



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/21/25 Ending Date: 1/20/26

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
Name of Committee Treasurer
Committee Mailing Address
E-mail:
Phone #:
*RECEIVED
OCT 21 11 39 AM '25
TOWN OF FRANKLIN
TOWN CLERK*

SUMMARY BALANCE INFORMATION:

| | |
|--|--------|
| Line 1: Ending Balance from previous report | 0.0 |
| Line 2: Total receipts this period (page 3, line 12) | 0.0 |
| Line 3: Subtotal (line 1 plus line 2) | 0.0 |
| Line 4: Total expenditures this period (page 5, line 15) | 0.0 |
| Line 5: Ending Balance (line 3 minus line 4) | 0.0 |
| Line 6: Total in-kind contributions this period (page 6, line 18) | 0.0 |
| Line 7: Total (all) outstanding liabilities (page 7, line 19) | 0.0 |
| Line 8: Total out-of-pocket expenses this period (page 8, line 22) | 414.89 |
| Line 9: Name of bank(s) used: | N/A |

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

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

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

Candidate without Committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: _____ (Candidate's signature) Date: 1/20/2026

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 |
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| 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.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN OF FRANKLIN
TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2025 DEC - 9 P 21/22/25 Ending Date: 1/20/26

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 #: 617.686.1265

CTE TED Cormier-Leger
Committee Name

Arthur Cormier-Leger
Name of Committee Treasurer

3 Ashbury Dr. Franklin, MA 02038
Committee Mailing Address

E-mail: Rtlegerjr@hotmail.com

Phone #: 617 686 1407

SUMMARY BALANCE INFORMATION:

| | |
|--|-----------------------------|
| Line 1: Ending Balance from previous report | \$ 342.09 |
| Line 2: Total receipts this period (page 3, line 12) | 0 |
| Line 3: Subtotal (line 1 plus line 2) | \$ 342.09 |
| Line 4: Total expenditures this period (page 5, line 15) | \$ 52.01 |
| Line 5: Ending Balance (line 3 minus line 4) | \$ 290.08 |
| 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: | <u>BRISTOL CN 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: 1/20/26

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.

[Signature] Date: 1/20/26



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

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

Account Number: xxxxxxxx7169
Statement Date: Nov 01, 2025 thru Nov 28, 2025

Summary - All Accounts

| Product | Account # | Ending Balance |
|-----------------------|-------------|----------------|
| Business Money Market | xxxxxxx7169 | \$290.08 |

002343



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

Business Money Market - xxxxxxxx7169

| Date | Transaction Description | Withdrawal | Deposit | Balance |
|--------|--------------------------|------------|---------|-----------------|
| | BEGINNING BALANCE | | | \$341.61 |
| Nov 24 | Withdrawal | -51.53 | | 290.08 |
| | ENDING BALANCE | | | \$290.08 |

COMMITTEE TO ELECT TED CORMIER-LEGER

Balance Summary

| Date | Balance | Date | Balance | Date | Balance | Date | Balance |
|--------|---------|------|---------|------|---------|------|---------|
| Nov 24 | 290.08 | | | | | | |

Interest Summary

| Avg. Daily Balance | Min. Balance for Period | Interest Period | Days in Period | Interest Earned | Annual Percentage Yield Earned | Interest Paid YTD |
|--------------------|-------------------------|-----------------------------|----------------|-----------------|--------------------------------|-------------------|
| 332.41 | 290.08 | Nov 01, 2025 - Nov 28, 2025 | 28 | 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 |



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



BRISTOL COUNTY SAVINGS BANK™

Commitment. Stability. Community.

Account Number: xxxxxxxx7169
Statement Date: Nov 01, 2025 thru Nov 28, 2025

Account Summary

| Previous Date | Beginning Balance | Deposits | Interest Paid | Withdrawals | Fees | Ending Balance |
|---------------|-------------------|----------|---------------|-------------|------|----------------|
| Nov 01, 2025 | 341.61 | 0.00 | 0.00 | 51.53 | 0.00 | 290.08 |

Statement Summary

| Account Number | Product Description | Maturity Date | Rate | Balance |
|----------------|-----------------------|---------------|-------|----------|
| xxxxxxx7169 | Business Money Market | | 0.01% | \$290.08 |



CAMPAIGN SIGNS
Construction for Election Day
THANK YOU FOR SHOPPING AT
Daddario Hardware and Supply
528 West Central Street
Franklin, MA 02038
(508) 541-6900

11/01/25 11:54AM ETHAN 554 SALE

| | | | | |
|------------------------------|---|----|---------|---------|
| 505705 | 3 | EA | \$2.29 | EA |
| 3/4"X60' ELECTRICAL TAPE | | | | \$6.87 |
| 301881 | 1 | EA | \$6.49 | EA |
| T50 5/16" HVY DTY STAPLE | | | | \$6.49 |
| N49611 | 1 | EA | \$10.15 | EA |
| 2PK 3X21 P80 3X SANDING BELT | | | | \$10.15 |
| 381829 | 1 | EA | \$24.99 | EA |
| H/DUTY BRAD/STAPLE GUN | | | | \$24.99 |

SUB-TOTAL:\$ 48.50 TAX: \$ 3.03
TOTAL: \$ 51.53
DB AMT: \$ 51.53

DEBIT/ATM: \$ 51.53
DEBIT/ATM: XXXXXXXXXXXX0727
MID:*****7882 TID:***6121
AUTH: 722627 AMT: \$ 51.53
Debit network id:02
Host reference #:833658 Bat#
Trace# 075664

Authorizing Netw 7.5A

Chip Read
CARD TYPE:DEBIT EXPR: XXXX
AID : A000000980840
TVR : 8080088000
IAD : 0601120360B000
TSI : 6800
ARC : 00
MODE : Issuer
CVM : No CVM
Name : US DEBIT
ATC :0008
AC : C21FF01AFDC1A498



==> JRNL# I33658
CUST NO: *5

THANK YOU THEODORE CORMIER-FEGER
FOR YOUR PATRONAGE

Customer 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: 10/28/2025 Ending Date: 12/31/2025

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

Maxwell Morrongiello
Candidate Full Name (if applicable)
Town Council
Office Sought and District
127 Central Street, Franklin, MA, Franklin, MA 02038
Residential Address
E-mail: maxmorrongiello@gmail.com
Phone #: 508 318 4409 508-456-7629

Committee to Elect Max Morrongiello
Committee Name
John K Bowman
Name of Committee Treasurer
127 Central Street, Franklin, MA 02038
Committee Mailing Address
E-mail: jkbsu93@gmail.com
Phone #: 617 461 3569

SUMMARY BALANCE INFORMATION:

| | |
|--|-----------------------|
| Line 1: Ending Balance from previous report | <u>\$1,065.25</u> |
| Line 2: Total receipts this period (page 3, line 12) | <u>\$200.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>\$1,265.25</u> |
| Line 4: Total expenditures this period (page 5, line 15) | <u>\$965.86</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>\$299.39</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: John K Bowman (Treasurer's signature) Date: 1/20/2026

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: Maxwell S. Morrongiello (Candidate's signature) Date: 1/20/26

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|--|---|-----------------|--|
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| Line 10: Total Receipts over \$50 (or listed above) | | \$100.00 | * 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) | | \$100.00 | |
| Line 12: TOTAL RECEIPTS IN THE PERIOD | | \$200.00 | |

← Enter on page 1, line 2

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 |
|---|-------------|---------|---------|--------|
| | None | | | |
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| Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL) | | | | |

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 |
|--|---|--------|--|
| | None | | |
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| Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above) | | | <i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i> |
| Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above) | | | |
| Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD | | | |

← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.

| | | | |
|------------|----------------------------------|-----------|------------------------------------|
| 10/27/2025 | Facebook - Advertisement | \$ 2.00 | Facebook Ads |
| 10/24/2025 | Facebook - Advertisement | \$ 3.00 | Facebook Ads |
| 10/16/2025 | Act Blue | \$ 3.95 | Act Blue Fees |
| 10/27/2025 | Act Blue | \$ 3.96 | Act Blue Fees |
| 10/27/2025 | Facebook - Advertisement | \$ 4.00 | Facebook Ads |
| 10/27/2025 | Facebook - Advertisement | \$ 5.00 | Facebook Ads |
| 10/27/2025 | Facebook - Advertisement | \$ 6.00 | Facebook Ads |
| 10/27/2025 | Facebook - Advertisement | \$ 7.00 | Facebook Ads |
| 10/27/2025 | Facebook - Advertisement | \$ 8.00 | Facebook Ads |
| 10/28/2025 | Facebook - Advertisement | \$ 9.00 | Facebook Ads |
| 10/28/2025 | Facebook - Advertisement | \$ 10.00 | Facebook Ads |
| 10/28/2025 | Facebook - Advertisement | \$ 11.00 | Facebook Ads |
| 10/29/2025 | Facebook - Advertisement | \$ 12.00 | Facebook Ads |
| 12/18/2025 | Tello - Telephone | \$ 12.02 | Telephone |
| 11/24/2025 | Amazon - Postal Supplies | \$ 13.02 | Postal Supplies |
| 10/30/2025 | Facebook - Advertisement | \$ 14.00 | Facebook Ads |
| 10/31/2025 | Facebook - Advertisement | \$ 16.00 | Facebook Ads |
| 11/03/2025 | Facebook - Advertisement | \$ 18.00 | Facebook Ads |
| 11/03/2025 | Facebook - Advertisement | \$ 20.00 | Facebook Ads |
| 11/03/2025 | Facebook - Advertisement | \$ 22.00 | Facebook Ads |
| 11/03/2025 | Facebook - Advertisement | \$ 24.00 | Facebook Ads |
| 11/03/2025 | Facebook - Advertisement | \$ 26.00 | Facebook Ads |
| 11/24/2025 | Facebook - Advertisement | \$ 26.17 | Facebook Ads |
| 11/03/2025 | Facebook - Advertisement | \$ 29.00 | Facebook Ads |
| 11/18/2025 | Amazon - Postal Supplies | \$ 29.83 | Postal Supplies |
| 11/19/2025 | Name.com | \$ 30.00 | Email Renewal |
| 11/03/2025 | Facebook - Advertisement | \$ 32.00 | Facebook Ads |
| 11/04/2025 | Facebook - Advertisement | \$ 35.00 | Facebook Ads |
| 10/23/2025 | Amazon - Candy (Halloween Event) | \$ 37.43 | Candy for Halloween Event |
| 11/04/2025 | Facebook - Advertisement | \$ 38.00 | Facebook Ads |
| 11/04/2025 | Facebook - Advertisement | \$ 41.00 | Facebook Ads |
| 10/27/2025 | Flywire - Phone Banking | \$ 83.74 | Scale to Win Phonebanking Software |
| 11/05/2025 | Flywire - Phone Banking | \$ 333.74 | Scale to Win Phonebanking Software |

\$ 965.86

| Date | Amount | First Name | Last Name | Address | Town | State | Zip |
|------------|-----------|------------|-----------|-----------------|----------|-------|-------|
| 10/16/2025 | \$ 100.00 | Kathleen | Trefethen | 3 Rizoli Circle | Franklin | MA | 02038 |
| 10/27/2025 | \$ 50.00 | Rebecca | Kornet | 23 Curve St | Medfield | MA | 02052 |
| 10/28/2025 | \$ 50.00 | Jake | Jacobson | 15 BOARDMAN ST | Norfolk | MA | 02056 |

| Occupation | Employer |
|----------------------------|-----------------------|
| Not Employed | Not Employed |
| Market research consultant | Helical Research Inc. |
| Not Employed | Not Employed |



Commonwealth of Massachusetts

Form CPF M109: Statement of Municipal Candidate Not Raising or Expending Campaign Funds TOWN OF FRANKLIN TOWN CLERK Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk) 2025 NOV 21 P 12:33

Candidate's Name: Stephen G. Malloy
Office Sought: Town Council
Residential Address: 19 Russet Hill Road
City / State / Zip: Franklin, MA 20238
E-Mail Address: smalloy@franklinma.gov Phone Number: 617-820-8619

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, including expenditures of my own funds, or incur liabilities for any campaign-related purpose, nor do I currently have any outstanding liabilities for prior campaign-related activity. I submit the following as my campaign report for all future reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

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

After filing this statement, if I decide to raise or accept funds or in-kind contributions, or expend funds, or incur liabilities, for a campaign-related purpose in this calendar year, I will immediately notify my local election official in writing, and will file periodic campaign finance reports according to the statutory filing schedule. Such reporting periods include pre-preliminary, pre-election, post-election and year-end reports. Until such notice is on file with the local election official, I certify that the above "Zero" report will be in effect for each reporting period, in the calendar year in which it is filed, as required by Chapter 55 of the Massachusetts General Laws. In addition to certifying that I will not raise, accept or expend funds, or incur liabilities, in future reporting periods in this calendar year, I further certify that (choose one):

[X] I did not raise, accept, or expend funds, incur liabilities, or receive in-kind contributions, in the last calendar year.

Or

[] I raised, accepted or expended funds, or incurred liabilities, or received in-kind contributions, in the last calendar year, and such activity has been disclosed with the appropriate election official according to the statutory schedule.

This form is valid through December 31 of the year in which it was signed, to include the subsequent year-end report due January 20.

SIGNED UNDER THE PENALTIES OF PERJURY:

Signature: Stephen G. Malloy Date: 11/20/2024



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN OF FRANKLIN

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

10/27/25

Ending Date:

1/20/26

2025 OCT 27 A 8:31

Type of Report: (Check one)

8th day preceding preliminary

8th day preceding election

RECEIVED

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):

na

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

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)

0

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:

1/20/26



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date: 10/27/25

Ending Date: 1/20/26
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 23 P 12:42

RECEIVED

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:

(Treasurer's signature)

Date:

1/20/26

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:

1/20/26

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 |
| | | | |
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| | | | |
| Line 10: Total Receipts over \$50 (or listed above) | | \$1360.77 | <p><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></p> <p>← Enter on page 1, line 2</p> |
| Line 11: Total Receipts \$50 and under (not listed above) | | 25.00 | |
| Line 12: TOTAL RECEIPTS IN THE PERIOD | | \$1385.77 | |

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 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 |
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| 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 | \$18.75 | 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 | <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 | | 1388.92 | |

← Enter on page 1, line 8



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 | <i>Payment \$318.75 Print Reach Pay 09/23/2025</i> 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

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or scan this code with your mobile device,



or call 1-800-410-7420.



UNITED STATES POSTAL SERVICE.

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

10/14/2025

08:31 AM

| Product | Qty | Unit Price | Price |
|--------------------------|-----|------------|-----------------|
| Coil Vibrant Leaves | 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

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(1-800-275-8777)

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USPS.com.

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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
Date: 10/1/25
Transaction: 29877

Register: 1
Time: 12:01 PM
Cashier: 2013374

| Qty | Item | Price | Amount |
|-----|----------------------|-------|--------|
| 1 | AVY LSR LBL 3000PK * | 34.84 | 33.99 |
| | 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.: 000008000
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 convenient services
and printing.

Transparency
BANKLIN TO
WITH
LINE

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



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/27/25 Ending Date: 1/20/26

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): Nehorah Pellegrini
Office Sought and District: Town Council
Residential Address: 187 Pleasant St
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

0

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)

0

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: Nehorah Pellegrini (Candidate's signature) Date: 1/20/26



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 21
RECEIVED

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

10/27/25

Ending Date:

11/20/26

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 Councillor

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

125.61

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

500.00

Line 3: Subtotal (line 1 plus line 2)

625.61

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

229.50

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

396.11

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

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:

11/20/26

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:

11/20/26



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

RECEIVED
2026 JAN 20 A 10:11
TOWN OF FRANKLIN
TOWN CLERK

Fill in Reporting Period dates: Beginning Date: 12/04/25 Ending Date: 1/17/26

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 | <u>782.77</u> |
| Line 2: Total receipts this period (page 3, line 12) | <u>150.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>932.77</u> |
| Line 4: Total expenditures this period (page 5, line 15) | <u>0</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>932.77</u> |
| Line 6: Total in-kind contributions this period (page 6, line 18) | <u> </u> |
| Line 7: Total (all) outstanding liabilities (page 7, line 19) | <u> </u> |
| Line 8: Total out-of-pocket expenses this period (page 8, line 22) | <u> </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: [Signature] (Treasurer's signature) Date: 1/17/26

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: 01/17/26

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---|---|------------|---|
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| Line 10: Total Receipts over \$50 (or listed above) | | 150 | <p><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></p> <p>← Enter on page 1, line 2</p> |
| Line 11: Total Receipts \$50 and under (not listed above) | | | |
| Line 12: TOTAL RECEIPTS IN THE PERIOD | | 150 | |



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN OF FRANKLIN

Town or City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

10/27/25

Ending Date:

2025 OCT 27 11:35 AM

1/20/26

Type of Report: (Check one)

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

RECEIVED

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: 1/20/26

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

Candidate with Committee

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

Candidate without Committee

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

Signed under the penalties of perjury:

Glenn F. Jones (Candidate's signature)

Date: 1/20/26



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/27/25 Ending Date: TOWN OF FRANKLIN TOWN CLERK

Type of Report: (Check one)
 15th day preceding preliminary 8th day preceding election 30 day after election Year-end report dissolution
2025 OCT 27 P 3:40 RECEIVED

ROBERT DELLORCO
Candidate Full Name (if applicable)
TOWN COUNCIL
Office Sought and District
7 WILSON RD
Residential Address
E-mail: RDDFRANKLIN@AOL.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: [Signature] (Candidate's signature) Date: 1/20/24



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/27/25 Ending Date: 1/20/26

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@BURLINGHAM-MA.CC

Phone #: 978 760 4832

Committee Name: _____

Name of Committee Treasurer: _____

Committee Mailing Address: _____

E-mail: _____

Phone #: _____

RECEIVED
2025 OCT 27 PM 12:27
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: 1/20/26

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 |
|--|---|-----------------|--|
| 9/25/2025 | VistaPrint 275 Wyman St, Waltham, MA, 02451 | 538.98 | Yard signs, stands and business cards |
| 10/4/2025 | VistaPrint 275 Wyman St, Waltham, MA, 02451 | 668.73 | Yard signs and stands |
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| Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above) | | 1,207.71 | <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 | | 1,207.71 | |

← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.



Your order is confirmed

From VistaPrint <no-reply@t.vistaprint.com>
Date Sat 10/4/2025 2:04 PM
To Kenneth Ojukwu <kojukwu9@gmail.com>

Order Confirmation



Thanks for your order, Kenneth.

We're processing it now and we will let you know when it's on its way.

Expected delivery: **Thursday, October 9, 2025**

[Check order status](#)

Order details

Order number

VP_15QW4JSQ

Order date

Saturday, October 4, 2025

Speed

Express

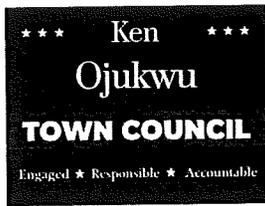
Shipping address

Kenneth U
73 South Street
Franklin , MA 02038
United States

Billing address

Kenneth Ojukwu
73 SOUTH ST
FRANKLIN , MA 02038
United States

Items



Yard Signs

Quantity: 30

Expected delivery: Thu, October 9

~~\$553.55~~ \$470.51



Wire Yard Sign Stands

Quantity: 30

Expected delivery: Thu, October 9

~~\$98.70~~ \$83.89

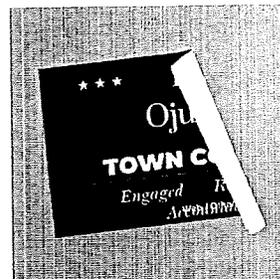
Order summary

| | |
|-------------------|-----------------|
| Subtotal | \$652.25 |
| Savings SIGNS15 | -\$97.85 |
| Shipping: Express | \$74.99 |
| Tax | \$39.34 |
| Total | \$668.73 |

Some ideas for next time:



Yard Signs ►



Vinyl Banners ►

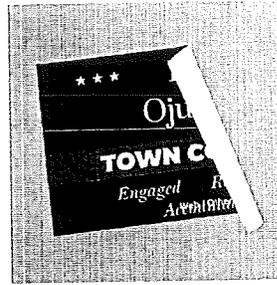




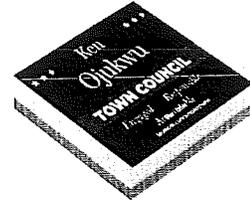
Yard Signs ▶



Standard Business Cards ▶



Vinyl Banners ▶



Standard Postcards ▶

Any images featuring your own design are visible only to you.



Need help? Get in touch with our customer care team.

This email is automatically generated, please do not reply.

All our products and services are provided by VistaPrint, 275 Wyman St, Waltham, MA, 02451.

[Privacy Policy](#) | [Terms of Use](#) | [Contact & Support](#)

a CIMPRESS company

Your order is confirmed

From VistaPrint <no-reply@t.vistaprint.com>
Date Thu 9/25/2025 12:40 AM
To Kenneth Ojukwu <kojukwu9@gmail.com>

Order Confirmation



Thanks for your order, Kenneth.

We're processing it now and we will let you know when it's on its way. Please be aware that the items in your order may be sent in multiple packages and arrive separately.

Expected delivery: **Monday, September 29, 2025 - Tuesday, September 30, 2025**

[Check order status](#)

Order details

Order number

VP_TVMTK3RX

Order date

Thursday, September 25, 2025

Speed

Rush

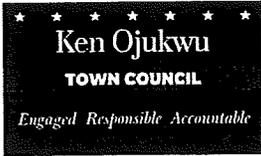
Shipping address

Kenneth U
73 South Street
Franklin , MA 02038
United States

Billing address

Kenneth Ojukwu
73 South St
Franklin , MA 02038
United States

Items

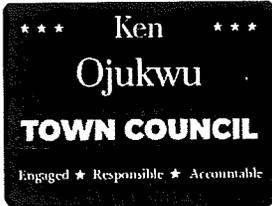


Standard Business Cards

Quantity: 500

Expected delivery: Mon, September 29

~~\$39.99~~ \$32.64



Yard Signs

Quantity: 20

Expected delivery: Tue, September 30

~~\$438.49~~ \$357.93



Wire Yard Sign Stands

Quantity: 20

Expected delivery: Tue, September 30

~~\$65.80~~ \$53.71

Order summary

| | |
|----------------|-----------------|
| Subtotal | \$544.28 |
| Savings NEW20 | -\$100.00 |
| Shipping: Rush | \$62.99 |
| Tax | \$31.71 |
| Total | \$538.98 |

Some ideas for next time:



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN OF FRANKLIN

TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

4/27/25

Ending Date:

OCT 20 2025 4:17/20/26

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 8300

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:

MICHAEL LEBLANC

(Candidate's signature)

Date:

1/20/26

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---|---|---------|--|
| 9/15/2025 | MICHAEL LEBARC 373 PROSPECT ST | 2099.27 | EXECUTIVE RADNET |
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| | | | |
| 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

Michael LeBlank
Leblanc.michael@comcast.net

Invoice Details

PDF created October 27, 2025
\$478.12

Payment

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 | | | \$478.12 |
| Sep 15, 2025 (Visa 5890) | | | |



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.



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

| Invoice | |
|-----------|----------------|
| No: 83725 | Date: 10/15/25 |

Page 1 of 1

Michael LeBlanc
 Michael LeBlanc
 373 Prospect St
 Franklin, MA 02038

Ship To:
 < Same as Bill To >

| Acc. No | Ordered By | Phone | Fax | P.O. No | Prepared By | Sales Rep | | |
|----------|--|----------|----------|----------|-------------|------------|--------------|-------------|
| 2843 | Michael LeBlanc | | | | Jim | Jim Burton | | |
| Quantity | Description | | | | | Price | | |
| 500 | Payment 5740.84 Visa 10/14/2025 Payment 5880.31 Check 10/01/2025 Elect Michael LeBlanc Town Council Postcards UNADDRESSED 9x6 (Satin Card Stock) | | | | | \$158.01 | | |
| 2000 | Elect Michael LeBlanc Town Council Postcards 9x6_MAILER | | | | | \$669.72 | | |
| 1 | Graphic Design (1 Hour) | | | | | \$0.00 | | |
| Terms | Subtotal | Discount | Shipping | Postage | Tax | Total | Job Paid | Job Balance |
| C.O.D. | \$828.53 | \$0.00 | \$0.00 | \$740.84 | \$51.78 | \$1,621.15 | (\$1,621.15) | \$0.00 |

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



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/27/25 Ending Date: 1/20/26

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

Joseph E McGann
Candidate Full Name (if applicable)
Town Council
Office Sought and District
120 Lewis St Franklin MA
Residential Address
E-mail: megann.joseph@aol.com
Phone #: 508-244-1503

~~Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail:
Phone #:~~
*OK for Tait
Jason*

SUMMARY BALANCE INFORMATION:

| | |
|--|----------|
| Line 1: Ending Balance from previous report | <u>0</u> |
| Line 2: Total receipts this period (page 3, line 12) | |
| Line 3: Subtotal (line 1 plus line 2) | |
| Line 4: Total expenditures this period (page 5, line 15) | |
| Line 5: Ending Balance (line 3 minus line 4) | |
| 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: Joseph E McGann (Treasurer's signature) Date: 1/20/26

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: Joseph E McGann (Candidate's signature) Date: 1/20/26