



Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

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

**CANDIDATE:** Full Name: Mark A. Mucciarone

Residential Address: 87 Hill Ave

City / State / Zip: Franklin, MA 02038

E-Mail Address: coach.mooch@verizon.net Phone #: 774-571-9800

Party Affiliation: \_\_\_\_\_ (If applicable)

**OFFICE SOUGHT/PURPOSE:**

Title: Planning Board District: Franklin, MA

Candidate without committee (check if applicable). If checked, do not complete committee or officer sections: sign as candidate, date and file with clerk or local election official.

**COMMITTEE:** Name of Committee: \_\_\_\_\_

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

Committee Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**OFFICERS:**

<b>Chairperson:</b>	<b>Treasurer*:</b>
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Phone #: _____	Phone #: _____ Email: _____

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

Additional officers may be listed on page two.

Check applicable box before signing:

Candidate with committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; and 4) may not serve as treasurer of a political committee organized on my behalf.

Candidate without committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) acknowledge if I become a public employee I must organize a committee and may not serve as treasurer; and 4) am subject to certain duties and liabilities under M.G.L. c. 55 including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY: [Signature] Date: 10/25/2015  
Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on their behalf.

SIGNED UNDER THE PENALTIES OF PERJURY: \_\_\_\_\_ Date: \_\_\_\_\_  
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY: \_\_\_\_\_ Date: \_\_\_\_\_  
Chairperson's signature



# 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: \_\_\_\_\_

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

mark Mucciarone  
Candidate Full Name (if applicable)  
Planning Board  
Office Sought and District  
87 Hill Ave  
Residential Address  
E-mail: coachmooch@verizon.net  
Phone # (optional): 774-571-9800

Committee Name  
Name of Committee Treasurer  
Committee Mailing Address  
E-mail:  
Phone # (optional):  
RECEIVED  
2025 OCT 25 PM 12:26  
TOWN OF FRANKLIN  
TOWN CLERK

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	.00
Line 2: Total receipts this period (page 3, line 11)	—
Line 3: Subtotal (line 1 plus line 2)	—
Line 4: Total expenditures this period (page 5, line 14)	173.92
Line 5: Ending Balance (line 3 minus line 4)	173.92
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: 10/25/2025

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/25/23	Stinson the Cheap		
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS 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.





**Subject** Signsonthe Cheap.com: \$173.92 USD  
**From** service@paypal.com <service@paypal.com>  
**To:** Christine Mucciarone  
<Mrsmooch829@verizon.net>  
**Date** Today at 10:54 AM



Hello, Christine Mucciarone

**You authorized  
\$173.92 USD to  
Signsonthe  
Cheap.com**

**Merchant** Signsonthe Cheap.com  
service@signsonthech...  
+1 866-661-9239

**Transaction date** Sep 25, 2025

**Order ID** 41adda64-ad0c-43d9-9a00-  
5eda0ebdb970

**Ship to** MARK MUCCIARONE  
87 HILL AVE  
FRANKLIN, MA 02038  
United States

[Track Package](#)

**Subtotal** \$120.36



Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

TOWN OF FRANKLIN  
TOWN CLERK

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

2025 OCT 27 A 8:33

<b>CANDIDATE:</b>	Full Name:	Eric Steltzer	
	Residential Address:	7 Mercer Lane	
	City / State / Zip:	Franklin, MA 02038	
	E-Mail Address:	steltzerps@gmail.com	Phone #: 781-264-3662
	Party Affiliation:	Democrat	(If applicable)

RECEIVED

### OFFICE SOUGHT/PURPOSE:

Title: \_\_\_\_\_ District: \_\_\_\_\_

Candidate without committee (check if applicable). If checked, do not complete committee or officer sections: sign as candidate, date and file with clerk or local election official.

<b>COMMITTEE:</b>	Name of Committee:	_____
		(The name of the committee must include the candidate's last name)
	Committee Mailing Address:	_____
	City / State / Zip:	_____ Phone #: _____

### OFFICERS:

<b>Chairperson:</b>	<b>Treasurer*:</b>
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Phone #: _____	Phone #: _____ Email: _____

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

Additional officers may be listed on page two.

Check applicable box before signing:

Candidate with committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; and 4) may not serve as treasurer of a political committee organized on my behalf.

Candidate without committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) acknowledge if I become a public employee I must organize a committee and may not serve as treasurer; and 4) am subject to certain duties and liabilities under M.G.L. c. 55 including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY: \_\_\_\_\_ Date: 10/27/25  
Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on their behalf.

SIGNED UNDER THE PENALTIES OF PERJURY: \_\_\_\_\_ Date: \_\_\_\_\_  
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY: \_\_\_\_\_ Date: \_\_\_\_\_  
Chairperson's signature



# 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: TOWN OF FRANKLIN Beginning Date: 9/15/25 Ending Date: 10/27/25  
TOWN CLERK

Type of Report: (Check one) 2025 OCT 27 A 8:32  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

Eric Steltzer  
Candidate Full Name (if applicable)  
Planning Board  
Office Sought and District  
7 Mercer Lane  
Residential Address  
E-mail: steltzerpb@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>\$ 452.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 452.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 452.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>-</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>-</u>
Line 8: Name of bank(s) used:	<u>Debn 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: \_\_\_\_\_ (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.

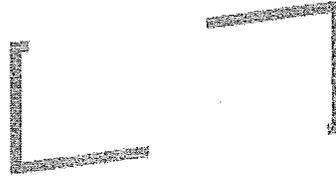
Signed under the penalties of perjury: \_\_\_\_\_ (Candidate's signature) Date: 10/27/25







**From:** YardSignPlus sales@yardsignplus.com  
**Subject:** Proof Approved for Order ID #2509592411  
**Date:** September 15, 2025 at 4:28 PM  
**To:** steltzerpb@gmail.com  
**Cc:** YardSignPlus sales@yardsignplus.com



Proof Approved for Order ID #2509592411

## Hi Eric Steltzer

Thank you for your interest in YardSignPlus products.  
 Your order has been Approved and will be processed  
 immediately once payment has been confirmed.

<b>Order ID</b>	2509592411	<b>Email</b>	steltzerpb@gmail.com
<b>Order Date</b>	September 14th at 8:31am	<b>Mobile</b>	(781)-264-3662
<b>Payment Method</b>	Credit Card	<b>Order Status</b>	Upload Proof

### Billing Address

### Shipping Address

Eric Steltzer 7 Mercer Lane Franklin MA 02038 US <b>Phone Number:</b> (781)-264-3662 <b>Email:</b> steltzerpb@gmail.com	Eric Steltzer 7 Mercer Lane Franklin MA 02038 US <b>Phone Number:</b> (781)-264-3662 <b>Email:</b> steltzerpb@gmail.com
---	---

Product Image	Product Details	Quantity	Price	Total				
	<b>Yard Sign - 24x18 - CUSTOM</b> <table border="1"> <tr> <th>Size</th> <th>Quantity</th> </tr> <tr> <td>24x18</td> <td>CUSTOM</td> </tr> </table>	Size	Quantity	24x18	CUSTOM	100	\$3.76	\$376.00
Size	Quantity							
24x18	CUSTOM							

[Download Proof File](#)

Delivery Date: September 22, 2025\*  
Delivery Cost: \$0.00

Subtotal	\$452.00
Shipping (Delivery Date: September 22, 2025*)	\$0.00
Order Total Amount PAID	\$452.00

Your order will not go into production until you Approve your Proof. You will receive an email with a proof for your Order Approval Request. Once you approve your proof, we will begin processing your order.

Your order will arrive on  
**September 22, 2025**

**CLICK TO VIEW ORDER DETAILS**

*\*This date is subject to change based on when you approve the final proof.*

*Our current estimate is that your order will be delivered by the delivery date selected.*

*Colors may slightly vary on the final product. This includes repeat orders. All orders are fully custom. The production process includes high temperatures, cutting, and packaging which can impact the final visual color.*

*Please note we almost identically match the CMYK colors listed on the proof we send you for your review.*

*If any delays occur, please contact us at [support@yardsignplus.com](mailto:support@yardsignplus.com) and we will further assist you.*





Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

TOWN OF FRANKLIN  
TOWN CLERK

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Law, Chapter 53, § 2A, amended, organization of a candidate or candidate's committee as follows:

**RECEIVED**

**CANDIDATE:** Full Name: William J. Lee, IV

Residential Address: 18 Martin Ave

City / State / Zip: Franklin MA 02038

E-Mail Address: wjlee52394@gmail.com Phone #: (781) 640-0363

Party Affiliation: Unenrolled (If applicable)

**OFFICE SOUGHT/PURPOSE:**

Title: Planning Board (Associate) District: \_\_\_\_\_

Candidate without committee (check if applicable). If checked, do not complete committee or officer sections: sign as candidate, date and file with clerk or local election official.

**COMMITTEE:** Name of Committee: \_\_\_\_\_  
(The name of the committee must include the candidate's last name)

Committee Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**OFFICERS:**

<b>Chairperson:</b> _____	<b>Treasurer*:</b> _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Phone #: _____	Phone #: _____ Email: _____

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

Additional officers may be listed on page two.

Check applicable box before signing:

- Candidate with committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; and 4) may not serve as treasurer of a political committee organized on my behalf.
- Candidate without committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) acknowledge if I become a public employee I must organize a committee and may not serve as treasurer; and 4) am subject to certain duties and liabilities under M.G.L. c. 55 including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:  Date: 10/23/2025  
Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on their behalf.

SIGNED UNDER THE PENALTIES OF PERJURY: \_\_\_\_\_ Date: \_\_\_\_\_  
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY: \_\_\_\_\_ Date: \_\_\_\_\_  
Chairperson's signature



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:	William J. Lee, IV		
Office Sought/District:	Planning Board (Associate)/Franklin		
Residential Address:	18 Martin Ave		
City / State / Zip:	Franklin, MA 02038		
E-Mail Address:	wjlee52394@gmail.com	Phone Number:	(781) 640-0363

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 |

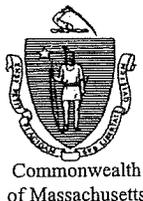
If, after filing this statement, I decide to raise or expend funds for a campaign-related purpose, I will immediately designate a depository bank, open an account at the designated bank, and complete and file an Appointment of Depository Bank (D103) Form.

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: 10/23/2025



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

Office of Campaign and Political Finance  
TOWN CLERK

File with: City / Town Clerk or Election Commission

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

2025 OCT 26 A 8:23

RECEIVED

<b>CANDIDATE:</b>	Full Name: <u>William J. Lee, IV</u>
	Residential Address: <u>18 Martin Ave</u>
	City / State / Zip: <u>Franklin</u> MA <u>02038</u>
	E-Mail Address: <u>wjlee52394@gmail.com</u> Phone #: <u>(781) 640-0363</u>
	Party Affiliation: <u>Unenrolled</u> (If applicable)
<b>OFFICE SOUGHT/PURPOSE:</b>	
	Title: <u>Planning Board (Associate)</u> District: <u>Franklin</u>
	<input checked="" type="checkbox"/> Candidate without committee (check if applicable). If checked, do not complete committee or officer sections: sign as candidate, date and file with clerk or local election official.

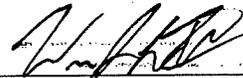
<b>COMMITTEE:</b>	Name of Committee: _____ (The name of the committee must include the candidate's last name)
	Committee Mailing Address: _____
	City / State / Zip: _____ Phone #: _____

<b>OFFICERS:</b>	
<b>Chairperson:</b> _____	<b>Treasurer*:</b> _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Phone #: _____	Phone #: _____ Email: _____

\*A public employee may not serve as treasurer of any political committee (see reverse).  
Additional officers may be listed on page two.

Check applicable box before signing:

- Candidate with committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; and 4) may not serve as treasurer of a political committee organized on my behalf.
- Candidate without committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) acknowledge if I become a public employee I must organize a committee and may not serve as treasurer; and 4) am subject to certain duties and liabilities under M.G.L. c. 55 including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:  Date: 10/23/2025  
Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on their behalf.

SIGNED UNDER THE PENALTIES OF PERJURY: \_\_\_\_\_ Date: \_\_\_\_\_  
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY: \_\_\_\_\_ Date: \_\_\_\_\_  
Chairperson's signature



Commonwealth of Massachusetts

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

CPF ID #: \_\_\_\_\_

(For Office Use Only)

# Form CPF D104: Statement of Candidate Not Raising or Expending Campaign Funds

Office of Campaign and Political Finance

(617) 979-8300 / (800) 462-OCPPF  
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:	William J. Lee, IV		
Office Sought/District:	Planning Board (Associate)/Franklin		
Residential Address:	18 Martin Ave		
City / State / Zip:	Franklin, MA 02038		
E-Mail Address:	wjlee52394@gmail.com	Phone Number:	(781) 640-0363

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 |

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: 10/23/2025