Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 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. Mucciarone Candidate Full Name (if applicable)	
Planning board Office Sought and District	
87 Hill Ave, Franklin. ma Residential Address	
E-mail: Coachmooch@verizon.net	E-mail:
Phone # (optional): 774-571-9800	Phone # (optional):
	Committee Name
	Name of Committee Treasurer
	Committee Mailing Address

TOWN OF FRANKLIN TOWN CLERK 2025 DEC 9 A 8:35 RECEIVED

SUMMARY BALANCE INFORMATION:

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

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: 12/18/2025

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)
Line 9: Total Receipts over $50 (or listed above)			
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
Line 9: Total Receipts over $50 (or listed above)			
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

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

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

	Line 12: Total Expenditures over $50 (or listed above)	
	Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 →	**Line 14: TOTAL EXPENDITURES IN THE PERIOD**	

* 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

	Line 12: Expenditures over $50 (or listed above)	
	Line 13: Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 →	**Line 14: TOTAL EXPENDITURES IN THE PERIOD**	

* 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 C: IN-KIND CONTRIBUTIONS

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over $50 (or listed above)	
Line 16: In-Kind Contributions $50 & under (not listed above)	
Line 17: TOTAL IN-KIND CONTRIBUTIONS	

Enter on page 1, line 6 →

* 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 $205.83 USD
Debit ••1460

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

Your payment was sent from Mrsmooch829@verizon.net

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

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

TOWN OF FRANKLIN
TOWN CLERK
2025 OCT 27 A 8:32
RECEIVED

Type of Report: (Check one)

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

Eric Stelter Candidate Full Name (if applicable)	Committee Name
Planning Board Office Sought and District	Name of Committee Treasurer
7 Mercer Lane Residential Address	Committee Mailing Address
E-mail: stelterpb@gmail.com	E-mail:
Phone # (optional):	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:	Dean Bank

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

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

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
Line 10: Total Receipts $50 and under* (not listed above)	—
Line 11: TOTAL RECEIPTS IN THE PERIOD	452.00 ← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
Line 9: Total Receipts over $50 (or listed above)		—	
Line 10: Total Receipts $50 and under* (not listed above)		—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		—	← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/14/25	Yard Signs Plus	10811 Kipp Way St #480 Houston, Tx 77099	Signs	$452.00

Line 12: Total Expenditures over $50 (or listed above)	452.00
Line 13: Total Expenditures $50 and under* (not listed above)	—
Line 14: TOTAL EXPENDITURES IN THE PERIOD	452.00

Enter on page 1, line 4 →

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

	Line 12: Expenditures over $50 (or listed above)	—
	Line 13: Expenditures $50 and under* (not listed above)	—
Enter on page 1, line 4 →	**Line 14: TOTAL EXPENDITURES IN THE PERIOD**	—

* 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.

Date Incurred	To Whom Due	Address	Purpose	Amount

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** —

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

Eric Steltzer
7 Mercer Lane
Franklin MA 02038 US
Phone Number: (781)-264-3662
Email: steltzerpb@gmail.com

Shipping Address

Eric Steltzer
7 Mercer Lane
Franklin MA 02038 US
Phone Number: (781)-264-3662
Email: steltzerpb@gmail.com

Product Image	Product Details	Quantity	Price	Total
	**Yard Sign - 24x18 - CUSTOM** **Size**: 24x18 — **Quantity**: CUSTOM	100	$3.76	$376.00

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 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