



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: NOV. 2023 Ending Date: October 24, 2025

Type of Report: (Check one)

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

Theodore "TED" 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

Comm to Elect Ted Cormier-Leger
Committee Name
Artie Cormier-Leger
Name of Committee Treasurer
3 Ashbury Dr. Franklin, MA 02038
Committee Mailing Address
E-mail: rtlegerjr@hotmail.com
Phone # (optional): 617 686 1407

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$181.46</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$1,069.55</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$1,251.01</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 908.92</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 292.09 342.09</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>BRISTOL COUNTY SAV. 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: 10/24/25

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: 10/24/25

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)
8/12/25	Nancy + Bob Wheeler 118 Pleasant St Franklin, MA 02038	\$100-	Retired
8/12/25	Genevieve Cormier 15 Inkberry Lane Plymouth, MA 02360	\$100-	Retired
8/12/25	Franklin Dem. Town Committee 40 Town Hall 355 E. Central St. Franklin MA 02038	\$250-	N/A
8/12/25	Sheila Alessi 10 Prospect Hill Dr. Tewksbury, MA 01876	\$100-	Homemaker
8/12/25	Marianne Delorey 96 Downey St Hopkinton, MA 01748	\$150-	Nursing Home Director
8/19/25	Jack + Christine Manns 18 Dover Circle Franklin, MA 02038	\$50-	Retired
8/19/25	Act Blue (Austin + MacNeil)	\$48.50	N/A
8/22/25	The O'Connor Family 8514 Litchfield Dr. N. Charleston, SC 29406	\$75-	Retired
8/26/25	Act Blue (Jeff Roy)	\$96.05	N/A
10/24/25	Roberta + Roger Trahan 1 Green St Franklin, MA 02038	\$50-	Retired
8/12/25	Barbara Scardino 12 Norumbega Circle Franklin, MA 02038	\$50-	Realtor
Line 9: Total Receipts over \$50 (or listed above)		00000	\$1069.55
Line 10: Total Receipts \$50 and under* (not listed above)		\$0-	
Line 11: TOTAL RECEIPTS IN THE PERIOD		00000	\$1,069.55 ← 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
8/19	Allegra Signs	25 Kenwood Circle Suite 16 Franklin MA 02038	signage	\$712.50
8/22	Allegra Signs	same as above	Tax on 8/19 order	\$44.53
10/24	Ted Commer-Leger	3 Ashbury Dr. Franklin, MA	Reimbursement Food + Bev. Campaign events	\$151.89
Line 12: Total Expenditures over \$50 (or listed above)				\$908.92
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$908.92

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. Page 4



1898



BRISTOL COUNTY SAVINGS BANK™

Commitment. Stability. Community.

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@bcbsmail.com

002357



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

Customer Statement

Account Number: xxxxxxxx7169
Statement Date: Aug 30, 2025 thru Sep 30, 2025

Summary - All Accounts

Product	Account #	Ending Balance
Business Money Market	xxxxxxx7169	\$443.50

Business Money Market - xxxxxxxx7169

Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			\$443.50
	No activity this period.			\$443.50
	ENDING BALANCE			\$443.50

COMMITTEE TO ELECT TED CORMIER-LEGER

Interest Summary

Avg. Daily Balance	Min. Balance for Period	Interest Period	Days in Period	Interest Earned	Annual Percentage Yield Earned	Interest Paid YTD
443.50	443.50	Aug 30, 2025 - Sep 30, 2025	32	0.00	0.00%	0.00

Interest Rate Summary

Date	Rate%	Date	Rate%	Date	Rate%	Date	Rate%
Oct 11	0.01%						

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
Aug 30, 2025	443.50	0.00	0.00	0.00	0.00	443.50



Help keep your account secure!

Update your cell number and email address today.

- Update via Digital Banking
- Stop by your local branch
- Call 1-800-643-BCSB

www.bristolcountysavings.com

04325A_BK_283BC0001_M033

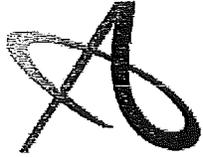


Account Number: xxxxxxxx7169
Statement Date: Aug 30, 2025 thru Sep 30, 2025

Statement Summary

Account Number	Product Description	Maturity Date	Rate	Balance
xxxxxxx7169	Business Money Market		0.01%	\$443.50





ALLEGRA

MARKETING • PRINT • MAIL

Ted Cormier-Leger
Ted Cormier-Leger
Franklin MA 02038

PAID
\$712.50 Ch# 500077094
\$44.53 MC# 3912

Invoice	
No: 83260	Date: 08/12/25
Amount Due: \$757.03	

SHIP TO:

Ted Cormier-Leger
Franklin MA 02038

Acct.No	Ordered by	Phone	P.O. No	Prepared by	Sales Rep	Ship By
1683	Ted Cormier-Leger	(617) 686-1265		Mike		Pickup
Quantity	Description					Price
100	Yard Signs_18x24 w/ Step Stakes - Campaign Franklin Town Council					712.50
<i>Thank you for the order. We appreciate your business.</i>						
					Subtotal	712.50
					Tax	44.53
					TOTAL	757.03
					Paid	0.00
					BALANCE	757.03
					Terms	C.O.D.
Received by _____ Date _____						

Pay from this invoice

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

(print# 1)



29 Broadway
Taunton MA 02780
508-828-5420

Money Order

ISSUED BY: MONEYGRAM PAYMENT SYSTEMS, INC.
P.O. BOX 9476, MINNEAPOLIS, MN 55480
DRAWEE: BOKF, NA
EUFAULA, OK

500077094

53-0055 / 1031

August 19, 2025

Pay to the
Order of:

\$712.50

Seven Hundred Twelve and 50/100*****

NOT VALID OVER ONE THOUSAND U.S. DOLLARS

Drawer: Bristol County Savings Bank

NON-NEGOTIABLE

Memo _____

CUSTOMER COPY



29 Broadway
Taunton MA 02780
508-828-5420

Money Order

ISSUED BY: MONEYGRAM PAYMENT SYSTEMS, INC.
P.O. BOX 9476, MINNEAPOLIS, MN 55480
DRAWEE: BOKF, NA
EUFAULA, OK

500077145

53-0055 / 1031

August 22, 2025

Pay to the
Order of:

\$44.53

Forty-Four and 53/100*****

NOT VALID OVER ONE THOUSAND U.S. DOLLARS

Drawer: Bristol County Savings Bank

NON-NEGOTIABLE

Memo _____

CUSTOMER COPY

NIGHT FOOD + DRINKS



Teddy Gallaghers Pub
30 Main Street
Franklin, MA 02038

Meet + Greet
@ Creative Corners
Franklin

Welcome to Dunkin'
Store #: 308630
541 W Central St
Franklin, MA 02038
(508) 528-9906

80001 TransSvcs

CHK 1013 Ted C.
10/18/2025 9:08 AM

Mobile Walk In
TIC: 2

1 50 Munchkins	12.54
*Assorted	
1 Box Hot Orig Cof	23.04
Gift Card Redeem	\$37.19
Subtotal	\$35.58
State Tax	\$1.44
Tax Rate ?	\$0.17
Amount	\$37.19

Serger: Bobby R
Check #15 CORMIER, THEODORE D
Guest Count: 1
Ordered: 10/8/25 5:19 PM

Debit Card Incremental pre-authorization
Visa xxxxxxxx5075
Time 7:47 PM

Transaction Type Sale
Authorization Approved
Approval Code 151993
Payment ID xgMYpYwszcgL
Card Reader BBPOS

Amount	\$94.70
+ Tip:	<u>20-</u>
= Total:	<u>\$ 114.70</u>

X _____
THEODORE D CORMIER

Suggested Tip:
18%: (Tip \$17.05 Total \$111.75)
20%: (Tip \$18.94 Total \$113.64)
25%: (Tip \$23.68 Total \$118.38)
Tip percentages are based on the check price after taxes.

Customer Copy

Thank-you for Visiting !!



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: TOWN OF FRANKLIN
TOWN CLERK

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
2025 OCT 27 P 3:40
RECEIVED

ROBERT DELLORCE
Candidate Full Name (if applicable)
TOWN COUNCIL
Office Sought and District
7 WILSON RD
Residential Address
E-mail: RODFRANKLIN@TOWNCLERK.COM
Phone # (optional): 274-571-5530

~~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>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: _____ (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: Robert Dellorce (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 or Election Commission

Fill in Reporting Period dates: Beginning Date: Sept. 22rd, 2025 Ending Date: Oct. 27, 2025
 2025 OCT 27 A 7:35

Type of Report: (Check one) **RECEIVED**
 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, 02028
 Residential Address
 E-mail: glennfjones172@gmail.com
 Phone #: 508-439-7011

Committee to elect Glenn Jones
 Committee Name
 Barbara J. Cohen
 Name of Committee Treasurer
 693 Pond St., Franklin, MA, 02028
 Committee Mailing Address
 E-mail: barbarajcohen24@gmail.com
 Phone #: 508-520-1121

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$100.00
Line 2: Total receipts this period (page 3, line 12)	\$500.00
Line 3: Subtotal (line 1 plus line 2)	\$600.00
Line 4: Total expenditures this period (page 5, line 15)	0.00
Line 5: Ending Balance (line 3 minus line 4)	\$600.00
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, 21 Main Street Franklin, MA 02038

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: 10/26/2025

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: 10/26/2025



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: TOWN OF FRANKLIN Ending Date: 10/27/25
TOWN CLERK

2025 OCT 27 A 8:31

Type of Report: (Check one)
 1st 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Thomas Mercer
 Candidate Full Name (if applicable)
Town Council
 Office Sought and District
14 Mercer Ln
 Residential Address
 E-mail: _____
 Phone # (optional): _____

Ma
 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)	
Line 6: Total in-kind contributions this period (page 6)	
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: Thomas Mercer (Candidate's signature) Date: 10/27/25



**Form CPF M T101: CHANGE OF TREASURER;
ACCEPTANCE OF OFFICE BY TREASURER
MUNICIPAL FORM**

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

1. Committee Name: COMMITTEE TO ELECT PAT SHERIDAN TO FRANKLIN TOWN COUNCIL

2. New Treasurer*: IAN D DUFF
* A public employee may not serve as treasurer of any political committee (see below).

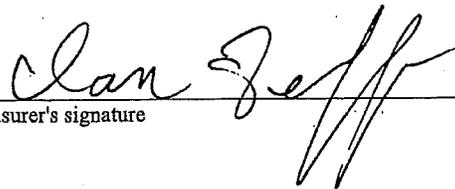
2a. Treasurer's Address: 680 KING ST
 City / State / Zip: FRANKLIN MA 02038 Phone #: 5084637053 E-mail: IDDUFF8@GMAIL.COM

3. Committee Mailing Address: 680 KING ST
 City / State / Zip: FRANKLIN MA 02038 Phone #: 5084637053

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 or elected official may not serve as treasurer of a political action committee except as authorized by M.G.L. c. 55, s. 5A nor for the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

FRANKLIN TOWN CLERK
 RECEIVED
 2015 JUL 9 P 4:11



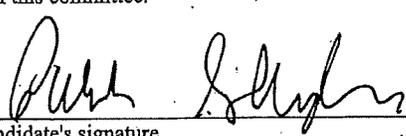
 Treasurer's signature

Date: 6/28/25

FOR CANDIDATE COMMITTEES ONLY

I hereby consent to the appointment of the new treasurer of this committee.

SIGNED UNDER THE PENALTIES OF PERJURY:



 Candidate's signature

Date: 6/28/25

DEFINITION OF A PUBLIC EMPLOYEE

M.G.L. Chapter 55, Section 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.

SELECTED EXTRACTS FROM M.G.L. C. 55

Section 3 requires the director to:

"assess a civil penalty for any [late filed] report ... of twenty-five dollars (\$25) per day [up to \$5,000 per report]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate; and in all other instances, the civil penalty shall be assessed against the treasurer of a political committee"

Section 5 outlines statements of organization of political committees:

... Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid, or while the name and address of any of its officers or members, as originally or subsequently chosen, is not filed in accordance with the provisions of this section or chapter 52, as the case may be.

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election

No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

TOWN OF FRANKLIN
TOWN CLERK

2025 OCT 26

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2025 Ending Date: 10/27/2023

Type of Report: (Check one)

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

Patrick Carl Sheridan
Candidate Full Name (if applicable)

Franklin Town Councilor
Office Sought and District

48 West St Franklin, MA 02038
Residential Address

E-mail: pat_carl_sheridan@yahoo.com

Phone #: 781-801-3105

Committee to Elect Pat Sheridan for Franklin Town Council
Committee Name

Ian D. Duff
Name of Committee Treasurer

680 King St Franklin, MA 02038
Committee Mailing Address

E-mail: idduff8@gmail.com

Phone #: 508-463-7053

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>125.61</u>
Line 2: Total receipts this period (page 3, line 12)	<u>500.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>625.61</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>229.50</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>396.11</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>0</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: Ian Duff (Treasurer's signature) Date: 10/24/25

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: Patrick Sheridan (Candidate's signature) Date: 10/24/25

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)	500	<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>	
Line 11: Total Receipts \$50 and under (not listed above)	0		
Line 12: TOTAL RECEIPTS IN THE PERIOD	500		



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: 9/15/2025 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

BRIAN BOSLEY
Candidate Full Name (if applicable)

TOWN COUNCIL
Office Sought and District

185 GROVE ST
Residential Address

E-mail: BTBOSLEY@FRANKLIN-COMMASSA.GOV

Phone #: 978 766 4832

Committee Name: _____

Name of Committee Treasurer: _____

Committee Mailing Address: _____

E-mail: _____

Phone #: _____

RECEIVED
2025 OCT 27 12:21 PM
TOWN OF FRANKLIN
TOWN CLERK

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>NA</u>
Line 2: Total receipts this period (page 3, line 12)	<u>\$0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$0</u>
Line 4: Total expenditures this period (page 5, line 15)	<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, line 18)	<u>\$0</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>\$0</u>
Line 9: 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: B. Bosley (Candidate's signature) Date: 10/27/2025



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 SEP -2 P 1:05

CANDIDATE: Full Name: Jane Callaway-Tripp RECEIVED

Residential Address: 607 Maple St

City / State / Zip: Franklin ma 02038

E-Mail Address: Janeewc.Jc@gmail.com Phone #: 774-571-1017

Party Affiliation: Unenrolled (If applicable)

OFFICE SOUGHT/PURPOSE:

Title: Town Council 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: Committee to Elect Jane Callaway-Tripp
(The name of the committee must include the candidate's last name)

Committee Mailing Address: 607 Maple St Franklin m.

City / State / Zip: Franklin ma 02038 Phone #: 774-571-1017

OFFICERS:

Chairperson: <u>Jane Callaway-Tripp</u>	Treasurer*: <u>Pamela Young</u>
Residential Address: <u>607 Maple St</u>	Residential Address: <u>59 West Street</u>
City / State / Zip: <u>Franklin ma 02038</u>	City / State / Zip: <u>Franklin MA 02038</u>
Phone #: <u>774-571-1017</u>	Phone #: <u>508-498-8596</u> Email: <u>Youngpam12@gmail.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:

Jane Callaway-Tripp 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:

Pamela Young 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:

Jane Callaway-Tripp Date: 9/2/25
Chairperson's signature



Commonwealth of Massachusetts

Form CPF M T101: CHANGE OF TREASURER; ACCEPTANCE OF OFFICE BY TREASURER MUNICIPAL FORM

Office of Campaign and Political Finance **TOWN OF FRANKLIN**
TOWN CLERK

File with: City / Town Clerk or Election Commission

2025 SEP 23 P 2:16

RECEIVED

1. Committee Name: Committee To Elect Jane Callaway-Tripp
2. New Treasurer*: Michael Videira
* A public employee may not serve as treasurer of any political committee (see below).
- 2a. Treasurer's Address: 56 Hillside Rd
City / State / Zip: Cumberland RI 02864 Phone #: (401) 368-9266 E-mail: videira99@gmail.com
3. Committee Mailing Address: 607 Maple Street
City / State / Zip: Franklin MA 02038 Phone #: (774) 571-1017

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 or elected official may not serve as treasurer of a political action committee except as authorized by M.G.L. c. 55, s. 5A nor for the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature

Date: Sep 23, 2025

FOR CANDIDATE COMMITTEES ONLY

I hereby consent to the appointment of the new treasurer of this committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature

Date: Sep 23, 2025

DEFINITION OF A PUBLIC EMPLOYEE

M.G.L. Chapter 55, Section 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.

SELECTED EXTRACTS FROM M.G.L. C. 55

Section 3 requires the director to:

"assess a civil penalty for any [late filed] report ... of twenty-five dollars (\$25) per day [up to \$5,000 per report]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate; and in all other instances, the civil penalty shall be assessed against the treasurer of a political committee

Section 5 outlines statements of organization of political committees:

... Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid, or while the name and address of any of its officers or members, as originally or subsequently chosen, is not filed in accordance with the provisions of this section or chapter 52, as the case may be.

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election

No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents



Commonwealth of Massachusetts

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

Office of Campaign and Political Finance

RECEIVED
NOV 25 A 10:39
TOWN OF FRANKLIN
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:

CANDIDATE: Full Name: Jane Callaway-Tripp
 Residential Address: 607 Maple St
 City / State / Zip: Franklin ma 02038
 E-Mail Address: Janeewc.jc@gmail.com Phone #: 774-571-1017
 Party Affiliation: Un-Enrolled (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: Committee to Elect Jane Callaway-Tripp
(The name of the committee must include the candidate's last name)
 Committee Mailing Address: 607 Maple St
 City / State / Zip: Franklin ma 02038 Phone #: 774-571-1017

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: Jane Callaway-Tripp Date: 10/25/25
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. Date: _____

SIGNED UNDER THE PENALTIES OF PERJURY: _____
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: 09/02/2025 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

Jane Callaway-Tripp
Candidate Full Name (if applicable)

Town Council
Office Sought and District

607 Maple Street Franklin, MA 02038
Residential Address

E-mail: janeewc.jc@gmail.com

Phone #: 774-571-1017

Committee to Elect Jane Callaway-Tripp
Committee Name

Michael Videira
Name of Committee Treasurer

607 Maple Street Franklin, MA 02038
Committee Mailing Address

E-mail: janeewc.jc@gmail.com

Phone #: 774-571-1017

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 12)	1,900
Line 3: Subtotal (line 1 plus line 2)	1,900
Line 4: Total expenditures this period (page 5, line 15)	1,117.23
Line 5: Ending Balance (line 3 minus line 4)	782.77
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:	Rockland Trust

RECEIVED
 OCT 25 10 45 AM '25
 TOWN CLERK
 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: 10/25/2025

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: Jane Callaway-Tripp (Candidate's signature) Date: 10/25/25

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)
9/25/2025	Arthur Breed 5 Lucius Street Franklin, MA 02038	50	
9/2/2025	Diana Richards 59 West St. Apt 1 Franklin, MA 02038	50	
10/16/2025	J Austris Kruza 875A Oak St Franklin, MA 02038	50	
9/25/2025	JD Bederian 117 King Street Franklin, MA 02038	150	
9/4/2025	Joanne Rossetti 59 West St. Apt 3 Franklin, MA 02038	100	
9/2/2025	Joel D'Errico 72 Deerview Way Franklin, MA 02038	200	Self-Employed (Real Estate)
9/9/2025	Kimberly Pradko 30 High Ridge Circle Franklin, MA 02038	1,000	Retired
9/25/2025	Lisa Moore 193 West Central St Franklin, MA 02038	50	
9/4/2025	Louise Breed 27 Howard St, Apt 1 Franklin, MA 02038	50	
9/2/2025	Pam Young 59 West St, Apt 2 Franklin, MA 02038	50	
9/8/2025	Rick Ciccone 185 Chestnut St Franklin, MA 02038	50	
9/8/2025	Suzanne D'Angelo 85 Crocker Ave Franklin, MA 02038	100	

Enter receipt totals on Page 3



Nancy Danello <ndanello@franklinma.gov>

Fwd: Your invoice was updated (#13617)

2 messages

Jane Callaway <janeewc.jc@gmail.com>
To: Nancy Danello <ndanello@franklinma.gov>

Sun, Oct 26, 2025 at 8:53 AM

Receipt for sign order this was the first order the other I sent was the 2nd order

Jane

----- Forwarded message -----

From: **practical Image** <messenger@messaging.squareup.com>
Date: Tue, Sep 23, 2025, 12:55 PM
Subject: Your invoice was updated (#13617)
To: <janeewc.jc@gmail.com>



practical Image

Invoice Updated

\$478.12

Due on September 23, 2025

Pay Invoice

Practicalimage.com

Invoice #13617

September 23, 2025

Customer

Jane Callaway-Tripp

janeewc.jc@gmail.com

(774) 571-1017

Download Invoice PDF

Message

We appreciate your business.

Invoice summary

coro yard signs	\$450.00
(\$4.50 ea.) x 100	
Subtotal	\$450.00
ma	\$28.12
Total Due	\$478.12

practical Image

Please contact practical Image about its privacy practices.



Nancy Danello <ndanello@franklinma.gov>
To: Jane Callaway <janeewc.jc@gmail.com>

Sun, Oct 26, 2025 at 9:02 AM

Thank you!

Nancy Danello, CMC
Town Clerk
Justice of the Peace
Notary Public

Open Meeting Law posting Template



Nancy Danello <ndanello@franklinma.gov>

Fwd: You paid an invoice! (#13624)

2 messages

Jane Callaway <janeewc.jc@gmail.com>
To: Nancy Danello <ndanello@franklinma.gov>

Sun, Oct 26, 2025 at 8:50 AM

Receipt for 1 sign order
Jane

----- Forwarded message -----

From: **practical Image** <messenger@messaging.squareup.com>
Date: Thu, Oct 2, 2025, 11:26 AM
Subject: You paid an invoice! (#13624)
To: <janeewc.jc@gmail.com>



practical Image

Invoice Paid

\$478.12

Paid with Mastercard 8995 on October 2, 2025 at 11:26 AM

Practicalimage.com

Invoice #13624

October 2, 2025

Customer

Jane Callaway-Tripp
janeewc.jc@gmail.com
(774) 571-1017

[Download Invoice PDF](#)

Message

We appreciate your business.

Invoice summary

coro yard signs	\$450.00
(\$4.50 ea.) x 100	

Subtotal	\$450.00
----------	-----------------

ma	\$28.12
----	----------------

Total Paid	\$478.12
-------------------	-----------------

Mastercard 8995

10/02/25, 11:26 AM

Send estimates or invoices for your business?

Process \$1,000 in sales free when you sign up for Square.

[Get Started](#)

practical Image

Please contact practical Image about its privacy practices.



Nancy Danello <ndanello@franklinma.gov>
 To: Jane Callaway <janeewc.jc@gmail.com>

Sun, Oct 26, 2025 at 8:51 AM

Thanks Janell

Nancy Danello, CMC

**Town Clerk
Justice of the Peace**



Nancy Danello <ndanello@franklinma.gov>

Fwd: Jane Callaway-Tripp Flyer Printing Receipt

1 message

Michael Videira <videira99@gmail.com>
To: Nancy Danello <ndanello@franklinma.gov>
Cc: Jane Callaway <janeewc.jc@gmail.com>, Michael Videira <videira99@gmail.com>

Mon, Oct 27, 2025 at 10:36 AM

Hi Nancy,

Please see attached invoice for the flyers. Jane will send over the other receipts.

If you need any additional info, please let me know.

Thanks,
Mike



Thank you for your order from Best Value Copy. Once your package ships we will send you a tracking number. You can check the status of your order by logging into your account.

If you have questions about your order, you can email us at customerservice@bestvaluecopy.com or call us at 1-888-307-4570.

Now Offering Label Printing!

Roll Labels, Sheet Labels and Sticker Singles.

Lots of Options: Choose from 4 different shapes, dozens of different sizes and different materials and bring your brand or new product or service to life. Custom sizes and shapes are also available. [Learn More about labels](#)

Your Order #000188906

Placed on Sep 22, 2025, 9:05:24 PM

Billing Info

Jane Callaway-Tripp
607 Maple Street
Franklin, Massachusetts, 02038
United States
T: (774) 571-1017

Shipping Info

Jane Callaway-Tripp
607 Maple Street
Franklin, Massachusetts, 02038
United States
T: (774) 571-1017

Payment Method

Credit Card
Credit Card Type MasterCard

Shipping Method

UPS - UPS Second Day Air

Credit Card Number XXXX-8995

Items	Qty	Price
Flyer Printing	400	\$63.24
SKU: Flyers-Col-Col-Col		

Quantity

400

Pages

1

Job Name

Jane Callaway-Tripp

Coloration

Color

Sides

Single sided (SKU: Col)

Page Size

8.5 x 11 (Letter) (SKU: Col)

Paper Stock

65# Glossy Cover (SKU: Col)

Collation

Collated

Job Notes

We need this delivered no later than FRIDAY SEPTEMBER 26, 2025.

Ideally, by Thursday, September 25, 2025.

PDF File 1

Blue Pink Modern Floral Spring Newsletter A4 Document (2).pdf

Subtotal \$63.24

Shipping & Handling \$67.30

PDF Files \$0.00

Tax \$3.95

Grand Total \$134.49

Thank you, Best Value Copy!



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

Candidate Full Name (if applicable)
Gene P. Grella

Office Sought and District
Town Council, Franklin

Residential Address
E-mail: **gene.p.grella@gmail.com**

Phone #: **508-878-1154**

Committee Name
TOWN OF FRANKLIN TOWN CLERK

Name of Committee Treasurer
RECEIVED 2025 OCT 21 11 39 AM

Committee Mailing Address
E-mail: _____

Phone #: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0.0</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0.0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0.0</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>0.0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0.0</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0.0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0.0</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>414.89</u>
Line 9: 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: _____ (Candidate's signature) Date: 10/21/2025

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
9/16/25	Amazon.com 410 Terry Ave N, Seattle, WA 98109	56.30	Candidate business Cards
9/23/25	Practical Image 763 Waverly St, Framingham, MA 01702	358.59	Campaign Signs
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		414.89	<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)		0	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		414.89	

← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.



Gene Grella <gene.p.grella@gmail.com>

You paid an invoice! (#13616)

Tue, Sep 23, 2025

practical image <messenger@messaging.squareup.com>

Reply-To: practical image

<CAESPJKZTE3MmY5NWUINGE1NC00NzBmLWJjNjkZWFINzgyODEzM2QwGgxjOjE2NTUyODk1ODIiCW1c3Nlbmdlcilg2AtbB/61On60gl9OGaPpa3WaTaxYpDvCkk8p833oZL0=@reply2.sc

To: gene.p.grella@gmail.com



practical image

Invoice Paid

\$358.59

Paid with American Express 1003 on September 23, 2025 at 12:22 PM

PracticalImage.com
Invoice #13616
September 23, 2025

Customer
Gene Grella
gene.p.grella@gmail.com

[Download Invoice PDF](#)

Message
We appreciate your business.

Invoice summary

24 x 18 yard signs (\$4.50 ea.) x 75	\$337.50
Subtotal	\$337.50
ma	\$21.09
Total Paid	\$358.59

American Express 1003

09/23/25, 12:22 PM

Send estimates or invoices for your business?
Process \$1,000 in sales free when you sign up for Square.

[Get Started](#)

Order Summary

Order placed September 16, 2025 Order # 111-6787165-0741859

Ship to
Gene Grella
36 RED GATE LN
FRANKLIN, MA 02038-1367
United States

Payment method
American Express ending in 1003
[View related transactions](#)

Order Summary	
Item(s) Subtotal:	\$52.99
Shipping & Handling:	\$0.00
Total before tax:	\$52.99
Estimated tax to be collected:	\$3.31
Grand Total:	\$56.30

Delivered September 22

Package was left inside the residence's mailbox



IMPACTONLINEPRINTING, Business Cards 100pcs - Thick Smooth16Pt
Paper(350gsm), Us Flag-2
Sold by: Impactonlineprinting
Supplied by: Other
Return items: Eligible through October 23, 2025
\$52.99



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: Caroline Witcher Griffith; Residential Address: 11 Sunken Meadow Road; City / State / Zip: Franklin MA 02038; E-Mail Address: caroline.w.griffith@gmail.com; Phone #: 706-424-1874; Party Affiliation: (If applicable); OFFICE SOUGHT/PURPOSE: Title: Franklin Town Councilor; 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: Caroline Griffith for Franklin Town Council; Committee Mailing Address: 11 Sunken Meadow Road; City / State / Zip: Franklin MA 02038; Phone #: 706-424-1874

OFFICERS: Chairperson: Caroline Griffith; Residential Address: 11 Sunken Meadow Road; City / State / Zip: Franklin MA 02038; Phone #: 706-424-1874; Treasurer*: Jennifer Polimer; Residential Address: 6 Fannie Way; City / State / Zip: Franklin MA 02038; Phone #: 508-330-6263; Email: jenniferpolimer@gmail.com; *A public employee may not serve as treasurer of any political committee (see reverse).

Check applicable box before signing:

[X] 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: 9/3/25

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: 9/3/25

I hereby accept the office of Chairperson of the above-named committee. SIGNED UNDER THE PENALTIES OF PERJURY: [Signature] Date: 9/3/25



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
 Beginning Date: 09/04/2025 Ending Date: 10/22/2025
 TOWN OF FRANKLIN
 TOWN CLERK

2025 OCT 23 P 12:42
 Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Caroline Witcher Griffith
 Candidate Full Name (if applicable)
 Franklin Town Council
 Office Sought and District
 11 Sunken Meadow Rd, Franklin MA 02038
 Residential Address
 E-mail: caroline.w.griffith@gmail.com
 Phone #: 706-424-1874

Caroline Griffith for Franklin Town Council
 Committee Name
 Jennifer Polimer
 Name of Committee Treasurer
 11 Sunken Meadow Rd, Franklin MA 02038
 Committee Mailing Address
 E-mail: caroline.w.griffith@gmail.com
 Phone #: 706-424-1874

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 12)	\$1385.77
Line 3: Subtotal (line 1 plus line 2)	\$1385.77
Line 4: Total expenditures this period (page 5, line 15)	\$76.57
Line 5: Ending Balance (line 3 minus line 4)	\$1309.20
Line 6: Total in-kind contributions this period (page 6, line 18)	0
Line 7: Total (all) outstanding liabilities (page 7, line 19)	\$1291.55
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	\$1388.92
Line 9: 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: 10/23/25

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 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)
09/30/2025	Christie Chu 24C Guardhouse Lane Carlisle PA 17013-5102	\$26.06	
09/21/2025	Celia Courtright 213 Peck St Franklin MA 02038	\$26.06	
09/11/2025	Megan DiBella 19 Mary Ellen Lane Franklin MA 02038	\$102.27	
10/07/2025	Terry Fenton 7 Cortland Drive Franklin MA 02038	\$26.06	
09/23/2025	Erin Ferguson 21 George Rd Franklin Ma 02038	\$26.06	
09/23/2025	Kathryn Kelly Hardt 5 Calistoga Way Franklin, MA 02038 MA 02038-3632	\$26.06	
09/27/2025	Aileen Kehoe 11 Concetta Way Franklin MA 02038	\$102.27	
09/12/2025	Jacqueline Kepple 510 Maple Street Franklin MA 02038	\$26.06	
09/12/2025	Alison Marchbanks 635 Nelson St Brighton MI 48116-1646	\$26.06	
09/11/2025	Laura F Minnichelli 98 Brook St Franklin MA 02038	\$26.06	
09/12/2025	Donna Morin 60 Grove St Plainville MA 02762	\$26.06	
09/12/2025	Lisa Oxford 18 Lincoln Street Franklin MA 02038	\$26.06	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
09/13/2025	Jennifer Polimer 6 Fannie Way Franklin MA 02038	\$51.80	
09/28/2025	Tina Powderly 22 Eisenhower Drive Franklin MA 02038	\$26.06	
09/24/2025	Susan Rohrbach 38 Philomena Way Franklin MA 02038	\$137.64	
09/12/2025	Julie Ruble 4193 Victory Pointe Dr. Mount Pleasant SC 29466	\$102.27	
10/01/2025	Roberta Trahan 1 Green Street Franklin MA 02038-1352	\$51.80	
09/11/2025	Annelise Witcher 3010 Northwood Dr Apt 1005 Winston-Salem NC 27106	\$26.06	
10/09/2025	Craig Witcher 3330 Centennial Ridge SE, Unit 205 Grand Rapids MI 49546	\$500.00	Director of Finance Real Champions, Inc
Line 10: Total Receipts over \$50 (or listed above)		\$1360.77	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 11: Total Receipts \$50 and under (not listed above)		25.00	
Line 12: TOTAL RECEIPTS IN THE PERIOD		\$1385.77	

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. 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	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
09/24/2025	4giving.com		merchant provider fees	\$6.35
10/09/2025	4giving.com		merchant provider fees	\$25.00
09/11/2025	Stripe		Merchant provider fees	\$5.39
09/12/2025	Stripe		Merchant provider fees	\$7.51
09/13/2025	Stripe		Merchant provider fees	\$1.80
09/21/2025	Stripe		Merchant provider fees	\$1.06
09/23/2025	Stripe		Merchant provider fees	\$2.12
09/24/2025	Stripe		Merchant provider fees	\$4.29
09/27/2025	Stripe		Merchant provider fees	\$3.27
09/28/2025	Stripe		Merchant provider fees	\$1.06
09/30/2025	Stripe		Merchant provider fees	\$1.06
10/01/2025	Stripe		Merchant provider fees	\$1.80
10/07/2025	Stripe		Merchant provider fees	\$1.06

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/09/2025	Stripe		Merchant provider fees	\$14.80
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.				Line 13: Expenditures over \$50 (or listed above) \$76.57
				Line 14: Expenditures \$50 and under (not listed above) 0
Enter on page 1, line 4 →				Line 15: TOTAL EXPENDITURES IN THE PERIOD \$76.57

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
09/23/2025	Caroline Griffith	11 Sunken Meadow Rd Franklin MA 02038	paid to Allegra Franklin 20 yard signs and posts	318.75
09/19/2025	Caroline Griffith	11 Sunken Meadow Rd Franklin MA 02038	paid to GotPrint.com 2500 postcards	118.80
10/01/2025	Caroline Griffith	11 Sunken Meadow Rd Franklin MA 02038	paid to United States Postal Service 1000 postcard stamps	610.00
10/14/2025	Caroline Griffith	11 Sunken Meadow Rd Franklin MA 02038	paid to United States Postal Service 400 postcard stamps	244.00
Enter on page 1, line 7 →			Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)	1291.55

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
09/23/2025	Allegra Franklin	318.75	20 yard signs and posts
09/19/2025	GotPrint.com	118.80	2500 postcards
10/16/2025	Meta	\$7.71	Facebook ads
10/17/2025	Meta	\$8.22	Facebook ads
10/18/2025	Meta	\$8.11	Facebook ads
10/19/2025	Meta	\$9.66	Facebook ads
10/20/2025	Meta	\$13.85	Facebook ads
10/21/2025	Meta	\$13.71	Facebook ads
10/22/2025	Meta	\$13.78	Facebook ads
10/01/2025	Staples	36.11	Mailing labels
10/01/2025	United States Postal Service	610.00	1000 postcard stamps
10/14/2025	United States Postal Service	244.00	400 postcard stamps
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		1388.92	<p><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></p> <p>← Enter on page 1, line 8</p>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		0	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		1388.92	



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

Invoice	
No: 83724	Date: 09/26/25

Page 1 of 1

Caroline Griffith
 Caroline Griffith
 Franklin, MA 02038

Ship To:
 < Same as Bill To >

Acc.No	Ordered By	Phone	Fax	P.O. No	Prepared By	Sales Rep		
2846	Caroline Griffith				Mike	-		
Quantity	Description					Price		
20	Payment \$318.75 Print Reach Pay 09/23/2025 Yard Signs_Campaign for Town Council_18x24					\$300.00		
Terms	Subtotal	Discount	Shipping	Postage	Tax	Total	Job Paid	Job Balance
C.O.D.	\$300.00	\$0.00	\$0.00	\$0.00	\$18.75	\$318.75	(\$318.75)	\$0.00



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

10/01/2025

11:39 AM

Product	Qty	Unit Price	Price
CoilVibrantLeaves	10	\$61.00	\$610.00
Grand Total:			\$610.00
Credit Card Remit			\$610.00

Card Name: AMEX
Account #: XXXXXXXXXXXX3016
Approval #: 845898
Transaction #: 191
AID: A000000025010801 Chip
AL: AMERICAN EXPRESS
PIN: Not Required

TO REPORT AN ISSUE
Visit <https://email.us.usps.com>

PREVIEW YOUR MAIL AND PACKAGES
Sign up for FREE at
<https://informedelivery.usps.com>

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

Customer Service
1-800-ASK-USPS
(1-800-275-8777)

Agents do not have any additional
information other than what is provided on
USPS.com.

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.



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

10/14/2025

08:31 AM

Product	Qty	Unit Price	Price
---------	-----	------------	-------

CoilVibrantLeaves	4	\$61.00	\$244.00
-------------------	---	---------	----------

Grand Total: \$244.00

Credit Card Remit \$244.00

Card Name: AMEX
Account #: XXXXXXXXXXXX3008
Approval #: 831366
Transaction #: 330
AID: A000000025010801 Chip
AL: AMERICAN EXPRESS
PIN: Not Required

TO REPORT AN ISSUE
Visit <https://email.usps.com>

PREVIEW YOUR MAIL AND PACKAGES
Sign up for FREE at
<https://informedelivery.usps.com>

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

Customer Service
1-800-ASK-USPS
(1-800-275-8777)

Agents do not have any additional
information other than what is provided on
USPS.com.

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.

Staples

284 Hartford Ave
Bellingham, MA 02019
508-966-1200

Sale

Store: 348 Register: 1
Date: 10/1/25 Time: 12:01 PM
Transaction: 29877 Cashier: 2013374

Qty	Item	Price	Amount
1	AVY LSR LBL 3000PK *	34.84	33.99
	072782051600		
	Instant Savings		(0.85)

Subtotal 33.99
MASSACHUSETTS 6.25% 2.12

Total 36.11

AMERICAN EXPRESS USD\$36.11

Card No. : XXXXXXXXXXXXX3016 [T]

Contactless

Auth No. : 801548

Mode.: Issuer

AID.: A000000025010801

TVR.: 0000008000

IAD.: 06560103A08002

TSI.: E800

ARC.: 3030

*Item is currently on promotion. Some coupons are only valid on regular priced items. Please see the coupon terms and conditions for details.

What can we make easy for you?

Count on us for client services
as a leading print.

TRANSPARENCY
HANKIN TON
LINE

▼ Budget	▼ Last significant edit	▼ Attribution setting	Results	Reach	Impressions	Cost per result
61579...	Running campaign... Oct 16, 2025, 9... 7 days ago	7-day click or ...	Facebook Page visits 188	3,055	5,629	Cost per Facebook Pa... \$0.41
		7-day click or ...	3	110	117	\$0.51
		7-day click or ...	24	550	582	\$0.32
		7-day click or ...	28	608	703	\$0.29
		7-day click or ...	11	542	636	\$0.74
		7-day click or ...	22	543	676	\$0.44
		7-day click or ...	30	829	986	\$0.46
		7-day click or ...	46	811	1,105	\$0.30
		7-day click or ...	24	645	824	\$0.57



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:	<u>MICHAEL LEBLANC</u>		
	Residential Address:	<u>373 PROSPECT ST</u>		
	City / State / Zip:	<u>FRANKLIN MA 02038</u>		
	E-Mail Address:	<u>leblanc.michael1@comcast.net</u>	Phone #:	<u>508-944-8300</u>
	Party Affiliation:	_____ (If applicable)		
OFFICE SOUGHT/PURPOSE:				
	Title:	<u>Town Council</u>	District:	_____
	<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.			

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

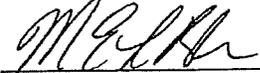
OFFICERS:				
Chairperson:		Treasurer*:		
Residential Address:	_____	Residential Address:	_____	_____
City / State / Zip:	_____	City / State / Zip:	_____	_____
Phone #:	_____	Phone #:	_____	Email: _____
<small>*A public employee may not serve as treasurer of any political committee (see reverse).</small>				

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: 10/25/2025
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

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

01/01/25 TOWN OF FRANKLIN
TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: ~~10/1/2025~~ 10/20/25 Ending Date: 10/27/2025

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

MICHAEL LEBLANC
Candidate Full Name (if applicable)
TOWN COUNCIL
Office Sought and District
373 PROSPECT ST FRANKLIN, MA 02058
Residential Address
E-mail: leblanc.michael@comcast.net
Phone #: 508 944 8306

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)	2099.27
Line 3: Subtotal (line 1 plus line 2)	2099.27
Line 4: Total expenditures this period (page 5, line 15)	2099.27
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6, line 18)	
Line 7: Total (all) outstanding liabilities (page 7, line 19)	
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	
Line 9: 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: MELISSA (Candidate's signature) Date: 10/27/2025

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/15/2026	MICHAEL LEBLANC 373 PROSPECT ST	2099.27	EXECUTIVE RADNET
Line 10: Total Receipts over \$50 (or listed above)		2099.27	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD		2099.27	

← Enter on page 1, line 2



practical image

Invoice #13606

Issue date
Sep 15, 2025

Practicalimage.com

We appreciate your business.

Customer	Invoice Details	Payment
Michael LeBlank Leblanc.michael@comcast.net	PDF created October 27, 2025 \$478.12	Due September 15, 2025 \$478.12

Items	Quantity	Price	Amount
24 x 18 yard signs	100	\$4.50	\$450.00
Subtotal			\$450.00
ma			\$28.12

Total Paid \$478.12

Payments	Amount
Sep 15, 2025 (Visa 5890)	\$478.12



View online

To view your invoice go to <https://squareup.com/u/trxv2GTm>
Or open the camera on your mobile device and place the QR code in the camera's view.



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

Invoice	
No: 83725	Date: 10/15/25

Page 1 of 1

Michael LaBlanc
 Michael LaBlanc
 372 Prospect St
 Franklin, MA 02031

Ship To:
 < Same as Bill To >

Acc.No	Ordered By	Phone	Fax	P.O.No	Prepared By	Sales Rep	
2843	Michael LaBlanc				Jm	Jim Barton	
Quantity	Description					Price	
	Payment 5740.84 Vza 10/14/2025 Payment 3850.31 Check 10/1/2025						
500	Elect Michael LaBlanc Town Council Postcards UNADDRESSED 9x6 (Satin Card Stock)					\$158.81	
2000	Elect Michael LaBlanc Town Council Postcards 9x6, MAILER					1699.72	
1	Graphic Design (1 Hour)					50.00	
Terms	Subtotal	Discount	Shipping	Postage	Tax	Total	Job Paid
C.O.D.	\$828.53	\$0.00	\$0.00	\$740.84	\$51.78	\$1,621.15	(\$1,621.15)

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