



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: 11/25 Ending Date: 10/27/28

Type of Report: (Check one)

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

David Charles Callaghan
Candidate Full Name (if applicable)

School Committee - Franklin
Office Sought and District

30 Plain St Franklin MA 02088
Residential Address

E-mail: DC.Callaghan@gmail.com

Phone # (optional): 508.873.1472

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)

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: _____ (Candidate's signature)

Date: 10.27.25



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: ²⁰²⁵ Beginning Date: August 5, 2025 Ending Date: October 27, 2025

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 #: 978-771-0128

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 #: 508-397-9610

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$0.01

Line 2: Total receipts this period (page 3, line 12)

\$51.00

Line 3: Subtotal (line 1 plus line 2)

\$51.01

Line 4: Total expenditures this period (page 5, line 15)

\$3.23

Line 5: Ending Balance (line 3 minus line 4)

\$47.78

Line 6: Total in-kind contributions this period (page 6, line 18)

\$0.00

Line 7: Total (all) outstanding liabilities (page 7, line 19)

\$0.00

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

\$0.00

Line 9: Name of bank(s) used:

Dean 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: [Signature] (Treasurer's signature)

Date: 10.27.2025

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: 10.27.2025

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
08.10.2025	Christopher Brady 36 Kimberlee Ave Franklin, MA 02038	\$25.00	
08.09.2025	Al Charles 10 Hawthorne Dr Franklin, MA 02038	\$1.00	
09.29.2025	Anne Valluzzi 2 Elm St Franklin, MA 02038	\$25.00	



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: 08/15/25 TOWN OF FRANKLIN Ending Date: 10/27/2025

Type of Report: (Check one)

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
Office Sought and District

11 Sunken Meadow Rd
Residential Address

E-mail: **Paul.griffith.phd@gmail.com**

Phone #: **609 203-8202**

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # :

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 15)	0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6, line 18)	0
Line 7: Total (all) outstanding liabilities (page 7, line 19)	0
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	0
Line 9: 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: 10/23/2025



Commonwealth
of Massachusetts

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

File with:
City or Town Clerk or Election Commission

TOWN OF FRANKLIN
TOWN CLERK

2025 OCT 22 P 1:15

Reporting Period: Beginning: 9/1/2025 Ending: 10/27/2025

RECEIVED

Type of Report: 2025 Pre-election Report

O'Sullivan, Ruthann

Full Name of Candidate

School Committee

Office Sought/ District

175 Oak Street
Franklin, MA 02038

Residential Address

Committee Name

Name of Committee Treasurer

Committee Address

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$0.00
Total receipts this period:	\$592.99
Subtotal:	\$592.99
Total expenditures this period:	\$0.00
Ending Balance:	\$592.99
<hr/>	
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$592.88
Total outstanding liabilities:	\$0.00
Name of Bank Used:	

Affidavit:

I certify under the penalties of perjury that:

- 1) I am the candidate, the duly appointed treasurer or an authorized user who has been granted permission to e-file reports and statements on the candidate's or committee's behalf; and
- 2) this report has been examined and approved for filing by the candidate and the committee treasurer (if applicable) and that it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, inkind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of the candidate and/or committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Electronically filed by Ruthann O'Sullivan on 10/22/2025

Filed via OCPF Reporter
2025-10-22 12:53:04 PM

Schedule B: Expenditures

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

Date Name and Address

Amount Purpose

Total Itemized Expenditures:	\$0.00
Total Unitemized Expenditures:	\$0.00
Total Expenditures:	<u>\$0.00</u>



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: 10/01/25 Ending Date: 10/27/25

Type of Report: (Check one)

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

KP Sompally

Candidate Full Name (if applicable)
School Comm

Office Sought and District

Residential Address

E-mail: kpsompally@gmail.com

Phone #: 617 515 5149

Committee Name

Name of Committee/Treasurer

Committee Mailing Address

E-mail:

Phone #:

RECEIVED
2025 OCT 28 A 9:46
TOWN OF FRANKLIN
TOWN CLERK

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>0.00</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0.00</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>0.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0.00</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0.00</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0.00</u>
Line 9: Name of bank(s) used:	<u>0.00</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: [Signature] (Candidate's signature) Date: 10/27/25



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

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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 SEP -3 A 8:55

CANDIDATE: Full Name: HENRY REIS HANSEN RECEIVED

Residential Address: 2 JANIE AVE

City / State / Zip: FRANKLIN, MA 02038

E-Mail Address: REIS@REISHANSEN.COM Phone #: 203-536-1243

Party Affiliation: _____ (If applicable)

OFFICE SOUGHT/PURPOSE:

Title: SCHOOL COMMITTEE District: FRANKLIN PUBLIC

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: COMMITTEE TO ELECT HENRY REIS HANSEN
(The name of the committee must include the candidate's last name)

Committee Mailing Address: 2 JANIE AVE

City / State / Zip: FRANKLIN MA 02038 Phone #: 203-536-1243

OFFICERS:

<p>Chairperson: <u>HENRY REIS HANSEN</u></p> <p>Residential Address: <u>2 JANIE AVE</u></p> <p>City / State / Zip: <u>FRANKLIN MA 02038</u></p> <p>Phone #: <u>203-536-1243</u></p>	<p>Treasurer*: <u>BONNIE FLANAGAN</u></p> <p>Residential Address: <u>3 EDMUNDS WAY</u></p> <p>City / State / Zip: <u>FRANKLIN MA 02038</u></p> <p>Phone #: <u>617-947-3706</u> Email: <u>BFORD1107@GMAIL.COM</u></p>
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*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: 9/2/25
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: [Signature] Date: 9/2/25
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY: [Signature] Date: 9/2/25
Chairperson's signature



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: 9/2/25 Ending Date: 2025 OCT 21/23/258

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

HENRY BEIS HANSEN
Candidate Full Name (if applicable)
SCHOOL COMMITTEE, FRANKLIN
Office Sought and District
2 JANIE AVE FRANKLIN MA 02038
Residential Address
E-mail: REIS@BEISHANSEN.COM
Phone #: 203-536-1243

COMMITTEE TO ELECT HENRY BEIS HANSEN
Committee Name
BONNIE FLANAGAN
Name of Committee Treasurer
2 JANIE AVE FRANKLIN MA 02038
Committee Mailing Address
E-mail: REIS@BEISHANSEN.COM
Phone #: 203-536-1243

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0.</u>
Line 2: Total receipts this period (page 3, line 12)	<u>818.17</u>
Line 3: Subtotal (line 1 plus line 2)	<u>818.17</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>553.94</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>264.23</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0.</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>350.00</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0.</u>
Line 9: Name of bank(s) used:	<u>ROCKLAND TRUST</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: Bonnie Flanagan (Treasurer's signature) Date: 10/23/25

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: 10/23/25

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
9/4/25	Henry Reis Hansen	2 Jarvis Ave. Franklin MA 02038	Loan from Candidate	350.00
Enter on page 1, line 7 →			Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)	350.00



Questions about your order?
 Visit our Help Center at
 www.staples.com/hc or call us
 at 1-800-333-3330.

REFER TO THIS ORDER NO. FOR ALL INQUIRIES

CUSTOMER NO. 4899579546	SHIP DATE 09/08/2025	ORDER NO. 9932439282-000001
PURCHASE ORDER NO.		RELEASE NO.
COST CENTER		End Cust PO#

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Staples
 STAPLES STORE 0348
 HENRY HANSEN
 284 HARTFORD AVE
 BELLINGHAM, MA 020193000
 Contact: (203)536-1243 - HENRY HANSEN

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SHIPPING LOCATION : Putnam, CT FC

CARRIER ROUTE : SHA/COU/52

PAGE : 1

Special Instructions

000100000000

Line	ITEM NUMBER	ITEM DESCRIPTION / MODEL NUMBER	UNIT of MEAS	QTY ORDERED	QTY SHIPPED	B/O qty	Your Price	Extended Amount
1	810902	FRAME L SHAPE 8.5X11/ST18387	EA	1	1	0	5.39	5.39
Merchandise Total..... 5.39 Shipping & Delivery..... 0.00 Handling..... 0.00 Tax..... .34								

check your order status online by going to www.Staples.com and clicking on "Track Order".

Staples
 NEW
 & Previews

NOTICE NEW PACKAGING & NEW
 PRODUCT OPTIONS TO BETTER SERVE
 YOUR BUSINESS NEEDS.

TOTAL VALUE
 OF ORDER : 5.73

Thank you for your order!

THIS IS NOT AN INVOICE



Questions about your order?
 Visit our Help Center at
www.staples.com/hc or call us
 at 1-800-333-3330.

REFER TO THIS ORDER NO. FOR ALL INQUIRIES

CUSTOMER NO.	SHIP DATE	ORDER NO.
4899579546	09/08/2025	9932436378-000001
PURCHASE ORDER NO.		RELEASE NO.
COST CENTER		End Cust PO#

SHIPPING LOCATION : Putnam, CT FC

CARRIER ROUTE : SHA/COU/52

S O L D T O

Staples
 HENRY HANSEN
 2 JANIE AVE
 FRANKLIN, MA 020382820
 Contact: (203)536-1243 - HENRY HANSEN

PAGE : 1

Special Instructions
 000100000000

Line	ITEM NUMBER	ITEM DESCRIPTION / MODEL NUMBER	UNIT OF MEAS	QTY ORDERED	QTY SHIPPED	B/O qty	Your Price	Extended Amount
1	2661128	LANYARDS HOOK 24 BK/AVT75424	BX	2	2	0	13.39	26.78
2	491454	AVERY VINYL BADGE HORIZONTAL/74471	PK	2	2	0	29.89	59.78
Merchandise Total..... 86.56 Shipping & Delivery..... 0.00 Coupon Credit..... 22.40CR Handling..... 0.00 Tax..... 4.01								

TOTAL VALUE OF ORDER : 68.17

NOTICE NEW PACKAGING & NEW
 PRODUCT OPTIONS TO BETTER SERVE
 YOUR BUSINESS NEEDS.

Staples

News & Previews

Thank you for your order !

THIS IS NOT AN INVOICE

****Customer Copy****


HENRY HANSEN
2 JANIE AVE
FRANKLIN, MA, 020382820
US
2035361243

Sales Order No: 9932436378
Return Order No: 9608404287
Return Date: 10/08/2025
Return Store: 348

Email Id: campaign@reishansen.com

Item ID	Item Description	Quantity Returned
2661128	Advantus Deluxe Lanyards Black 24Box 75424	2
491454	Avery Secure Top Heavy Duty Multiuse Badge Holders 3 x 4 Clear Landscape Holders 25Pack 74471	2

Merchandise Refund: \$86.56
 Coupons/Rewards: -\$22.40
 Refundable Charges: \$0.00
 Tax Refund: \$4.01
TOTAL REFUND: \$68.17

Note: Please retain this document for your records. Refunds will be posted to the marketplace in 24-72 hours.



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: Stephen Karunakaran
 Residential Address: 23 Nina Ln
 City / State / Zip: Franklin Ma 02038
 E-Mail Address: _____ Phone #: _____
 Party Affiliation: _____ (If applicable)

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.

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

OFFICERS:

Chairperson: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____	Treasurer*: _____ Residential Address: _____ City / State / Zip: _____ 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: 02/22/21
 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

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: 1/1/2025 Ending Date: 10/27/2025

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

STEPHEN KARUNAKARAN
Candidate Full Name (if applicable)
SCHOOL COMMITTEE FRANKLIN
Office Sought and District
23 NINA LN, FRANKLIN, MA
Residential Address
E-mail: STEPHENPAM@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>260.19</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>260.19</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: 10/22/25

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
10/28/25	CRAZY CHEAP SIGNS	\$195.08	Signs.
10/21/25	CVS HEALTH	\$26.76	Banner
10/21/25	CVS HEALTH	\$26.76	Banner
10/19/25	CVS Health	\$11.59	Plyer.
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		260.19	

← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.



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

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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:

TOWN OF FRANKLIN
TOWN CLERK

CANDIDATE:	Full Name: <u>Nadia ET Mausolf</u>	2025 SEP -5 P 12:05
	Residential Address: <u>35 Reid Street</u>	RECEIVED
	City / State / Zip: <u>Franklin</u> MA <u>02038</u>	
	E-Mail Address: <u>NADIAET1@YAHOO.COM</u>	Phone #: <u>617-733-9179</u>
	Party Affiliation: _____ (If applicable)	
OFFICE SOUGHT/PURPOSE:		
	Title: <u>SCHOOL COMMITTEE</u>	District: <u>FRANKLIN</u>
	<input type="checkbox"/> Candidate without committee (check if applicable). If checked, do not complete committee or officer sections: sign as candidate, state and file with clerk or local election official.	

COMMITTEE:	Name of Committee: <u>NADIA MAUSOLF- SCHOOL COMMITTEE</u> (The name of the committee must include the candidate's last name)
	Committee Mailing Address: <u>35 REID STREET</u>
	City / State / Zip: <u>FRANKLIN</u> MA <u>02038</u> Phone #: <u>617-733-9179</u>

OFFICERS:	
Chairperson: <u>NADIA MAUSOLF</u> Residential Address: <u>35 REID STREET</u> City / State / Zip: <u>FRANKLIN</u> MA <u>02038</u> Phone #: <u>6177339179</u>	Treasurer*: <u>DANIEL MAUSOLF</u> Residential Address: <u>35 REID STREET</u> City / State / Zip: <u>FRANKLIN</u> MA <u>02038</u> Phone #: <u>3013674713</u> Email: <u>DANMAUS@HOTMAIL.COM</u>
*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.

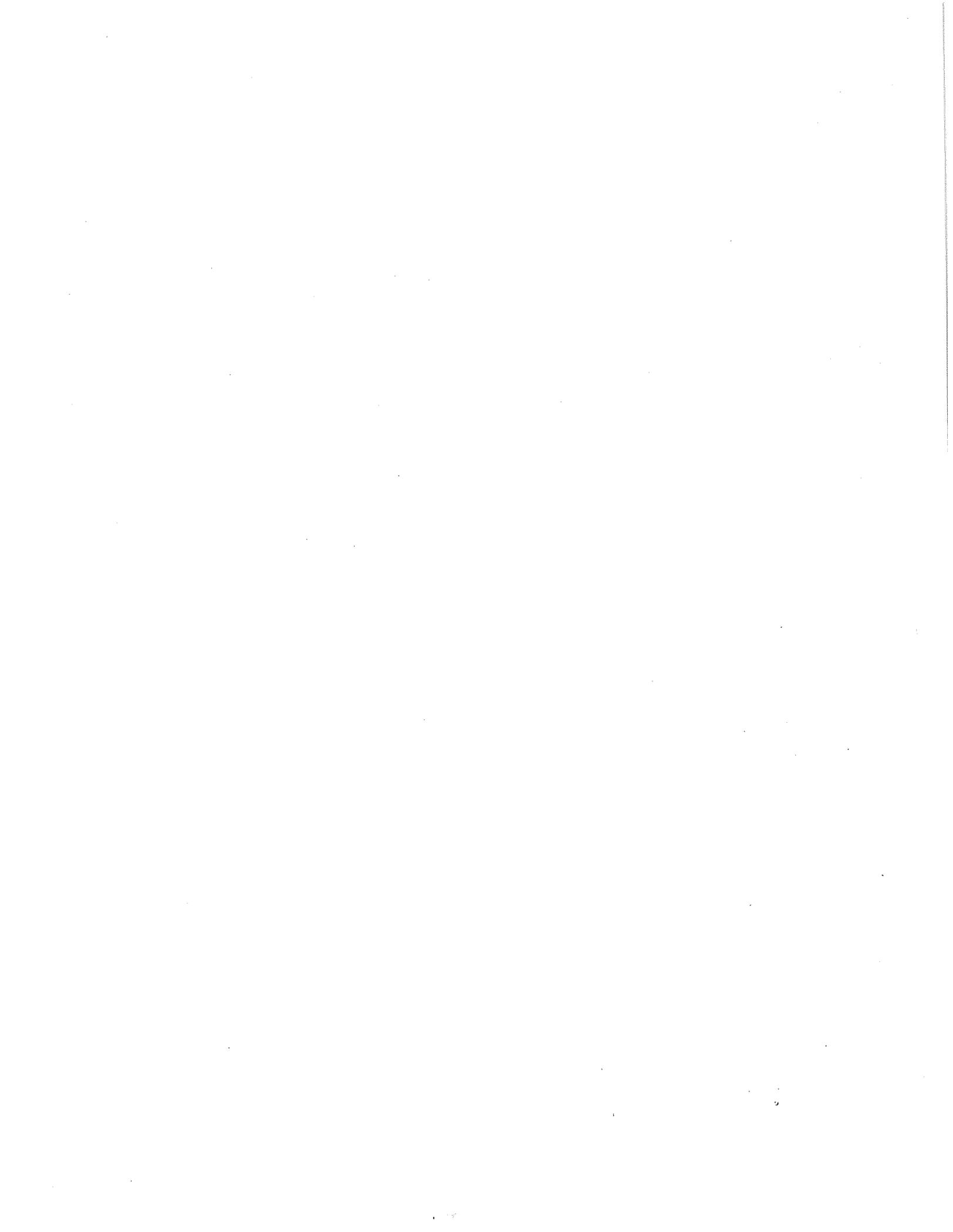
SIGNED UNDER THE PENALTIES OF PERJURY: Nadia Mausolf Date: 9/5/25
Candidate's signature

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: [Signature] Date: 9/5/25
Treasurer's signature

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

SIGNED UNDER THE PENALTIES OF PERJURY: Nadia Mausolf Date: 9/5/25
Chairperson's signature





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: 9/5/25 Ending Date: 10/23/25 2:15

RECEIVED

Type of Report: (Check one)

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

NADIA E, MAUSOLF
Candidate Full Name (if applicable)

SCHOOL COMMITTEE - FRANKLIN
Office Sought and District

35 REID ST, FRANKLIN, MA 02038
Residential Address

E-mail: NADIAET1@YAHOO.COM

Phone #: 617-733-9179

NADIA MAUSOLF - SCHOOL COMMITTEE
Committee Name

DANIEL S, MAUSOLF
Name of Committee Treasurer

35 REID ST, FRANKLIN, MA
Committee Mailing Address

E-mail: DANMAUS@HOTMAIL.COM

Phone #: 301-367-4713

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 12)	<u>1208.94</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1208.94</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>901.76</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>307.18</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>48.80</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>108.94</u>
Line 9: Name of bank(s) used:	<u>Rockland Trust</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: Daniel Mausolf (Treasurer's signature) Date: 10/23/25

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: Nadia Mausolf (Candidate's signature) Date: 10/23/25

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/13/25	Laura Gagmon 1 Symphony Dr.	100	
9/24/25	Aileen Kehoe 11 Concetta Way	100	
9/24/25	Susan Rokrbach 38 Philomena Way	100	

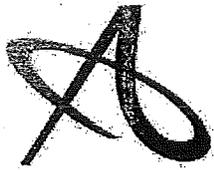
SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
9/18	Canva web order	108.94	Postcards
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		108.94	<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		108.94	

← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.



ALLEGRA.

MARKETING • PRINT • MAIL

Nadia Mausolf
Nadia Mausolf
Franklin MA 02038

Invoice	
No: 83643	Date: 09/17/25
Amount Due: \$0.00	

SHIP TO:

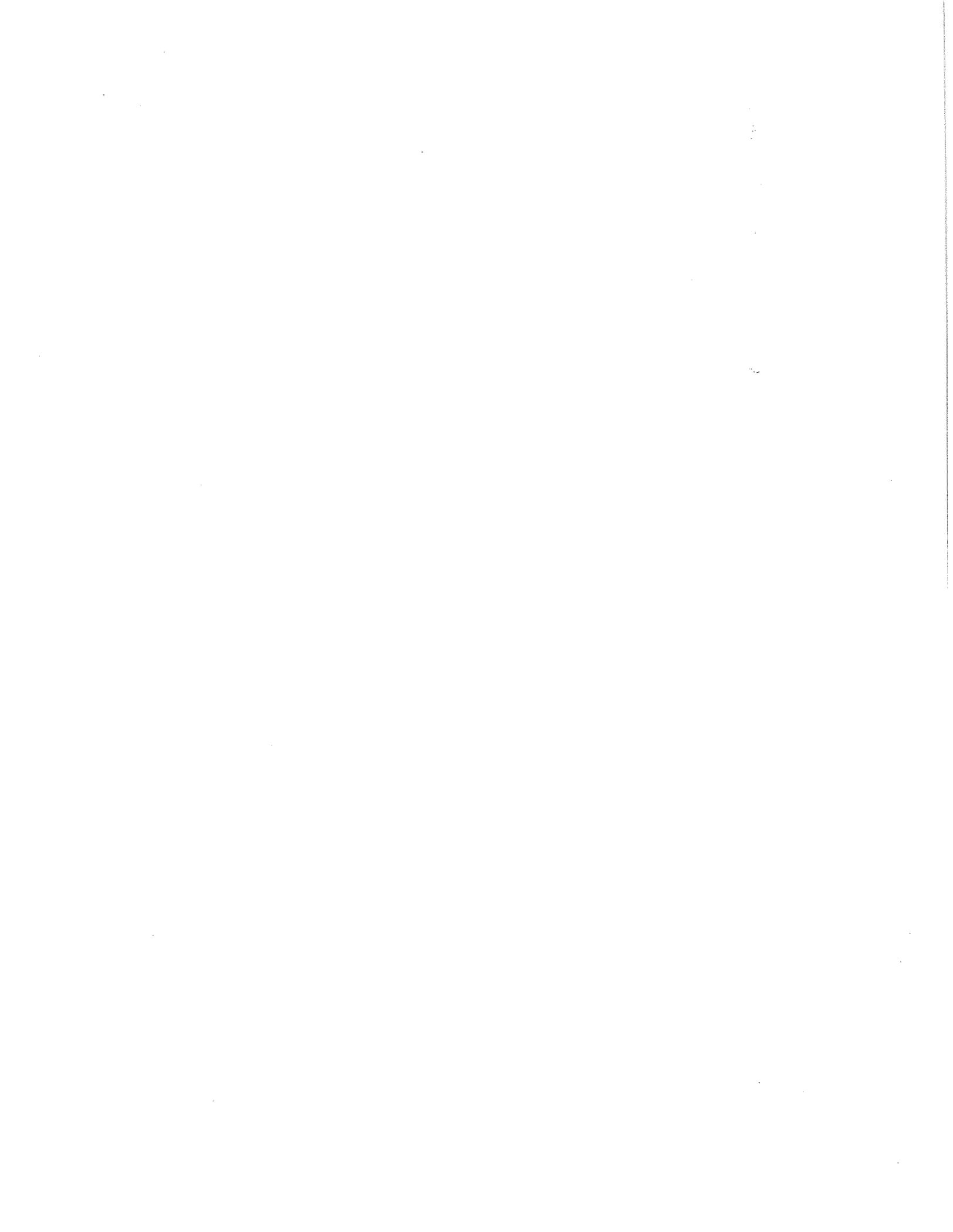
Nadia Mausolf
Franklin MA 02038

Acct.No	Ordered by	Phone	P.O. No	Prepared by	Sales Rep	Ship By
2835	Nadia Mausolf	617.733.9179		Mike		Pickup
Quantity	Description					Price
50	Yard Signs_18x24 w/ Step Stakes - Campaign Franklin					550.00
<p><i>Thank you for the order. We appreciate your business. Payment \$584.38 Check 09/17/2025</i></p>					Subtotal	550.00
					Tax	34.38
					TOTAL	584.38
					Paid	-584.38
					BALANCE	0.00
					Paid-in-Full	Thank you
Received by: _____ Date _____						

Pay from this invoice

Allegra • 25 Kenwood Circle, Suite 16 • Franklin MA 02038 • (508) 528-5339

(print# 1)





Allegra Franklin
 25 Kenwood Circle Suite 16
 Franklin, MA 02038
 508-528-5339

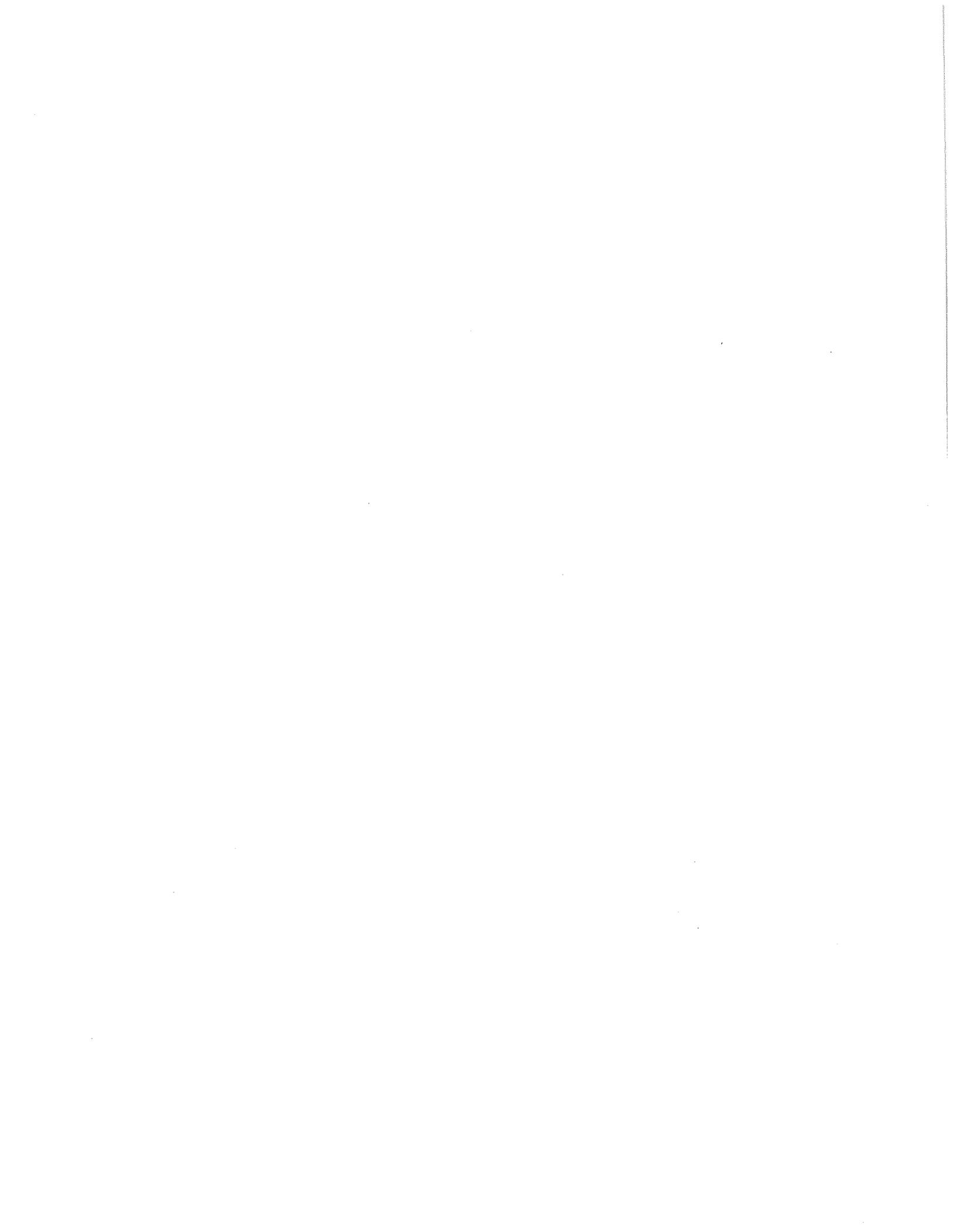
Invoice	
No: 83818	Date: 10/06/25

Page 1 of 1

Nadia Mausolf
 Nadia Mausolf
 Franklin, MA 02038

Ship To:
 < Same as Bill To >

Acc.No	Ordered By	Phone	Fax	P.O. No	Prepared By	Sales Rep		
2835	Nadia Mausolf				Mike			
Quantity	Description					Price		
20	10/6/2025: 10% Courtesy Discount Applied as a Thank You for sending referrals our way! Yard Signs_18x24 w/ Step Stakes - Campaign Franklin					\$300.00		
Terms	Subtotal	Discount	Shipping	Postage	Tax	Total	Job Paid	Job Balance
C.O.D.	\$300.00	(\$30.00)	\$0.00	\$0.00	\$16.88	\$286.88	(\$286.88)	\$0.00





FRANKLIN
43 MAIN ST
FRANKLIN, MA 02038-9998
www.usps.com

10/09/2025

03:09 PM

Product	Qty	Unit Price	Price
Vibrant Leaves	50	\$0.61	\$30.50

Grand Total: \$30.50

Credit Card Remit \$30.50

Card Name: MasterCard
Account #: XXXXXXXXXXXX4341
Approval #
Transaction #: 288
AID: A0000000042203 Chip
AL: US Debit
PIN: Not Required

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Customer Service
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(1-800-275-8777)

Agents do not have any additional
information other than what is provided on
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Tell us about your experience.
Go to: <https://postalexperience.com/Pos>
or scan this code with your mobile device,



or call 1-800-410-7420.

UFN: 242805-0438
Receipt #: 840-50280011-1-8825523-1
Clerk: 12



Nadia Mausolf <netm77@gmail.com>

Order #PAGzLlaLC3c | Your order's been received

1 message

Canva <no-reply@canva.com>
To: netm77@gmail.com

16 September 2025 at 17:00

We can't wait for you to meet your print

Thanks for designing and printing with Canva. Your order's being prepared, and we'll let you know when it's been sent to print.

Out of pocket

Your order summary

10/24
~~Reimburse Check~~
~~needed \$ 9003~~
9004

<https://mail.google.com/mail/u/0/?ik=b5c285930f&view=pt&search=all&permthid=thread-f:1843455757177123093&siml=msg-f:1843455757177123093>

9/16/25, 3:02 PM

Gmail - Order #PAGzLlaLC3c | Your order's been received

ORDER NUMBER

PAGzLlaLC3c

SHIPPING ADDRESS

Nadia Mausolf
35 Reid St
Franklin MA 02038
United States

SHIPPING METHOD

Standard



ITEM	QTY	PRICE
Postcard (Landscape, Small (5.5 x 500 4.3in), Premium paper, Matte finish, Square corners)		\$95.00

Subtotal (1 items)	\$95.00
Shipping fee	\$8.00
Total (incl. tax)	\$108.94

Need to make a change?

Your order can be canceled within 2 hours of placing it for a full refund. Then simply update and reorder.

108.94

