



**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: Diace M. Daddario
 Residential Address: 142 LINCOLN ST.
 City / State / Zip: FRANKLIN, MA 02038
 E-Mail Address: _____ Phone #: _____
 Party Affiliation: N/A (If applicable)

OFFICE SOUGHT/PURPOSE: Title: BOY 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: _____	Treasurer*: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Phone #: _____	Phone #: _____ Email: _____

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

Additional officers may be listed on page two.

Check applicable box before signing:

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

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

*** SIGNED UNDER THE PENALTIES OF PERJURY:** Diace M. Daddario Date: 11/5/2005
 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: 1-1-25 Ending Date: 10- -2025

Type of Report: (Check one)

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

Diane M. Daddario
Candidate Full Name (if applicable)
Board of Health
Office Sought and District
142 LINCOLN ST
Residential Address
E-mail: _____
Phone # (optional): _____

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

SUMMARY BALANCE INFORMATION:

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

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

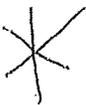
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this 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: _____

Diane M. Daddario (Candidate's signature)

Date: 11/5/2025





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
10/18/25	Allegra	537.15	signs / cards.
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		537.15	* 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.
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		537.15	← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.



ALLEGRA.

MARKETING • PRINT • MAIL

Diane Daddario
Diane Daddario
Franklin MA 02038

Invoice	
No: 83883	Date: 10/17/25
Amount Due: \$0.00	

SHIP TO:

Diane Daddario
Franklin MA 02038

Acct.No	Ordered by	Phone	P.O. No	Prepared by	Sales Rep	Ship By
2853	Diane Daddario	508.524.0448		Mike		Pickup
Quantity	Description					Price
500	Handout Cards_Write-In Candidate Diane Daddario_1-Sided Color_3x5"					120.82
20	Yard Signs_Write-In Candidate Diane Daddario_2-Sided Color_18x24" w/ Step Stakes					300.00
1	Graphics Time - 30min.					70.00
<i>Thank you for the order. We appreciate your business. Payment \$521.50 Visa 10/17/2025</i>					Subtotal.	490.82
					Tax	30.68
					TOTAL	521.50
					Paid	-521.50
					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)



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: Christine Mucciarone
 Residential Address: 87 Hill Ave
 City / State / Zip: Franklin, ma 02038
 E-Mail Address: mrsmoch829@verizon.net Phone #: 508-654-5708 (If applicable)
 Party Affiliation: _____

OFFICE SOUGHT/PURPOSE:
 Title: Board of Health 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: _____
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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.

RECEIVED
 2025 OCT 25 P 12:27
 TOWN OF FRANKLIN
 TOWN CLERK

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: Christine Mucciarone 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: 11/25 Ending Date: 10/27

Type of Report: (Check one)

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

Christine Mucciarone
 Candidate Full Name (if applicable)
write in - Board of Health
 Office Sought and District
87 Hill Ave
 Residential Address
 E-mail: mrs.mooch829@verizon.net
 Phone #: 508-654-5708

Committee Name
 Name of Committee Treasurer
 Committee Mailing Address
 E-mail:
 Phone #:

RECEIVED
 OCT 25 P 2:31
 TOWN CLERK
 TOWN OF FRANKLIN

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>103.83</u>
Line 3: Subtotal (line 1 plus line 2)	<u>103.83</u>
Line 4: Total expenditures this period (page 5, line 15)	
Line 5: Ending Balance (line 3 minus line 4)	<u>103.83</u>
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: Christine Mucciarone (Candidate's signature) Date: 10/25/25

Zazzle Inc.: \$41.48 USD

From: service@paypal.com (service@paypal.com)

To: mrsmooch829@verizon.net

Date: Wednesday, October 22, 2025 at 07:51 PM EDT



Hello, Christine Mucciarone

You authorized \$41.48 USD to Zazzle Inc.

Merchant	Zazzle Inc. support@zazzle.com +1 800-980-9890
Transaction date	Oct 22, 2025
Ship to	Christine Mucciarone 87 hill ave FRANKLIN, MA 02038 United States

[Track Package](#)

Wavy US Flag Politic...	\$14.67
Qty: 2	
Subtotal	\$29.34
Shipping and handling	\$10.31
Tax	\$1.83

Total \$41.48 USD

Authorized with



BANK OF AMERICA NATIONAL ASSOCIATION
Debit **1460

\$41.48 USD

You'll see this purchase as pending in your payment status until Zazzle Inc. processes it. We'll send you another receipt if the final payment amount is greater than this authorization amount.

Transaction ID: 2G894229EY981560H

[View payment status](#)

Need some help?

Contact Zazzle Inc. for questions or issues with this purchase.

 [Email](#)

 [Call](#)

Still need help? Visit the [PayPal Help Center](#)

Next time, earn 3% cash back

Earn 3% cash back with PayPal Cashback Mastercard® on all PayPal purchases.



Subject to credit approval

[Apply Now](#)

Your payment was sent from MrsMOOCH829@verizon.net



Here's The Scoop On Your Order.

From: Zazzle Inc. (zazzle@tn.send.zazzle.com)

To: mrsmooch829@verizon.net

Date: Wednesday, October 22, 2025 at 07:51 PM EDT

Zazzle

Thanks for your order!

Your order is in great hands and is being made with love, just for you.

[Check Order Status](#)

Order ID: 131-91311364-9467160

Order Total: \$41.48

Order Date: 10/22/2025

Sold By: Zazzle *

Estimated Delivery:

Ship To:

Between Oct.30 - Nov 1, 2025

Christine Mucciarone

87 HILL AVE

FRANKLIN, MA, 02038-1445

United States

ITEM	QTY	PRICE
------	-----	-------

Wavy US Flag Political Campaign Formal Business

Ca



Business Card, Size: Standard, 3.5" x 2.0", Paper: Signature Matte, Corners: Squared	2	\$48.90
Artwork by: Starlight Studio		\$29.34

Subtotal:	\$29.34
Shipping:	\$10.31
Tax:	\$1.83
Order Total:	\$41.48
Paypal:	\$41.48

Questions about your order? [Contact us.](#)

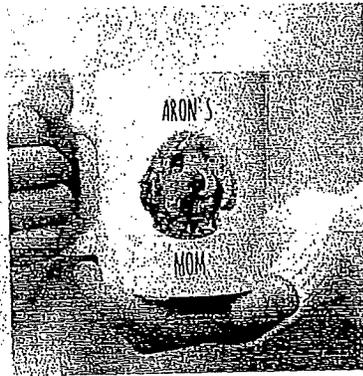
Zazzle favorites for you to put your spin on.



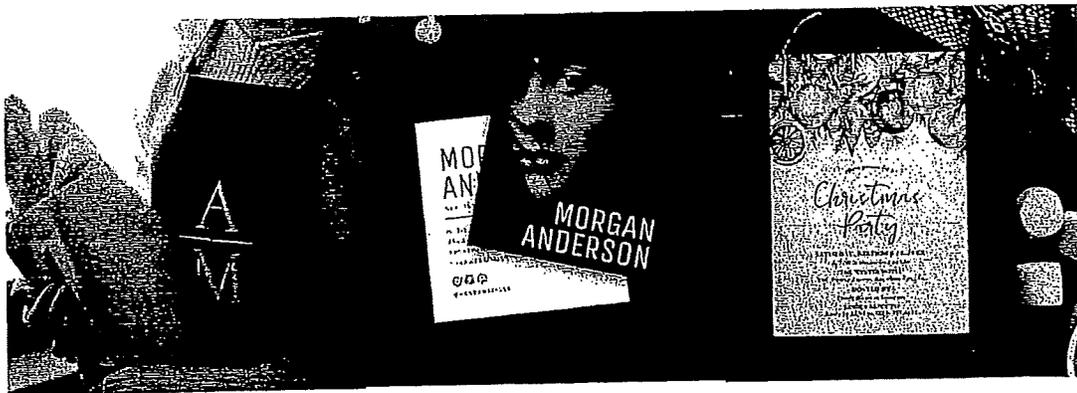
Minimalist Christmas
Simple Informal



Home Is Where the Wine
Is Tote Bag



Personalized Dog Mom
Photo Mug



Monogram Black
Personalized Apron

Modern Minimalist Simple
Professional

Festive Bauble
Watercolor Christmas

Zazzle Inc.: \$62.35 USD

From: service@paypal.com (service@paypal.com)

To: mrsmooch829@verizon.net

Date: Monday, October 13, 2025 at 06:33 AM EDT



Hello, Christine Mucciarone

You authorized \$62.35 USD to Zazzle Inc.

Merchant	Zazzle Inc. support@zazzle.com +1 800-980-9890
Transaction date	Oct 13, 2025
Ship to	Christine Mucciarone 87 hill ave FRANKLIN, MA 02038 United States

[Track Package](#)

Wavy US Flag Politic...	\$14.67
Qty: 2	
Wavy US Flag Politic...	\$14.67
Qty: 2	
Subtotal	\$58.68

Tax	\$3.67
Total	\$62.35 USD

Authorized with



BANK OF AMERICA NATIONAL ASSOCIATION
Debit **1460

\$62.35 USD

You'll see this purchase as pending in your payment status until Zazzle Inc. processes it. We'll send you another receipt if the final payment amount is greater than this authorization amount.

Transaction ID: 4EP36458HH892613B

[View payment status](#)

Need some help?

Contact Zazzle Inc. for questions or issues with this purchase.

 [Email](#)

 [Call](#)

Still need help? Visit the [PayPal Help Center](#)

Next time, earn 3% cash back

Earn 3% cash back with PayPal Cashback Mastercard® on all PayPal purchases.



Subject to credit approval

[Apply Now](#)

Your payment was sent from Mrsmooch829@verizon.net



Here's The Scoop On Your Order.

From: Zazzle Inc. (zazzle@tn.send.zazzle.com)

To: mrsmooch829@verizon.net

Date: Monday, October 13, 2025 at 06:33 AM EDT

Zazzle

Thanks for your order!

Your order is in great hands and is being made with love, just for you.

[Check Order Status](#)

Order ID: 131-77210409-3566526

Order Total: \$62.35

Order Date: 10/13/2025

Sold By: Zazzle *

Please allow 2 business days for processing

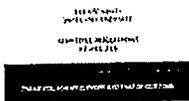
Ship To:
Christine Mucciarone
87 HILL AVE
FRANKLIN, MA, 02038-1445
United States

ITEM

QTY

PRICE

Wavy US Flag Political Campaign Formal Business
Ca



Business Card, Size: Standard, 3.5" x 2.0", Paper: Signature Matte, Corners: Squared
Artwork by: Starlight Studio

~~\$48.90~~

\$29.34

Wavy US Flag Political Campaign Formal Business Ca



Business Card, Size: Standard, 3.5" x 2.0", Paper: Signature Matte, Corners: Squared	2	\$48.90
Artwork by: Starlight Studio		\$29.34

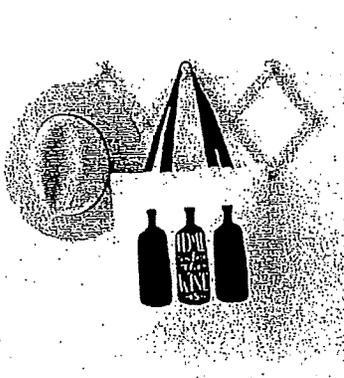
Subtotal:	\$58.68
Shipping:	\$0.00
Tax:	\$3.67
Order Total:	\$62.35
Paypal:	\$62.35

Questions about your order? [Contact us.](#)

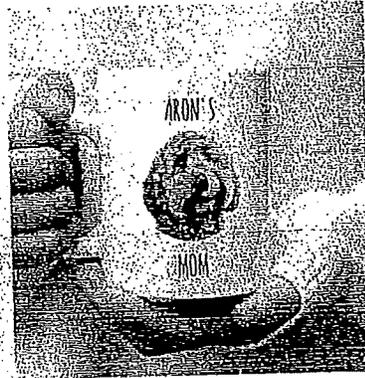
Zazzle favorites for you to put your spin on.



Minimalist Christmas
Simple Informal



Home Is Where the Wine
Is Tote Bag



Personalized Dog Mom
Photo Mug