #: Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) City/State/Zip. Phone #: Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) City/State/Zip. Phone #: City/State/Zip. Phone #: Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) City/State/Zip. Phone #:		Committee Mailing Address	(The name of the co	nmittee must include the candidate's last name)		
Chairman: Chickel VePritio Treasurer*: City/State/Zip. Lynafild Middress: 35 D Hickelson TO City/State/Zip. Lynafild Middress: 35 D Hickelson TO City/State/Zip. Lynafild Middress: 35 D Hickelson TO City/State/Zip. Lynafild Middress: 28 D Hickelson TO City/State/Zip. Lynafild Middress: City/State/Zip. Lynafild Middress: City/State/Zip. Lynafild Middress: City/State/Zip. City/State/Zip. City/State/Zip. City/State/Zip. City/State/Zip. City/State/Zip. City/State/Zip. City/State/Zip. Phone #: City/State/Zip. City/State/Zip. City/State/Zip. Phone #: City/State/Zip. City/State/Zip. City/State/Zip. City/State/Zip. Phone #: City/State/Zip. Phone #: City/State/Zip. City/State/Zip. Phone #: City/State/Zip. City/State/Zip. Phone #: City/State/Zip.			Harmon and the same of the sam			
Chairman: 77; clased DePrizio Residential Address: 35 D Hackberry TO City / State / Zip. Lyndfill O MA DIGUS City / State / Zip. Lyndfill O MA DIGUS City / State / Zip. Lyndfill O MA DIGUS City / State / Zip. Lyndfill O MA DIGUS Cher Officer/Title: Residential Address: City / State / Zip. Lyndfill O MA DIGUS City / State / Zip. Lyndfill O MA DIGUS City / State / Zip. Lyndfill O MA DIGUS City / State / Zip. Lyndfill O MA DIGUS City / State / Zip. Lyndfill O MA DIGUS City / State / Zip. City / State / Zip. Phone #: (Complete and attach a Form CPF MA 101, if necessary, with other officers and finance committee, if any.) hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one commitee are relevant election. IGNED UNDER THE PENALTIES OF PERJURY: Candidate's signature Date: 2 Candidate's signature Date: 2 Candidate's signature Date: 2 Candidate bublic employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the promittee of Chairman of the All Committee of Chairman of the All		ny / State / Zip,	hynatical	MA 01943 Phone #: 617 -780 - 51		
Residential Address: 25 D Hukkberry TO City / State / Zip: Lynnfield MA DISY Phone # 617 - 780 - 5178 City / State / Zip: Lynnfield MA DISY Phone #: 627 - 780 - 5178 City / State / Zip: Lynnfield MA DISY Phone #: 627 - 780 - 5178 City / State / Zip: Lynnfield MA DISY Phone #: 627 - 780 - 5178 City / State / Zip: Lynnfield MA DISY Phone #: 627 - 780 - 5178 City / State / Zip: Phone #: 627 - 780 - 7		2				
City/State/Zip: LynfielD MA DOGY Phone #: 617-770-5178 City/State/Zip: LynfielD MA DOGY City/State/Zip: LynfielD MA DOGY Phone #: 617-770-5178 City/State/Zip: LynfielD MA DOGY Phone #: 617-770-5178 City/State/Zip: Complete and attach a Form CPF MA 101, if necessary, with other officers and finance committee, if any.) hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one commitee relevant election. IGNED UNDER THE PENALTIES OF PERJURY: Candidate's signature Date: 2 Candidate's signature Landidate's signature Candidate's and it am not a public employee as defined by M.G.L. c. 55, s. 13 december of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13 december of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13 december of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13 december of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13 december of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13 december of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13 december of the public employee. I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the public employee. I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the public employee. I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the public employee. The penalties of Chairman of the serve as treasurer of the public employee.				Treasurer*: Michael DePrizio		
Phone # 617-760-5178 Residential Address: City / State / Zip: Phone # 618-618 City / State / Zip: City / State / Zip: City / State / Zip: Phone # 618-618 City / State / Zip: City / State / Zip: City / State / Zip: Phone # 618-618 City / State / Zip: City / State			TO	Residential Address: 38 W Huckleberry 120		
Other Officer/Title: Residential Address: City / State / Zip: City / State / Zip: Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one commit here relevant election. IGNED UNDER THE PENALTIES OF PERJURY: Candidate's signature Date: Candidate's signature Date: Treasurer's signature Phone #: A public employee as treasurer of any political committee. City / State / Zip. Phone #: Cit		Marine State of the State of th	MA DIENS	City/State/Zip: LynnielD NA 21		
Residential Address: City / State / Zip: Phone #: (Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one commitee relevant election. IGNED UNDER THE PENALTIES OF PERJURY: Candidate's signature Date: Candidate's signature Date: 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 detail pointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the property accept the office of Chairman of the chalf. Treasurer's signature Date: Treasurer's signature Date: Treasurer's signature Date: Treasurer's signature	none # 617 - 76	2-5178		Phone #: 607-180-515 Email: michael Parising		
Residential Address: City / State / Zip: Phone #: (Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one commit hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one commit hereby accept the carrier of the above-named decounts and records of all campaign finance activity for a period of six years from the date of the relevant election. Candidate's signature Date: 2 Candidate's signature The period 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 directors 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 mmittee organized on his/her behalf. GNED UNDER THE PENALTIES OF PERJURY: Treasurer's signature Date: Treasurer's signature Treasurer's signature Date:	ther Officer/Title:			*A public employee may not serve as treasurer of any political comminee (see		
City / State / Zip: Phone #: (Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one commit hereby accept the consent to the organization of more than one commit here relevant election. IGNED UNDER THE PENALTIES OF PERJURY: Candidate's signature Date: Candidate's signature at: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office organized on his/her behalf. GNED UNDER THE PENALTIES OF PERJURY: Date: Treasurer's signature Date: Treasurer's signature Date: Treasurer's signature Date:	esidential Address:					
Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one commitee relevant election. Igned under the Penal Ties of Perjury: **Candidate's signature** Date: 2 **Candidate's signature** Teresurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13 decords 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 ministee organized on his/her behalf. Treasurer's signature** Treasurer's signature** Date: **Treasurer of Chairman of the above at the office of Chairman of the above.** Treasurer's signature** Treasurer's signature** Date: **Treasurer's signature** Treasurer's signature** Treasurer's signature** Treasurer's signature** Date: **Treasurer's signature** Treasurer's sig						
(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.) hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee relevant election. IGNED UNDER THE PENALTIES OF PERJURY: Candidate's signature Date: 2 Candidate's signature at: 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 detail pointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the penalties of Chairman of the above. Treasurer's signature Date: Treasurer's signature Date: Treasurer's signature			- (s			
chaif. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the relevant election. IGNED UNDER THE PENALTIES OF PERJURY: Candidate's signature Date: 2 Candidate's signature at: 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 detail pointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the penalties of Chairman of the office of Chairman of the object to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detail pointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the penalties of Chairman of the campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office minimitee organized on his/her behalf. GNED UNDER THE PENALTIES OF PERJURY: Date: Treasurer's signature		(Complete and attack	Form CDF 14 4 101 10	Phone #:		
IGNED UNDER THE PENALTIES OF PERJURY: Candidate's signature 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 d 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 minittee organized on his/her behalf. GNED UNDER THE PENALTIES OF PERJURY: Date: Treasurer's signature Date: Date: Treasurer's signature Date:	ereby consent to the fill	ing of this committee I	rom CFF M A 101, if nece	ssary, with other officers and finance committee, if any.)		
IGNED UNDER THE PENALTIES OF PERJURY: Candidate's signature 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 d 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 minittee organized on his/her behalf. GNED UNDER THE PENALTIES OF PERJURY: Date: Treasurer's signature Date: Date: Treasurer's signature Date:	naif. I am aware that ca	indidates are required to ke	ep detailed accounts and	snall not give consent to the organization of more than one committee or		
Candidate's signature thereby 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 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 ammittee organized on his/her behalf. GNED UNDER THE PENALTIES OF PERJURY: Date: Treasurer's signature Date: 2 Candidate's signature Date: 2 Candidate's signature Date: 2 Date: 3 Date: 4	TOTO TALLE CICCHIOIL			the section of a period of six years from the		
at: 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 detail direcords 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 mmittee organized on his/her behalf. GNED UNDER THE PENALTIES OF PERIURY: Treasurer's signature Date:		- Si i ElGORI	K.E.D	Pi		
at: 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 detail details pointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the property of the penalties of th	amba, a		Candidate's signa	Date: 2-15		
pointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the penaltic penalt	: 1) I am subject to cert	of Treasurer of the above-n	amed committee. I affire	n that I am not a public employee as defined by M.C.I 55		
mmittee organized on his/her behalf. GNED UNDER THE PENALTIES OF PERJURY: Treasurer's signature Date:	records of all campaign	n finance activity for a per	ied of six years from the	ing the timely filing of campaign finance reports and keeping detailed ac		
GNED UNDER THE PENALTIES OF PERJURY: Treasurer's signature Date:	mittee public employee,	, I must resign this position	n and notify OCPF of my	resignation; and 3) a candidate may not serve as tree control of this office I bec		
Treasurer's signature Date:	NED UNDER THE PE	NALTIES OF PERILIPA		not solve as deasurer or the politica		
ereby accept the office of Chairman of the above		- Dawoki.		Data: -/		
NED UNDER THE PENALTIES OF BERLEAD	ehy accept the -611-	e al	Treasurer's signatu	ire Date: 2/16		
A TOTAL TIES OF THE HIS VI	IED UNDER THE PER	NALTIES OF PERHIPS.	amed committee.			
A LEIGUNI;		THURY:				
			Pill Control			
Chairman's signature Date:						



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: 1/1/	2021 Ending I	Date: 20214/\$97\$1-5 F	3:57			
Type of Report: (Check one)			TOTAL CALCAS	OFFICE			
	77 03 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		LYMFIELD				
8th day preceding preliminary	8th day preceding election	30 day after election	year-end report	dissolution			
Katharine DePrizio		DePrizio Committee					
Candidate Full Name (Lynnfield School Committee	if applicable)	Michael DePrizio	Committee Name				
Office Sought and			ne of Committee Treasurer				
38 W Huckleberry Rd, Lynnfield, MA 0		38 W Huckleberry Rd, Ly					
Residential Ad			mmittee Mailing Address				
E-mail: kate.deprizio	@gman.com		ichael.deprizio@gmail.co	om			
Phone # (optional):		Phone # (optional):					
	SUMMARY BALANC	TE INFORMATION.					
	SUMMANT DALANC	E INFORMATION:		_			
Line 1: Ending Bala	nce from previous report						
Line 2: Total receipt	es this period (page 3, line 11)		2502.32				
Line 3: Subtotal (lin	e 1 plus line 2)		2502.32				
Line 4: Total expend	litures this period (page 5, lin	e 14)	2117.97				
Line 5: Ending Bala	nce (line 3 minus line 4)		384.35	5			
Line 6: Total in-kind	l contributions this period (pa	ge 6)	C				
Line 7: Total (all) or	ntstanding liabilities (page 7)		969.53	<u> </u>			
Line 8: Name of ban	k(s) used: Eastern Bank, 45 Sa	alem St, Lynnfield, MA		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 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.							
Signed under the penalties of perjury:		(Treasurer's	signature) Date: 4/	5/21			
FOR CANDIDATE FILINGS ONLY	Affidavit of Candidate: (check 1 bo	x only)					
Candidate with Committee I certify that I have examined this report included activity, of all persons acting under the author incurred any liabilities nor made any expendit	rity or on behalf of this committee in acc	cordance with the requirements of I	M.G.L. c. 55. I have not receive				
Candidate without Committee I certify that I have examined this report inclifinance activity, including contributions, loar campaign finance activity of all persons actin	ns, receipts, expenditures, disbursements, ig under the authority or on behalf of this	, in-kind contributions and liabilitie	es for this reporting period and	of all campaign represents the			
signed under the penalties of perjury:	· E DiPaz	(Candidate's	signature) Date: 4/9	5/21			

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)		
3/1/21	Christine & Louis DePrizio 57 Reynolds Avenue, Chelsea, MA 01940	100			
3/3/21	Michael & Katharine DePrizio 38 W Huckleberry Rd, Lynnfield, MA 01940	969.53	Principal Architect, Akamai Technologies, Inc. Homemaker		
3/4/21	Nicholas DePrizio 57 Reynolds Avenue, Chelsea, MA 01940	96.8			
4/3/21	Kristen Elworthy 1 Bryany St, Lynnfield, MA 01940	145.35			
2/20/21	Joe Gallagher 71 Phillips Rd, Lynnfield, MA 01940	100			
2/24/21	Amy Geary 16 Candlewood Rd, Lynnfield, MA 01940	96.8			
3/3/21	Sarah Hudson 674 Lowell St, Lynnfield, MA 01940	100			
2/21/21	Elizabeth Kreplin 26W441 Weisbrook Rd, Wheaton, Illinois 60189	96.8			
3/2/21	Nancy Pecoraro McManus 76 Canterbury Rd, Lynnfield MA 01940	96.8			
3/5/21	Adrienne Miller 5 Elliot Road, Lynnfield, MA 01940	96.8			
2/24/21	Sabrina Fabrizio 1 Ashdale Rd, Lynnfield, MA 01940	96.8			
2/23/21	Lauren Wolf 11 Perkins Lane, Lynnfield, MA 01940	96.8			
ine 9: Total Rece	ipts over \$50 (or listed above)	1122.95	<u> </u>		
ine 10: Total Rece	eipts \$50 and under* (not listed above)	409.84			
ine 11: TOTAL l	RECEIPTS IN THE PERIOD	2502.32	← 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)
	a sir ware a		
	A A		
	p 10 ft		
Line 9: Total Receip	ts over \$50 (or listed above)		
Line 10: Total Receip	ots \$50 and under* (not listed above)		
Line 11: TOTAL RI	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemized r	receipts of \$50 and under, include them in line	9. Line 10 shou	ld include only those receipts not itemized above.

Page 3

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
		17B Gill Street	150 Signs & Stakes	969.53
3/16/21	Connolly Printing	Woburn, MA 01801	150 Signs & Stakes	909.53
3/16/21	Connolly Printing	17B Gill Street Woburn, MA 01801	Additional 50 signs & stakes	398.44
3/31/21	Essex Media Group	Attn: Ralph Mitchell 33 Bay State Road Lynnfield, MA 01940	Ad - Lynnfield Weekly News	750
				111

		Line 12: Total Expenditure	es over \$50 (or listed above)	2117.97
		Line 13: Total Expenditure	s \$50 and under* (not listed above)	0
	Enter on page 1, line 4 =	Line 14: TOTAL EXPEN	DITURES IN THE PERIOD	2117.97

Page 4

above.

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid						
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
		4				
				The second secon		
		——————————————————————————————————————				
1						
	the second secon	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						
Enter on page 1, line 4 \rightarrow Line 14: TOTAL EATERDITURES IN THE LERGO						

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

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

Page 6

SCHEDULE D: LIABILITIES

M.G.L. e. 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
3/3/21	Michael & Katharine DePrizio	38 W Huckleberry Rd Lynnfield, MA 01940	Payment to Connolly Printing for Initial 150 Sign/Stakes	969.53
	Landard and the state of the st			
1				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTST	ANDING LIABILITIES (ALL)	969.53



Office of Campaign and Political Finance

RECEIVED

Fill in Reporting Period dates: Beginning Date: 4/6	File with: City or Town Clerk or Election Commission 5/2021 Ending Date: 5/13/2021 MAY 13 P 2: 01
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	TOWN CLASS OFFICE LY MALLD, NA 30 day after election
Katharine DePrizio	DePrizio Committee
Candidate Full Name (if applicable)	Committee Name
Lynnfield School Committee	Michael DePrizio
Office Sought and District	Name of Committee Treasurer
38 W Huckleberry Rd, Lynnfield, MA 01940	38 W Huckleberry Rd, Lynnfield, MA 01940
Residential Address	Committee Mailing Address
E-mail: kate.deprizio@gmail.com	E-mail: michael.deprizio@gmail.com
Phone # (optional):	Phone # (optional):
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	384.35
Line 2: Total receipts this period (page 3, line 1)	1) 1800.00
Line 3: Subtotal (line 1 plus line 2)	2184.35
Line 4: Total expenditures this period (page 5, li	ine 14) 2097.76
Line 5: Ending Balance (line 3 minus line 4)	86.59
Line 6: Total in-kind contributions this period (p	page 6)
Line 7: Total (all) outstanding liabilities (page 7)	969.53
Line 8: Name of bank(s) used: Eastern Bank, 45 S	Salem St, Lynnfield, MA
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 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	d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 5/13/21 box only) the 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, ng period that are not otherwise disclosed in this report. the best of my knowledge and belief, a true and complete statement of all campaign finance in this report.
campaign finance activity of all persons acting under the authority or on behalf of the Signed under the penalties of perjury:	this candidate in accordance with the requirements of M.G.L. c. 55. Date: 5/13/21

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)2: 0
4/17/21	Michael & Katharine DePrizio 38 W Huckleberry Rd, Lynnfield, MA 01940	1800	Principal Architect, Akamai Technologies, Inc. Homemaker
The state of the s			
<u></u>		30	
		11 11 11 11 11 11 11 11 11 11 11 11 11	
ine 9: Total Rece	ipts over \$50 (or listed above)	1800.00	
ine 10: Total Reco	eipts \$50 and under* (not listed above)	0	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	1800.00	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			RECEIVED
			2021 HAY 13 P 2: 01
			TOWN SLEAKS OFFICE
at new control			
		The state of the s	
ine 9: Total Receip	pts over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure 2	0 Amount
mr = 1	State-Line Graphics	6 Victoria Street	Doctoord Mailors	2079.76
4/22/21	State-Line Graphics	Everett, MA 02149	TOWN SHEETERS OF	ICE 20,5.76
	·			
			LIBROR COMPANY CONTRACTOR CONTRAC	
		Line 12: Total Expenditures	over \$50 (or listed above)	2079.76
		Line 13: Total Expenditures S	\$50 and under* (not listed above)	
	Enter on page 1, line 4 -	T . 14. TOTAL EVDENT	ITURES IN THE PERIOD	2079.76

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		- 1:00	2021 MAY 13 P 2	01
			TOWN CLEMES OF	CE
				Maria di Mar
	2 (3) 4 (4)	10 40		
		Line 12: Expenditures over	\$50 (or listed above)	
		Line 13: Expenditures \$50 ar	nd under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

			And the same of the same of	
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		- u - u - u - u - u - u - u - u - u - u	2021 MAY 13 P 2	0 [
			TOWN SHOUS OF	ICE
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	<u> </u>			
		II -		
	- 104			
		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
3/3/21	Michael & Katharine DePrizio	38 W Huckleberry Rd Lynnfield, MA 01940	Payment to Connolly Printing for Initial 150 Sign/Stakes	969.53
	NA. 400 NO. 100 NO. 10		2021 MAY 13 P 2: 0	
			TOWN PLEMS OFF	
	1 212			
	27.00			
3				
	And distributed grips and supply the separation		CANDING LIABILITIES (ALL)	969.53



Form CPF M 102: Campaign Finance Report **Municipal Form** Municipal Political Finance RECEIVED

Fill in Reporting Period dates: Beginning Date: 5/14	/21 File with: City or Town Clerk or Election Commission [12/31/21] File with: City or Town Clerk or Election Commission [12/31/21]
-	1017
Type of Report: (Check one)	LYMFIELD, OFFICE
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Katharine DePrizio	DePrizio Committee
Candidate Full Name (if applicable)	Committee Name
Lynnfield School Committee Office Sought and District	Michael DePrizio
38 W Huckleberry Rd, Lynnfield, MA 01940	Name of Committee Treasurer
Residential Address	38 W Huckleberry Rd, Lynnfield, MA 01940 Committee Mailing Address
E-mail: kate.deprizio@gmail.com	E-mail: michael.deprizio@gmail.com
Phone # (optional):	Phone # (optional):
	Thomas (optional).
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	86.59
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line	e 14)
Line 5: Ending Balance (line 3 minus line 4)	86.59
Line 6: Total in-kind contributions this period (page	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	969.53
Line 8: Name of bank(s) used: Eastern Bank, 45 Sa	lem St, Lynnfield, MA
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind committee 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
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 l	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
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
igned under the penaltics of perjury:	(Candidate's signature) Date: 1/20/22

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1	The second secon		
	4		
-			
	3886.4		
ine 9: Total Receipts	s over \$50 (or listed above)		
ine 10: Total Receipt	s \$50 and under* (not listed above)		
ine 11: TOTAL RE	CEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Purpose of Expenditure	Amount	
		Address		
	Hadasan ayan in e kananana			
		Andrew Carlotte		
	40			
			en constant de la con	
			2	
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and t	under* (not listed 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.

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
3/3/21	Michael & Katharine DePrizio	38 W Huckleberry Rd Lynnfield, MA 01940	Payment to Connolly Printing for Initial 150 Sign/Stakes	969.53
	4 11 5			
				11

	40.44			<u> </u>
777				
		Time 10, TOTAL OVERST	ANDING LIABILITIES (ALL)	969.53



Please print or type all information, except signatures.	100 JAH 14 P 12: 30	(MM/DD/YYYY)	CHANTELD UPFICE	20th day of January (Year-End renort)	and do not have a campaign fund in existence.	OFFICE SOUGHT	Planning Board Member Planning Board Member	
	Ending:	Maria Service		30th day following election (town or special)	igations during this reporting period,	RESIDENTIAL ADDRESS (Street and Number)	27 Apple Hill Lane Lynnfield	
		(MM/DD/YYYY)		30th day preceding election	nicipal Office. Ie any expenditures, or incurred any obli	Signed under the penalties of perjury	Free Mary	
Town of: Lynnfield	ing Period: Beginning:		Type of Report: (Check One)	Sth day preceding preliminary/primary 🔃 8th day pre	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.	ATE PRINT NAME	Katherine M. Flaws	
City or Town of:	Reporting Period:		Type of Report:	Sth day prec	Pursuant to M.G 1. I certify ti 2. I certify ti 3. I certify ti	DATE	1/13/22	



RECEPTION Campaign and Political Finance

or Massacrasetts	
Fill in Reporting Period dates: 2021 APR - 5 A 11: 3 Beginning Date:	File with: City or Town Clerk or Election Commiss Ending Date:
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
0 1020	
Condidate Fill (2)	
Candidate Full Name (if applicable)	Committee Name
Office Sought and District	
232 Junior 5+	Name of Committee Treasurer
Residential Address	Committee M. W.
E-mail: dpgparrity amsn. com	Committee Mailing Address E-mail:
Phone # (optional) 781 - 775 - 1321	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)	6
Line 4: Total expenditures this period (page 5, line	e 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	0
ffidavit of Committee Treasurer:	
certify that I have examined this report including attached schedules and it is, to the best of civity, including all contributions, loans, receipts, expenditures, disbursements, in-kind committee in account of this committee in account of the committ	of my knowledge and belief, a true and complete statement of all campaign finance on tributions and liabilities for this reporting period and represents the campaign
gned under the penalties of perjury:	Greasurer's signature) Date:
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	Treasurer's signature)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the be activity, of all persons acting under the authority or on behalf of this committee in accommodate any liabilities nor made any expenditures on my behalf during this reporting persons.	est of my knowledge and belief, a true and complete statement of all campaign finance
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, ir campaign finance activity of all persons acting under the authority or on behalf of this contributions.	est of my knowledge and belief, a true and complete statement of all campaign n-kind contributions and liabilities for this reporting period and represents the analysis in accordance with the requirements of M.G.L. c. 55.
ned under the populties of perjury:	(Candidate's signature)
1	



Office of Campaign and Political Finance

RECEIVED

or iviassach	nusetts			File with: City or Town Cla	- Florida C
Fill in F	Reporting Period dates: Beginning Date:		Ending 1	File with City or Town Cle Date:	A Commission
Type of	Report: (Check one)				JUFFICE
1	ay preceding preliminary 8th day preceding election	◯ 30 d	ay after election	year-end report	dissolution
AN	JOREW KENNEALLY				
LYNN	Candidate Full Name (if applicable) FIELD LIBRARY BOARD OF TRUSTEES			Committee Name	
8 LO	Office Sought and District NELL RP. LYNNFIELD, MA 01946 Residential Address	>		me of Committee Treasurer	
	ANDY KENNEALLY @ GMAIL. COM	E-mail:	Co	ommittee Mailing Address	
Phone # (op	tional): 617-892-0125	Phone #	(optional):		
	SUMMARY BALAN	CE INE	YDM A TEXAN		
		CE INF	DRIVIATION:		_
	Line 1: Ending Balance from previous report			0	
	Line 2: Total receipts this period (page 3, line 1)	1)		٥	
	Line 3: Subtotal (line 1 plus line 2)			6	
*	Line 4: Total expenditures this period (page 5, li	ne 14)		6	
	Line 5: Ending Balance (line 3 minus line 4)			Q	
	Line 6: Total in-kind contributions this period (p	age 6)		6	
	Line 7: Total (all) outstanding liabilities (page 7)			6]
	Line 8: Name of bank(s) used:				
certify that I ctivity, include nance activity	Committee Treasurer: have examined this report including attached schedules and it is, to the bes ding all contributions, loans, receipts, expenditures, disbursements, in-kind y of all persons acting under the authority or on behalf of this committee in the penalties of perjury:	contributions	and liabilities for this r	eporting period and represent M.G.L. c. 55.	campaign finance s the campaign
OR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)			
I certify the activity, o	te with Committee And I have examined this report including attached schedules and it is, to the fall persons acting under the authority or on behalf of this committee in ac any liabilities nor made any expenditures on my behalf during this reporting	cordance with	the requirements of M	GI c 55 I have not receive	of all campaign finance red any contributions,
I certify the	te without Committee that I have examined this report including attached schedules and it is, to the stivity, including contributions, loant, receipts, expenditures, disbursements finance activity of all persons acting under the authority or on bonalf of thi	in-kind-confi	ibutions and liabilities	for this reporting period and quirements of M.G.L. c. 55.	of all campaign represents the
gned under (the penalties of perjury:	1	(Candidate's si	gnature) Date:	110/2051



0.11100001100110	File with City of Town Clerk of Dection Commission								
Fill in Reporting Period dates: Beginning Date: Jor	1. 1,2021 Ending Date: May 13,2021								
Type of Report: (Check one)	The state of the s								
** *	30 day after election year-end report dissolution								
Johnar Rey Co Veritori ITET	Joseph Markey Committee Committee Name Josephine M. Markey Name of Committee Treasurer 22 Pine St. Lynnfield MA 01940 Committee Mailing Address E-mail: jonarkey @ Verizon. net Phone # (optional):								
SUMMARY BALANCE	INFORMATION:								
Line 1: Ending Balance from previous report	101,30								
Line 2: Total receipts this period (page 3, line 11)	φ								
Line 3: Subtotal (line 1 plus line 2)	101.30								
Line 4: Total expenditures this period (page 5, line	14) Ø								
Line 5: Ending Balance (line 3 minus line 4)	101.30								
Line 6: Total in-kind contributions this period (page	e 6) Ø								
Line 7: Total (all) outstanding liabilities (page 7)	φ								
Line 8: Name of bank(s) used: The Sa	uingsBonk								
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: 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 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 per Candidate without Committee OR Candidate with independent activity filing sepa 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 this cells Signed under the penalties of perjury:	rate report est of my knowledge and belief, a true and complete statement of all campaign t-kind contributions and liabilities for this reporting period and represents the								



7011 Dec Dile with Chi or Toon Clerk or Election Comm	ninaia
Fill in Reporting Period dates: Beginning Date: May 14, 2021 Ending Date: Dec 21, 2021	115510
Type of Report: (Check one)	_
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution	l .
Joseph A. Markey Candidate Full Name (if applicable) Joseph Markey Committee Committee Name	
Town Moderator Josephine M. Markey	
22 Pine St. Lynnfield, MA 01940 Residential Address Name of Committee Treasurer 22 Pine St. Lynnfield, MA01949 Residential Address	40
E-mail: jomarkey @ verizon. net jomarkey @ verizon. net	
Phone # (optional): Phone # (optional):	_
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: The Savings Bank	
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 entivity, 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: Date: 12/21/21	
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	\exists
Candidate with Committee 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 finan 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.	nce s,
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: Date: 12/21/21	_



P	deletes	person.	40.00	4	5 #	protes	ET !
123	inale	100	Bide	4		- Supple	13

				File with: City or Town Cla	rk or Election Commis
Fill in Re	porting Period dates: Beginning	ng Date: 1/1/2021	Ending		
Type of R	leport: (Check one)			LYMMT ILLU,	THA
	preceding preliminary 🔀 8th day prec	eding election 3	0 day after election	year-end report	dissolution
Amy MacN					
Lynnfield P	Candidate Full Name (if applicable) anning Board			Committee Name	
40 Merrow	Office Sought and District Road, Lynnfield, MA		Na	me of Committee Treasurer	
3-mail:	Residential Address amacnulty@gmail.com	E-m		ommittee Mailing Address	
Phone # (option	nal): 781-405-2298	Pho	ne # (optional):		
	SUMMAF	RY BALANCE IN	FORMATION:		
	Line 1: Ending Balance from previous				7
	Line 2: Total receipts this period (p	age 3, line 11)			
	Line 3: Subtotal (line 1 plus line 2)				
	Line 4: Total expenditures this period	od (page 5, line 14)			i I I
	Line 5: Ending Balance (line 3 minu	ıs line 4)			
	Line 6: Total in-kind contributions t	his period (page 6)			1
	Line 7: Total (all) outstanding liabil	ities (page 7)			
	Line 8: Name of bank(s) used:				
rtify that I have vity, including mee activity of	mittee Treasurer: e examined this report including attached schedules at all contributions, loans, receipts, expenditures, disbut all persons acting under the authority or on behalf of	nd it is, to the best of my kn sements, in-kind contribution this committee in accordance	owledge and belief, a true a ons and liabilities for this re e with the requirements of	and complete statement of all eporting period and represents M.G.L. c. 55.	campaign finance the campaign
	penalties of perjury:		(Treasurer's si	gnature) Date:	
Candidate wi I certify that I activity, of all incurred any li Candidate wi	th Committee have examined this report including attached schedul persons acting under the authority or on behalf of this abilities nor made any expenditures on my behalf dur thout Committee	es and it is, to the best of my committee in accordance v ing this reporting period that	t are not otherwise disclose	G.L. c. 55. I have not receive ed in this report.	d any contributions,
I certify that I finance activity campaign finan	have examined this report including attached schedule, including contributions, loans, receipts, expenditure activity of all persons acting under the authority of the authority	es and it is, to the best of my is, disbursements, in-kind co r on behalf of this candidate	knowledge and belief, a trontributions and liabilities in accordance with the req	rue and complete statement of for this reporting period and re uirements of M.G.L. c. 55.	all campaign presents the
under the p	enalties of perjury: Amy Ma	Muly	(Candidate's sig	Date: April	1, 2021



Municipal Form Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission
ill in Reporting Period dates: Beginning Date: 4/6/2	
	2021 MAY -5 P 12: 43
ype of Report: (Check one)	
	■ 30 day after election
Amy MacNulty	
Candidate Full Name (if applicable) Planning Board	Committee Name
Office Sought and District	Name of Committee Treasurer
O Merrow Road, Lynnfield, MA 01940 Residential Address	Committee Mailing Address
mail: amacnulty@gmail.com	E-mail:
none # (optional): 781-405-2298	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	e 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pa	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
idavit of Committee Treasurer: artify that I have examined this report including attached schedules and it is, to the best ivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cance activity of all persons acting under the authority or on behalf of this committee in a ned under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
AD CAMPIDAME WITTINGS ONLY	
OR 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	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 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
ned under the penalties of perjury: Comp Man Mur	(Candidate's signature) Date: 5/5/21

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

		- C C C C C C C C C C C C C C C C C C C	7	LYMIETELD, NA								 			
Please print or type all information, except signatures	Ending: 12/3/12/	(MM/DD/YYYY)	30th day following election from a manifalty (F2 200)	rsuant 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.	RESIDENTIAL ADDRESS V (Street and Number)	4/0	}								
LYNNFIEUS	od: Beginning: 0//0/ /30 3/		uy/primary [] 8th day preceding election	rsuant 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 expenditures, or incurred any expenditures.	SIGNATURE Signed under the penalties of perjury	Any MACNUILY Chay ma youly									
ity or Town of:	eporting Period:	pe of Report: (Check One)	8th day prece	1. I certify the Cartify the C	DATE	111/21							,		



Office of Campaign and Political Finance

RECEIVED

File with: City or Town Clerk or Election Commission Fill in Reporting Period Lates? - | Beglin Bate: JANUASV Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution COMMITTEE TO ELECT PAILIF MEGUEEN SCHOOL COMMITTEE, LYNNFIELD, MA
Office Sought and District ROBERT F. CONLOU

Name of Committee Treasurer ONE FORD AVENUE, LYNNFIELD MY FORD AVENUE, LYNDEIELD, MA Committee Mailing Address RFC BOJO @ OAL COM FILMICQ ase, com Phone # (optional): Phone # (optional). SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) 856,02 Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: BANK EASTERN 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 of on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report. Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Candidate's signature)

WITHOUTE TO ELECT PARIS ME CONTEN (MAKON SULCYCL)

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)
			J
] [
e 9: Total Receipts	over \$50 (or listed above)	W W	
e 10: Total Receipt	s \$50 and under* (not listed above)	0	
e 11: TOTAL RE	CEIPTS IN THE PERIOD	\$	← Enter on page 1, line 2

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

COMMITTED TO BLECT PHY IP MOGUEEN (MARCH 31,2021) SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ine 9: Total Receip	ots over \$50 (or listed above)	Ø	
ine 10: Total Recei	pts \$50 and under* (not listed above)	p	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	Ø	← 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 (IVECIT 31, 2021)

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
MARCH 8, 2021	CENUCLLY PRINTING	178 GILL STREET WOBERN, MA 01861	PLASTIC SIGUS & STAYES (FILAMES	383.56
MARAH 29, 2021	PRINTING	178 GILL STEET WORULN, MA 61801	PLASTIC SIGNS &	459,00
		Line 12: Total Expenditures over	r \$50 (or listed above)	842.56
		Line 13: Total Expenditures \$50 a	and under* (not listed above)	.0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	842,56

^{*} 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) (MARCH 31, 2021)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				100
			11	
		Line 12: Expenditures over \$50 ((or listed above)	0
		Line 13: Expenditures \$50 and ur	nder* (not listed above)	8
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	.0

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS (MASICH 31, 2021)

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)	.8
		Line 16: In-Kind Contributions S	\$50 & under (not listed above)	ø
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	D

^{*} 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

COMMITTEE DE ELECT PHILIP MEQUEEN (MARCH 31, 2021) 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
			Newson Color Constitution	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	8



	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	1811 1, 2021 Ending Date: MAY 3, 2021
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
PHILIP J. MCQUEEN	power and the second se
Candidate Full Name (if applicable)	Committee
SCHOOL COMMITTEE LYNNFIELD, MA	Committee syame
Office Sought and District	No. CO. THE I
ONE FORD AVENUE, LYNUFIELD MY	Name of Committee Treasurer
Residential Address	Committee Mailing Addres
E-mail: FILMC@ ave.com	E-mail:
Phone # (optional): 781) 334-0628	Phone # (optional):
SUMMARY BALANC	E INFORMATION.
	E INFORMATION:
Line 1: Ending Balance from previous report	856,02
Line 2: Total receipts this period (page 3, line 11)	<i>b</i>
Line 3: Subtotal (line 1 plus line 2)	858,02
Line 4: Total expenditures this period (page 5, line	14)
Line 5: Ending Balance (line 3 minus line 4)	856.02
Line 6: Total in-kind contributions this period (pag	ge 6) Ø
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used:	TELD BANK
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 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 of this committee in activity of all persons acting under the authority or on behalf of this committee in activities.	ntributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	only)
Candidate with Committee Fourtify that I have examined this report including attached schedules and it is, to the beactivity, of all persons acting under the authority or on behalf of this committee in accommittee in accommittee any liabilities nor made any expenditures on my behalf during this reporting persons.	est of my knowledge and belief, a true and complete statement of all campaign finance rdance 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 be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this c	n-kind contributions and liabilities for this reporting period and represents the andidate in accordance with the requirements of M.G.L. c. 55.
igned under the penalties of perjury:	Date: May 3, WM

COMMITTED TO GLEST PHEIR MCCELER (MAY 3, 2021) 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)
			,
			La constant de la con
1			
111			
		11	
e 9: Total Receipt	s over \$50 (or listed above)	8	
e 10: Total Receipt	ts \$50 and under* (not listed above)	0	
	CEIPTS IN THE PERIOD		

^{*} 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)
4			
Line 9: Total Receip	ots over \$50 (or listed above)	B	
Line 10: Total Receip	ots \$50 and under* (not listed above)	B	
Line 11: TOTAL RI	ECEIPTS IN THE PERIOD	B	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 (MAY 3, 2021)

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 : 1	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amoun
]				
	· · · · · · · · · · · · · · · · · · ·			
111				
		111		
111				
111				
111				
111			#1	
111				
		[]		
111				
		I.' 10 m		
		Line 12: Total Expenditures over \$3	ou (or listed above)	D
		Line 12, Total Francisco	J J	100
		Line 13: Total Expenditures \$50 and	under* (not listed above)	.0
	Futon 1 P 4	Line 14. TOTAL EXPENDENTED	C IN THE DEDICE	-6
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURE	LO IN THE PERIOD	v

^{*} 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)	B
		Line 13: Expenditures \$50 and u	nder* (not listed above)	B
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	B

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions of	over \$50 (or listed above)	<i>(2)</i>
		Line 16: In-Kind Contributions \$	50 & under (not listed above)	D
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	Ð

^{*} 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 (MAY 3, 2021)

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
		(4)		
a				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	0

RECEIVED

Form CPF M 102: Campaign Finance Report Municipal Form

Commonwealth of Massachusetts	File M. Cité es Teurs Clade ou Floation Commission
Fill in Reporting Period dates: Beginning Date: MAY	File with: City or Town Clerk or Election Commission 4 282 Ending Date: DECEMBER 31, ZO21
To a CD Live COL Live	
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
PHILIP J. MEQUEEN	COMMITTEE TO ELECT PHILIP MIGUEON
Candidate Full Name (if applicable) SCHOOL COMMITTEE LYNNFIELD	Committee Name ROBERT F. CONLON
Office Sought and District	Name of Committee Treasurer
ONE FORD AVENUE, LYPHFIELD, MI	ONE FORD AUSPUE, LYNDFIELD
Residential Address	Committee Mailing Address
E-mail: FILMCa @ aol, com	E-mail: RFC BOJO @ aol. com
Phone # (optional): (781) 334 - 0028	Phone # (optional): (781) 215-6914
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	856,62
Line 2: Total receipts this period (page 3, line 11)) &
Line 3: Subtotal (line 1 plus line 2)	856.02
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	856,02
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	В
Line 8: Name of bank(s) used: ERSTI	ERN 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 of finance 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 accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: The property of the campaign accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox 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 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	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.
Candidate without Committee OR Candidate with independent activity filing se 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	e best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the is committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 01/01/27

COMMITTEE TO ELECT PAILIP MICELLETEN

SCHEDULE A: RECEIPTS (DECEMBER 31. 2024)

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. I. D.	Name and Residential Address	A	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
1			
		_	
ne 9: Total Receip	ts over \$50 (or listed above)	0	
ne 10: Total Receip	ots \$50 and under* (not listed above)	E	
11. TOTAL D	ECEIDTS IN THE PEDIOD	~	
ie II: IUIAL RI	ECEIPTS IN THE PERIOD	<u> </u>	← 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.

COMMITTEE TO ELECT PHILIP MCQUEEN

SCHEDULE A: RECEIPTS (continued) (TELEM BER 31 2021
--

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(
			v.
2 3			
ine 9: Total Receip	ts over \$50 (or listed above)	B	
ine 10: Total Receip	ots \$50 and under* (not listed above)	0	
ine 11: TOTAL RI	ECEIPTS IN THE PERIOD	8	← 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

	To Whom Paid		75 65 34	A
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
11				
9		Line 12: Total Expenditures over	er \$50 (or listed above)	15
	*	Line 13: Total Expenditures \$50	0	
		Line 14: TOTAL EXPENDIT	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.

Page 4

SCHEDULE B: EXPENDITURES (continued) (DECEMBER 31, 2021)

	To Whom Paid		D CE TO DE LA COMPANIA	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	4
		Line 13: Expenditures \$50 and to	under* (not listed above)	8
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	8
				,

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value		
		Line 15: In-Kind Contributions	A			
		Line 16: In-Kind Contributions \$50 & under (not listed above)				
			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

COMMITTEE TO ELECT PHILIP MEQUEOU 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 M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE . MUNICIPAL FORM

of Massachusetts		
File with: City / Town	n Clerk or Election Commission	2021 FE8 12 A H: 30
NOTICE IS HERI candidate's commi	EBY GIVEN in accordance with thittee as follows:	provisions of General Laws, Chapter 55, as amended, of the organization of a
CANDIDATE:	Full Name: E. Po	de willems
	Residential Address: 3	an ne (rivi en e
	City / State / Zip:	field MA 01940
	E-Mail Address: QDMILL	
	Party Affiliation:	41110(013)
OFFICE SOUG	HT/PURPOSE:	(If applicable)
	Title: Plany District:	ing Board
COMMITTEE:	Name of Committee:	committee his he formed
	Committee Mailing Address:	e name of the committee must include the candidate's last name)
	City / State / Zip:	Phone #:
OFFICERS:	-	
Chairman:		Treasurer*:
Residential Address:		Residential Address:
City / State / Zip:		City / State / Zip:
Phone #:		Phone #: Email:
Other Officer/Title:		*A public employee may not serve as treasurer of any political committee (see reverse)
Residential Address:		Other Officer/Title:
City / State / Zip:		Residential Address:
Phone #:		City / State / Zip:
Tione w.	(Complete and attach a Form CPI	Phone #: M A 101, if necessary, with other officers and finance committee, if any.)
ne relevant election. IGNED UNDER THE hereby accept the offinat: 1) I am subject to	filing of this committee. I understand t candidates are required to keep detail E PENALTIES OF PERJURY: Concept of Treasurer of the above-named conceptain duties and liabilities under M Concept of the	hat a candidate shall not give consent to the organization of more than one committee on his/her d accounts and records of all campaign finance activity for a period of six years from the date of Date: Date: 2/12/2 Indidate's signature In a mot a public employee as defined by M.G.L. c. 55, s. 13. I understand
ppointed public emplo ommittee organized or	yee, I must resign this position and not a his/her behalf.	years from the date of the relevant election; 2) if after my acceptance of this office I become an fy OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political
GNED UNDER THE	PENALTIES OF PERJURY:	Date:
	Tr	asurer's signature
nereby accept the offic GNED UNDER THE	ee of Chairman of the above-named cor PENALTIES OF PERJURY:	ımittee.
	Ch	dirman's signature Date:



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

Office of Campaign and Political Finance

	File with: City of Lown Clerk of Bleeding Commussion
Fill in Reporting Period dates: Beginning Date: 1,	/1/2021 Ending Date: 11 4/8/2025 A 4: 51
	TOWN CLERKS OFFICE
Type of Report: (Check one)	LYNNFIELD, MA
8th day preceding preliminary 8th day preceding election	on 30 day after election year-end report dissolution
Elizabeth Page Wilkins	N/A
Candidate Full Name (if applicable)	Committee Name
Planning Board	N/A
Office Sought and District	Name of Committee Treasurer
3 Cranberry Lane	N/A Committee Mailing Address
Residential Address	E-mail:
E-mail: epwilkins@mac.com	
Phone # (optional):	Phone # (optional):
SUMMARY BALA	ANCE INFORMATION:
Line 1: Ending Balance from previous report	0
Diffe 1. Ending Bulance Mont provides reposit	
Line 2: Total receipts this period (page 3, line	e 11) 0
Line 3: Subtotal (line 1 plus line 2)	U
Line 4: Total expenditures this period (page 5	5 line 14)
Line 4: Total expenditures this period (page 5	5, Into 1 17
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period	d (page 6)
The Market of the Mine Highliting (mage	0
Line 7: Total (all) outstanding liabilities (page	(61)
Line 8: Name of bank(s) used: N/A	
Affidavit of Committee Treasurer:	the statement of all campaign finance
1 11 tile 11 tile tile 1	he best of my knowledge and belief, a true and complete statement of all campaign finance -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 commit	ttee in accordance with the requirements of M.G.E. 6. 55.
Signed under the penalties of perjury:	(Treasurer's signature)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	k 1 box only)
Candidate with Committee	
and it is	to the best of my knowledge and belief, a true and complete statement of all campaign finance 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 rep	porting period that are not otherwise disclosed in this report.
1	
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 ements, in-kind contributions and liabilities for this reporting period and represents the
campaign finance activity of all persons acting inder the authority or on behalf	f of this candidate in accordance with the requirements of M.G.L. c. 55.
5-1001	(Candidate's signature) Date: 4/5/2021



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

Please print or type all information, except signature	1	-	101441	20th day of Jamary (Year-End renort)	want 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.	OFFICE SOLIGHT	Planning Board							
P	Ending: 5/13/2021			☐ 30th day following election (town or special)	gations during this reporting period, a	RESIDENTIAL ADDRESS (Street and Number)	3 Cranberry Lane, Lynfield							
		(MM/DD/YYYY)		30th day preceding election	nicipal Office. de any expenditures, or incurred any obli	SIGNATURE Signed under the penalties of perjury	E flage							
Lynnfield	Beginning: 4/6/2021		heck One)	8th day preceding preliminary/primary	nant 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 expend 3. I certify that I do not have a political committee.	PRINT NAME	E. Page Wilkins							
City or Town of:	Reporting Period:		Type of Report: (Check One)	8th day preced	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candi 2. I certify that I have not re 3. I certify that I do not hav	DATE	05/13/21							



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

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(3)
0
199
San Assa

1022 JAN Please print or ope all information, except signan	FRES OFFICE		20th day of January (Year-End report)	uant 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.	OFFICE SOUGHT	Planning Board
707 JAN	Ending: 1/11/2022		30th day following election (town or special)	igations during this reporting period,	RESIDENTIAL ADDRESS (Street and Number)	3 Cranberry Lane
	(MM/DD/YYYY)		30th day preceding election	micipal Office. ide any expenditures, or incurred any obl	Signed under the penalties of perjury	Seption of the second of the s
Lynnffeld	: Beginning: 05/13/2021	heck One)	☐ 8th day preceding preliminary/primary ☐ 8th day pr	uant 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 expend. 3. I certify that I do not have a political committee.	PRINT NAME	E. Page Wilkins
City or Town of:	Reporting Period:	Type of Report: (Check One)	8th day preced	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candi 2. I certify that I have not re 3. I certify that I do not hav	DATE	1/11/2022



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

				r Town Clerk o	or Election Commission			
Fill in R	eporting Period date 101 NOV Beginning Date: 9	21/2021	Ending Date:	31/202				
Type of	Report: (Check one) Whi CLEARS OF FICE							
	y preceding preliminary 8th day preceding election	☐ 30 day	after election year-en	d report	dissolution			
			- 11 13 0					
-	Candidate Full Name (if applicable)	l 	logether We G	-row				
	Candidate Full Plante (if applicable)		Reidoet E Ch	.me				
	Office Sought and District		Bridget F. Ch	Treasurer				
		9	Willard La. Lynaficka Committee Mailing	, MA, C	11940			
E-mail:	Residential Address	I.						
		E-mail:	bridget fallon@ ga	ialli com	1			
Phone # (opt	cional):	Phone # (d	optional):					
	SUMMARY BALANC	E INFO	RMATION:					
	Line 1: Ending Balance from previous report		\$20.28					
	Line 2: Total receipts this period (page 3, line 11)		\$0					
	Line 3: Subtotal (line 1 plus line 2)		\$ 20.28					
	Line 4: Total expenditures this period (page 5, line	: 14)	\$ 20.28					
	Line 5: Ending Balance (line 3 minus line 4)		\$0					
	Line 6: Total in-kind contributions this period (page	ge 6)	\$0		E .			
	Line 7: Total (all) outstanding liabilities (page 7)		\$0					
	Line 8: Name of bank(s) used: Wakefield Co	operative	Bank					
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date: 10 31/21 FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee								
I certify to activity, o	to with Committee that I have examined this report including attached schedules and it is, to the bof all persons acting under the authority or on behalf of this committee in account liabilities nor made any expenditures on my behalf during this reporting properting properties.	ordance with	the requirements of M.G.L. c. 55. I ha	ve not received	all campaign finance d any contributions,			
I certify the finance as	te without Committee that I have examined this report including attached schedules and it is, to the bectivity, including contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this	in-kind contri	butions and liabilities for this reporting	g period and re	all campaign			
igned 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 report all expenditures. Please include your committee name and a page number on each page.)

cport an expend		mittee name and a page number on each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address Purpose of Expenditu	na Amaumt
			re Amount
2/17/	Wake Hold Item	26 Albion St. Respect ad	
2021		Wakefield, MA 01380	20.00
9/13/	Tour of	55 Summer St. Close - out	
	Town of Lyanfield	Guatald, MA 01940 donation	0.28
2021	lyaufield	gratesto, 6/940 donation	
]			
1)]			
111			
		Line 10 Text II and II	
		Line 12: Total Expenditures over \$50 (or listed above)	\$20.28
		Line 13: Total Expenditures \$50 and under* (not listed above	re)
	Enter on near 1 line 4		
		Line 14: TOTAL EXPENDITURES IN THE PERIOD include them in line 12. Line 13 should include only those expens	\$20.28

* 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



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

City or Town of:	Lynnfield		Jd.	Please print or type all information, except signatures.
Reporting Period:	d: Beginning: 01/01/2021	AAMIDDIAVAVA	Ending: 12/31/2021	2 P 1:00
				(MM/DD/YYYY)
Type of Report: (Check One)	Check One)			E.D. NA
Sth day prece	8th day preceding preliminary/primary	30th 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 cand 2. I certify that I have not re 3. I certify that I do not hav	uant 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 expend 3. I certify that I do not have a political committee.	ınicipal Office. ıde any expenditures, or incurred any oblig	ations during this reporting period, an	uant 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.
DATE	PRINT NAME	Signed under the pepalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
01/04/2022	Richard P Dalton	Kuland H Without	18 Partridge Lane	Selectman
1/13/2001a	Faith Honer-Coakley	Faux Hone- Cookly	29 Bancroft St	Library Trustee
1/13/2002	Richmo o Massora	Lan	14 Julia Con	Lebrary Thereties
1/19/2022	Andrew P. Kenneally	Audren P/C	8 Lovell Rd	Library Trustee
1/26/2021	LOSEPH R. CONMON	Porton	3 YOUR CAUK	SELECTAMAN
1/2/2022	Midwel DeRieus/Kate DePries		38 J Huckleberry RD	School Committee