



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 8/21/23 Ending Date: 10/30/23

Type of Report: (Check one)

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

Thomas S. Mercer
Candidate Full Name (if applicable)

14 Mercer Lane
Office Sought and District
Residential Address

E-mail: _____
Phone # (optional): _____

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

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

Affidavit of Committee Treasurer:

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

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

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

- Candidate with Committee**
- I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.
- Candidate without Committee**
- I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 10/30/23



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: _____ Ending Date: 10/31/2023

Type of Report: (Check one)

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

Cheryl Anne Hanly
Candidate Full Name (if applicable)

Franklin Board of Assessors
Office Sought and District

129 Brandywine Rd. Franklin MA 02038
Residential Address

E-mail: hanly.cheryl@gmail.com

Phone # (optional): 617. 816. 6565

Committee Name: _____

Name of Committee Treasurer: _____

Committee Mailing Address: _____

E-mail: _____

Phone # (optional): _____

RECEIVED
 OCT 18 10 32 AM
 TOWN OF FRANKLIN
 TOWN CLERK

SUMMARY BALANCE INFORMATION:

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

Affidavit of Committee Treasurer:

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

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

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury: Cheryl Hanly (Candidate's signature) Date: 10/18/23



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 8/21/2023 Ending Date: 10/30/2023

Type of Report: (Check one)

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

Melanie Jean Hamblen
Candidate Full Name (if applicable)
Franklin Town Council
Office Sought and District
70 Daniels St Franklin Ma 02038
Residential Address
E-mail: mjhamblen@verizon.net
Phone # (optional):

None
Committee Name
None
Name of Committee Treasurer
None
Committee Mailing Address
E-mail:
Phone # (optional):

2023 OCT 21 PM 2:33
RECEIVED
TOWN OF FRANKLIN
TOWN CLERK

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report		0
Line 2: Total receipts this period (page 3, line 11)		0
Line 3: Subtotal (line 1 plus line 2)		0
Line 4: Total expenditures this period (page 5, line 14)		706.56
Line 5: Ending Balance (line 3 minus line 4)		0
Line 6: Total in-kind contributions this period (page 6)		
Line 7: Total (all) outstanding liabilities (page 7)		
Line 8: Name of bank(s) used:		

Affidavit of Committee Treasurer:

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

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

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury: _____ (Candidate's signature) Date: 10/27/23

**ALLEGRA MARKETING
PRINT**

317 UNION ST
FRANKLIN, MA 020382435
5085076081

[https://
www.allegramarketingprint.com/
locations/franklin-ma-downtown/
services/marketing/
marketing_strategy.html](https://www.allegramarketingprint.com/locations/franklin-ma-downtown/services/marketing/marketing_strategy.html)

Cashier: JIM BARTON

Transaction 000000

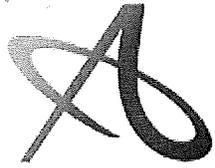
Total	\$706.56
CREDIT CARD SALE	\$706.56
VISA 1076	

Retain this copy for statement
validation

08-Sep-2023 12:08:26P
\$706.56 | Method: CONTACTLESS
VISA XXXXXXXXXXXX1076
Reference ID: 325100537514
Auth ID: 04780D
MID: *****1526
AID: A0000000031010
SIGNATURE:

Payment CSY43X867WY1M

Clover Privacy Policy
<https://clover.com/privacy>



ALLEGRA

MARKETING • PRINT • MAIL

Melanie Hamblen
Melanie Hamblen
Franklin MA 02038

Invoice	
No: 76753	Date: 09/08/23

SHIP TO:

Melanie Hamblen
Franklin MA 02038

Acct.No	Ordered by	Phone	P.O. No	Prepared by	Sales Rep	Ship By
2415	Melanie Hamblen			Cindy		Pickup
Quantity	Description					Price
1	Graphics Time - prepress					15.00
50	Coro Lawn Signs_24 x 18" _2-sided w/stakes					650.00
					Subtotal	665.00
					Tax	41.56
					TOTAL	706.56
					Paid	0.00
					BALANCE	706.56
					Terms	C.O.D.
Received by _____ Date _____						

Pay from this invoice

CREDIT CARD (...1076)

\$706.56

Sale

Sep 8, 2023	ALLEGRA MARKETING
Transaction date	PRINT M
Sep 10, 2023	FRANKLIN, MA
Posted date	000002038
	(508) 507-6081

Description ALLEGRA MARKETING PRINT M
Also known as Allegra Marketing Print Mail
Merchant type Quick-copy and reproduction services
Method In person
Card number (...1076)
Category Personal

Rewards earned with this transaction

+ Avios earned for purchases this period 706.56



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Oct 31, 2023 Ending Date: Oct 31, 2023

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Glenn F. Jones
 Candidate Full Name (if applicable)
 Town Council
 Office Sought and District
 172 School St., Franklin, MA, 02038
 Residential Address
 E-mail: glennfjones172@gmail.com
 Phone # (optional): 508-439-7011

Committee to Elect Glenn Jones
 Committee Name
 Barbara Cohen
 Name of Committee Treasurer
 172 School St., Franklin, MA, 02028
 Committee Mailing Address
 E-mail: glennfjones172@gmail.com
 Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

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

TOWN OF FRANKLIN
 TOWN CLERK
 2023 NOV -3 A 11:33
 RECEIVED

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: Barbara J. Cohen (Treasurer's signature) Date: Oct 31, 2023

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: Glenn F. Jones (Candidate's signature) Date: _____

DN: cn=Glenn F. Jones, o, ou, email=glennfjones172@gmail.com, c=US
 Date: 2023.11.03 11:16:49 -0400



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: August 7, 2023 Ending Date: October 26, 2023

Type of Report: (Check one)

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

Al Charles
Candidate Full Name (if applicable)

Franklin School Committee
Office Sought and District

10 Hawthorne Dr, Franklin, MA 02038
Residential Address

E-mail: AlCharlesFSC@gmail.com

Phone # (optional): _____

Charles Committee
Committee Name

Thea Charles
Name of Committee Treasurer

10 Hawthorne Dr, Franklin, MA 02038
Committee Mailing Address

E-mail: AlCharlesFSC@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$0.01
Line 2: Total receipts this period (page 3, line 11)	\$125.00
Line 3: Subtotal (line 1 plus line 2)	\$125.01
Line 4: Total expenditures this period (page 5, line 14)	\$5.64
Line 5: Ending Balance (line 3 minus line 4)	\$119.37
Line 6: Total in-kind contributions this period (page 6)	\$0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$0.00
Line 8: Name of bank(s) used:	<u>Dean Bank</u>

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: [Signature] (Treasurer's signature) Date: 10.30.2023

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: [Signature] (Candidate's signature) Date: 10.30.2023

TOWN OF FRANKLIN
TOWN CLERK
2023 NOV 21 A 8:24
RECEIVED

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)
08.07.2023	Christopher Brady 36 Kimberlee Ave Franklin, MA 02038	\$50.00	
08.29.2023	Alan Coughlin 16 Hawthorne Dr Franklin, MA 02038	\$25.00	
08.06.2023	Abby Evans 2 Odyssey Ln Franklin, MA 02038	\$25.00	
08.06.2023	Jackie Kepple 579 Pond St Franklin, MA 02038	\$25.00	
Line 9: Total Receipts over \$50 (or listed above)		\$125.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$125.00	← 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.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN OF FRANKLIN
TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2023 Ending Date: 10/30/2023

2023 OCT 31 A 9:17

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Cobi F. Frongillo
Candidate Full Name (if applicable)
Franklin Town Council
Office Sought and District
140 Maple Street, Franklin, MA 02038
Residential Address
E-mail: Cobi@CobiFrongillo.com
Phone # (optional): _____

Committee to Elect Cobi Frongillo
Committee Name
Richard Frongillo
Name of Committee Treasurer
140 Maple Street, Franklin, MA 02038
Committee Mailing Address
E-mail: Finance@CobiFrongillo.com
Phone # (optional): 508 528 1339

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$718.14
Line 2: Total receipts this period (page 3, line 11)	\$1,361.00
Line 3: Subtotal (line 1 plus line 2)	\$2,079.14
Line 4: Total expenditures this period (page 5, line 14)	\$1,233.04
Line 5: Ending Balance (line 3 minus line 4)	\$846.10
Line 6: Total in-kind contributions this period (page 6)	\$0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$0.00
Line 8: Name of bank(s) used:	Rockland Trust

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: [Signature] (Treasurer's signature) Date: 10/30/2023

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: [Signature] (Candidate's signature) Date: 10/30/2023

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)
9/26	Jamele Adams 56 Jefferson Road, Franklin	\$50.00	
10/4	Amber Baur 36 Vine Street, Franklin	\$50.00	
9/26	Anne Bergen 16 Peters Lane, Franklin	\$50.00	
10/14	Francis Bositis 10 West Pine Street, Milford	\$50.00	
10/17	Dan & Ann Bremser 10 Jacks Way, Franklin	\$50.00	
9/26	Laura Burr 235 Pleasant Street, Franklin	\$50.00	
10/2	Debra & Peter Carlson 517 Oak Street, Franklin	\$50.00	
9/26	Laura & David Doherty 147 Dean Avenue, Franklin	\$100.00	
9/27	Andrew & Juliet Donaldson 2 Farm Pond Lane, Franklin	\$200.00	Business Development Director at Nitto Denko Avecia Inc.
9/26	Herbert Gross 411 Eagles Nest Way, Franklin	\$100.00	
9/26	Greeta & Sagar Kamarathi 61 A Street, Franklin	\$50.00	
10/10	Marc & Beth Kaplan 51 Crescent Street, Franklin	\$50.00	
Line 9: Total Receipts over \$50 (or listed above)		[]	
Line 10: Total Receipts \$50 and under* (not listed above)		[]	
Line 11: TOTAL RECEIPTS IN THE PERIOD		[]	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/25	Karen Landers 117 Union Street, Franklin	\$50.00	
9/26	Mark Minnichelli 31 Longfellow Drive, Franklin	\$50.00	
9/22	Ruthann O'Sullivan 175 Oak Street, Franklin	\$50.00	
9/26	Jeffrey Roy 15 Summer Street, Franklin	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		\$1,100.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$261.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$1,361.00	← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/26/2023	Birchwood Bakery	17 E Central St, Franklin, MA 02038	Food	\$651.81
9/19/2023	Staples	284 Hartford Ave, Bellingham, MA 02019	Office Supplies	\$55.23
10/27/2023	Staples	284 Hartford Ave, Bellingham, MA 02019	Printing	\$310.25
9/19/2023	United States Postal Service	43 Main St, Franklin, MA 02038	Postage	-\$66.00
Line 12: Total Expenditures over \$50 (or listed above)				\$1,083.29
Line 13: Total Expenditures \$50 and under* (not listed above)				\$149.75
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$1,233.04

Enter on page 1, line 4 →

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



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: _____ Ending Date: 10/27/23

Type of Report: (Check one)

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

Christopher Stickney
Candidate Full Name (if applicable)

Planning Board; Franklin
Office Sought and District

18 High Streets Franklin MA 02038
Residential Address

E-mail: cbstickney@gmail.com

Phone # (optional): _____

Committee Name: _____

Name of Committee Treasurer: _____

Committee Mailing Address: _____

E-mail: _____

Phone # (optional): _____

2023 OCT 31 A 9:17
 RECEIVED
 TOWN OF FRANKLIN
 TOWN CLERK

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$0</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$965.98</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>-\$965.98</u>
Line 6: Total in-kind contributions this period (page 6)	<u>\$0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>\$0</u>
Line 8: Name of bank(s) used:	_____

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

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

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

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

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

Signed under the penalties of perjury: CSA (Candidate's signature) Date: 10/30/23



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 12/3/21 Ending Date: 10/29/23

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Theodore D. Cormier-Leger
Candidate Full Name (if applicable)
TOWN COUNCIL, Franklin
Office Sought and District
3 Ashbury Dr. Franklin, MA 02038
Residential Address
 E-mail: TED.CORMIERLEGER@gmail.com
 Phone # (optional): 617-686-1265

CTE TED Cormier-Leger
Committee Name
Artie Cormier-Leger
Name of Committee Treasurer
3 Ashbury Dr. Franklin, MA
Committee Mailing Address
 E-mail: _____
 Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$269.05
Line 2: Total receipts this period (page 3, line 11)	.27 (INT)
Line 3: Subtotal (line 1 plus line 2)	\$269.27
Line 4: Total expenditures this period (page 5, line 14)	-87.91
Line 5: Ending Balance (line 3 minus line 4)	\$181.36
Line 6: Total in-kind contributions this period (page 6)	Ø
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used:	BRISTOL CTY SAV. BANK, Franklin

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: [Signature] (Treasurer's signature) Date: 10-29-23

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: [Signature] (Candidate's signature) Date: 10-29-23



P.O. Box 4002 Taunton MA 02780-0956
Return Service Requested

Focused on Your Future
www.bristolcountysavings.com
Customer Service:
508-828-5420
Toll Free:
800-643-BCSB
customer.service@bcsbmail.com

Account Number: xxxxxxxx7169
Statement Date: Sep 01, 2023 thru Sep 29, 2023

002756

COMMITTEE TO ELECT TED CORMIER-LEGER
3 ASHBURY DR
FRANKLIN MA 02038-2844

Summary - All Accounts

Product	Account #	Ending Balance
Business Money Market	xxxxxxx7169	\$181.36



Business Money Market - xxxxxxxx7169

Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			\$269.26
Sep 29	102 Check	-87.91		181.35
Sep 29	Credit Interest		0.01	181.36
	ENDING BALANCE			\$181.36

COMMITTEE TO ELECT TED CORMIER-LEGER

Check Summary

Check No.	Date	Amount	Check No.	Date	Amount	Check No.	Date	Amount
102	Sep 29	87.91						

Number of Checks: 1 * Indicates a skip in sequence e Indicates an electronic check

Balance Summary

Date	Balance	Date	Balance
Sep 01	269.26	Sep 29	181.36

Interest Summary

Avg. Daily Balance	Min. Balance for Period	Interest Period	Days in Period	Interest Earned	Annual Percentage Yield Earned	Interest Paid YTD
266.23	181.36	Sep 01, 2023 - Sep 29, 2023	29	0.01	0.05%	0.09

MAKE YOUR LOAN PAYMENTS ONLINE.



It's simple to get started.

Just go to www.bristolcountysavings.com/payyourloan and follow the steps to enroll in Online Banking. Once set up, you can make your loan payments anytime on your computer, tablet or mobile phone.

Prefer to make your payments by mail? Be sure you are using the updated address:
Bristol County Savings Bank, P.O. Box 4158, Woburn, MA 01888-4158



BRISTOL COUNTY SAVINGS BANK
Commitment. Stability. Community.





Account Number: xxxxxxxx7169
 Statement Date: Sep 01, 2023 thru Sep 29, 2023

Interest Rate Summary

Date	Rate%	Date	Rate%	Date	Rate%	Date	Rate%
Apr 28	0.05%						

Overdraft/Returned Item Fees

Fee Type	Total For This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

Account Summary

Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
Sep 01, 2023	269.26	0.00	0.01	87.91	0.00	181.36

Statement Summary

Account Number	Product Description	Maturity Date	Rate	Balance
xxxxxxx7169	Business Money Market		0.05%	\$181.36





BRISTOL COUNTY SAVINGS BANK™

Commitment. Stability. Community.

Account Number:

xxxxxxxx7169

Statement Date:

Sep 01, 2023 thru Sep 29, 2023

COMMITTEE TO ELECT TED CORMIER-LEGER		102
3 MILLER DRIVE FRANKLIN, MA 02037	9/18/23	09/29/23
<i>Russell Atkins</i>		\$ 87.91
<i>Eighty seven and 9/100</i>		
<i>INN # 71985</i>		
1503771590 0102		

CK #102 PD 09/29 \$87.91



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: **2023 OCT 30 A 11: 28** Beginning Date: 08/01/2023 Ending Date: 10/30/2023

Type of Report: (Check one) **RECEIVED**
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Paul Griffith
Candidate Full Name (if applicable)
School Committee Member - Town of Franklin
Office Sought and District
11 Sunken Meadow Rd. Franklin, MA 02038
Residential Address
E-mail: Paul.griffith.phd@gmail.com
Phone # (optional):

N/A
Committee Name
N/A
Name of Committee Treasurer
N/A
Committee Mailing Address
E-mail: N/A
Phone # (optional):

SUMMARY BALANCE INFORMATION:

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

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

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

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

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

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

Signed under the penalties of perjury: Paul Griffith (Candidate's signature) Date: 10/30/23



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN OF FRANKLIN
TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 07/08/2023 Ending Date: Oct 29, 2023

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Charles Francis Bailey III
Candidate Full Name (if applicable)
Town Council - Franklin MA
Office Sought and District
715 Summer Street Franklin, MA 02038
Residential Address
E-mail: cfbailey67@gmail.com
Phone # (optional): _____

N/A
Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	1,785.86
Line 3: Subtotal (line 1 plus line 2)	1,785.86
Line 4: Total expenditures this period (page 5, line 14)	1,136.08
Line 5: Ending Balance (line 3 minus line 4)	649.78
Line 6: Total in-kind contributions this period (page 6)	150
Line 7: Total (all) outstanding liabilities (page 7)	200
Line 8: Name of bank(s) used:	Rockland Trust

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

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

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

Candidate without Committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: _____ (Candidate's signature) Date: 10/29/2023

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)
07/08/2023	Bailey III, Chalres F. (Candidate) 715 Summer Street Franklin, MA 02038	200	Educator -CMTI Loan from Candidate
09/23/2023	Bisson, Lindsay 39 Miller St. Franklin, MA 02038	100	
07/14/2023	Bramswig, Sean 27 Barker Ave. White Plains NY 10601	100	
09/28/2023	Earls, Alan 23 Marvin Ave. Franklin, MA 02038	100	
09/28/2023	Franklin Republican Town Committee 23 Marvin Ave. Franklin, MA 02038	500	Local Party Committee
08/06/2023	Kandler, Thomas and Laura 4 Summer Heights Dr. Franklin, MA 02038	135	
09/28/2023	Leazott, Rita 14 Emerson Way Franklin, MA 02038	100	
08/27/2023	Lewis, Daniel 580 Eastside Rd. Wrentham, MA 02093	100	
09/23/2023	Maciel, Jackie 95 Elm Street Franklin, MA 02038	62.44	
Line 9: Total Receipts over \$50 (or listed above)		1,397.44	
Line 10: Total Receipts \$50 and under* (not listed above)		388.42	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,785.86	← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
09/09/2023	Fire Smart Promotions	1 Beistle Plaza Shippensburg, PA 17257	Firefighter hats for candidate to hand out at Harvest Festival	272
08/10/2023	Franklin Downtown Partnership Inc.	9 East Central Street #1 Franklin, MA 02038	Booth for candidate at Harvest Festival	75
08/13/2023	Signs on the Cheap.com	11525 Stonehollow Dr. B220 Austin, TX 78758	Lawn signs for candidate	270.73
09/29/2023	Staples	284 Hartford Ave. Bellingham, MA 02019	Political advertising cards for candidate	191.24
09/29/2023	Web.com	5335 Gate Parkway Jacksonville, FL 32256	Website builder for candidate's website	210.24
09/29/2023	Web.com	5335 Gate Parkway Jacksonville, FL 32256	Security certificate for candidate's website	89.88
Line 12: Total Expenditures over \$50 (or listed above)				1,109.09
Line 13: Total Expenditures \$50 and under* (not listed above)				26.99
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,136.08

Enter on page 1, line 4 →

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

SCHEDULE 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
07/08/2023	Charles F. Bailey III	715 Summer Street Franklin, MA 02038	Loan from Candidate	200
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	200



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: _____ Ending Date: 10/30/23

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

David Callaghan
Candidate Full Name (if applicable)
Franklin (MA) School Committee
Office Sought and District
30 Plain St Franklin MA 02038
Residential Address
E-mail: DC.Callaghan@gmail.com
Phone # (optional): _____

Committee Name

Name of Committee Treasurer

Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

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

2023 OCT 27 RECEIVED TOWN OF FRANKLIN TOWN CLERK A 11:56

Affidavit of Committee Treasurer:

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

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

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

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

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

Signed under the penalties of perjury: DC Callaghan (Candidate's signature) Date: 10.22.23



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN OF FRANKLIN
TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2023 Ending Date: 10/30/2023
 2023 OCT 27 P 12:37

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

David McNeill
 Candidate Full Name (if applicable)
 School Committee, Franklin
 Office Sought and District
 85 Cross Street; Franklin, MA 02038
 Residential Address
 E-mail: dave.mcneill777@gmail.com
 Phone # (optional): _____

Committee to Elect Dave McNeill
 Committee Name
 Kenneth Knapp
 Name of Committee Treasurer
 73 Alpine Place; Franklin, MA 02038
 Committee Mailing Address
 E-mail: ken.knapp@verizon.net
 Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$668.30
Line 2: Total receipts this period (page 3, line 11)	\$501.00
Line 3: Subtotal (line 1 plus line 2)	\$1,169.30
Line 4: Total expenditures this period (page 5, line 14)	\$0.00
Line 5: Ending Balance (line 3 minus line 4)	\$1,169.30
Line 6: Total in-kind contributions this period (page 6)	\$0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$0.00
Line 8: Name of bank(s) used:	Rockland Trust

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: [Signature] (Treasurer's signature) Date: 10/27/23

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: [Signature] (Candidate's signature) Date: 10/29/23

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)
6/6/23	MA & NO. New England Laborer's District Council	\$500	7 Laborers Way; Hopinkton, MA 01748
Line 9: Total Receipts over \$50 (or listed above)		\$500.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$1.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$501.00	← 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.



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 8/27/23 Ending Date: 10/30/23

Type of Report: (Check one)

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

Ruthan O'Sullivan
Candidate Full Name (if applicable)
School Committee
Office Sought and District
175 Oak St
Residential Address
E-mail: Ruthanosullivan@gmail.com
Phone # (optional): 508-397-7785

n/a
Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail:
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
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)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: Ruthan O'Sullivan (Treasurer's signature) Date: 10/24/23

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: Ruthan O'Sullivan (Candidate's signature) Date: 10/24/23



Commonwealth of Massachusetts

CPF ID #: _____
(For Office Use Only)

Form CPF D104:
Statement of Candidate
Not Raising or Expending Campaign Funds
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@mass.gov
http://www.ocpf.us

CHECK ONE: I do not have a political committee. **OR** I have organized a political committee on my behalf.

Candidate's Name:	Ruthann O'Sullivan		
Office Sought/District:	School Committee		
Residential Address:	175 Oak St		
City / State / Zip:	Franklin, MA 02038		
E-Mail Address:	RuthannOSullivan@gmail.com	Phone Number:	508-397-7785

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions, make expenditures, including expenditures of my own funds, or incur liabilities for any campaign-related purpose. I submit the following as my campaign report for all bank reporting periods in this election cycle as provided for in Chapter 55 of the Massachusetts General Laws:

- | | |
|--------------------------------------------|------|
| 1. Ending balance from previous report | ZERO |
| 2. Total receipts for reporting period | ZERO |
| 3. Subtotal | ZERO |
| 4. Total Expenditures for reporting period | ZERO |
| 5. Ending balance | ZERO |

RECEIVED
2023 OCT 24 11 A 8
TOWN OF FRANKLIN
TOWN CLERK

If, after filing this statement, I decide to raise or expend funds for a campaign-related purpose, I will immediately designate a depository bank, open an account at the designated bank, and complete and file an Appointment of Depository Bank (D103) Form.

Until such notice is on file with the Director, I certify that the above Zero report will be in effect for each reporting period required by Chapter 55 of the Massachusetts General Laws.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature

Date: 10/24/23