



Commonwealth
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:

10/27/25

Ending Date:

12/3/25

2025 DEC -3 P 12:39
RECEIVED

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): _____

Office Sought and District: _____

Residential Address: _____

E-mail: _____

Phone # (optional): _____

Franklin Forward PAC
Committee Name

Scott C Faugher
Name of Committee Treasurer

80 Union St Franklin MA 02038
Committee Mailing Address

franklinforwardpac@gmail.com
E-mail:

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$ 300.37

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

\$ 265.00

Line 3: Subtotal (line 1 plus line 2)

\$ 565.37

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

\$ 439.20

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

\$ 126.17

Line 6: Total in-kind contributions this period (page 6)

\$ 0

Line 7: Total (all) outstanding liabilities (page 7)

\$ 0

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:

Scott C Faugher

(Treasurer's signature)

Date: 12/3/2025

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

Candidate with Committee and no activity independent of the 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.

Candidate without Committee OR Candidate with independent activity filing separate report

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: _____

SCHEDULE A: RECEIPTS

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or greater)
10/13/2025	Scott Faught & Dianna Prince 17 Lincoln St # 2 Franklin, MA 02038	\$15.00	
11/10/2025	Scott Faught & Dianna Prince 17 Lincoln St # 2 Franklin, MA 02038	\$50.00	
11/14/2025	Jeff Roy PO Box 544 Franklin, MA 02038	\$200.00	MA State Representative
Line 9: Total Receipts over \$50 (or listed above)		\$265.00	
Line 10: Total Receipts \$50 or under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THIS PERIOD		\$265.00	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			
			Page 3

