



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: 12/17/24 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

MARK A. MUCCARONE
Candidate Full Name (if applicable)
Planning board
Office Sought and District
87 Hill Ave, Franklin, MA
Residential Address
E-mail: Coachmooch@verizon.net
Phone # (optional): 774-571-9800

2025 DEC 9 8 35 PM
Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail:
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>205.83</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>205.83</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>205.83</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0.00</u>
Line 8: Name of bank(s) used:	<u>Bank of America</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: 12/18/2025

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)[illegible]

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

[illegible]

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →		Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)		

Signsonthe Cheap.com: \$205.83 USD

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

To: Mrsmooch829@verizon.net

Date: Thursday, September 25, 2025 at 05:29 PM EDT



Hello, Christine Mucciarone

You authorized
\$205.83 USD to
Signsonthe Cheap.com

Merchant	Signsonthe Cheap.com service@signsonthech... +1 866-661-9239
Transaction date	Sep 25, 2025
Order ID	4353f8d4-fb4a-46e0-a47d-e4aa62012520
Ship to	MARK MUCCIARONE 87 HILL AVE FRANKLIN, MA 02038 United States

[Track Package](#)

Subtotal	\$142.44
Shipping and handling	\$51.28
Tax	\$12.11
Total	\$205.83 USD

Authorized with

BANK OF AMERICA NATIONAL ASSOCIATION
Debit ****1460

\$205.83 USD

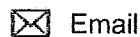
You'll see this purchase as pending in your payment status until Signsonthe Cheap.com processes it. We'll send you another receipt if the final payment amount is greater than this authorization amount.

Transaction ID: 02C62160PN4967508

[View payment status](#)

Need some help?

Contact Signsonthe Cheap.com for questions or issues with this purchase.



Email

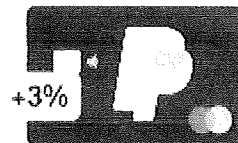


Call

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

Get a \$50 cash back bonus on your first purchase for a limited time

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



Subject to credit approval

Your payment was sent from Mrs mooch829@verizon.net





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: TOWN OF FRANKLIN Beginning Date: 10/27/25 Ending Date: 1/20/26
TOWN CLERK

Type of Report: (Check one) 27 A 8: 32

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

Eric Steltzer

Candidate Full Name (if applicable)

Planning Board

Office Sought and District

7 Mercer Lane

Residential Address

E-mail: steltzerpb@gmail.com

Phone # (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$0

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

\$452.00

Line 3: Subtotal (line 1 plus line 2)

\$452.00

Line 4: Total expenditures this period (page 5, line 14)

\$452.00

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

\$0

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:

Debn Bank

Affidavit of Committee Treasurer:

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

Signed under the penalties of perjury: _____ (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: 1/20/26

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/19/25	Eric Steltzer 7 Mercer Lane	\$ 452.00	Development Director National Grid
Line 9: Total Receipts over \$50 (or listed above)		452.00	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		452.00	

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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SCHEDULE A: RECEIPTS (continued)[illegible]

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

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

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)[illegible]

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE D: LIABILITIES

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

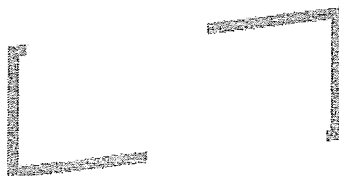
[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

Page 7

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



Proof Approved for Order ID #2509592411

Hi Eric Steltzer

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

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

Billing Address

Shipping Address

Eric Steltzer 7 Mercer Lane Franklin MA 02038 US Phone Number: (781)-264-3662 Email: steltzerpb@gmail.com	Eric Steltzer 7 Mercer Lane Franklin MA 02038 US Phone Number: (781)-264-3662 Email: steltzerpb@gmail.com
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Product Image	Product Details	Quantity	Price	Total				
	Yard Sign - 24x18 - CUSTOM <table><tr><th>Size</th><th>Quantity</th></tr><tr><td>24x18</td><td>CUSTOM</td></tr></table>	Size	Quantity	24x18	CUSTOM	100	\$3.76	\$376.00
Size	Quantity							
24x18	CUSTOM							

[Download Proof File](#)

Delivery Date: September 22, 2025*

Delivery Cost: \$0.00

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

Your order will now go into production once you approve your final proof. We will send you a proof for your review. Once you approve the proof, we will begin processing your order.

Your order will arrive on
September 22, 2025

CLICK TO VIEW ORDER DETAILS

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

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

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

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

If any delays occur, please contact us at support@yardsignplus.com and we will further assist you.





Commonwealth
of Massachusetts

CPF ID #: _____
(For Office Use Only)

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

Office of Campaign and Political Finance

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

(617) 979-8300 / (800) 462-OCPF
ocpf@mass.gov
http://www.ocpf.us

CHECK ONE: ☒ I do not have a political committee. **OR** ☐ I have organized a political committee on my behalf.

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

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions, make expenditures, including expenditures of my own funds, or incur liabilities for any campaign-related purpose. I submit the following as my campaign report for all bank reporting periods in this election cycle as provided for in Chapter 55 of the Massachusetts General Laws:

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

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

Until such notice is on file with the Director, I certify that the above Zero report will be in effect for each reporting period required by Chapter 55 of the Massachusetts General Laws.

SIGNED UNDER THE PENALTIES OF PERJURY:


Candidate's signature Date: 1/20/2026