Commonwealth of Massachusetts

Form CPF M101 PC: STATEMENT OF ORGANIZATION POLITICAL ACTION COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

TOWN OF FRANKLIN
TOWN CLERK
2021 OCT -5 P 12:51
RECEIVED

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a political action committee as follows:

1. Name (See note 1): Franklin United Municipal Political Action Committee
2. Committee Mailing Address: 18 Dover Cir
   City / State / Zip: Franklin, MA 02038
   E-mail Address: franklinmaunited@gmail.com Phone #:
3. Purpose (See note 2): to support candidates running for Franklin Town office who will create a stronger, more equitable and more representative Franklin.

3a. Specific issues and interests: strong schools, a thriving downtown, and justice, fairness, and equity for all.

4. OFFICERS (See note 3):

Chairman: Scott C Faught	**Treasurer*:** John L Manns
Residential Address: 430 Franklin Village Dr PO Box #286	Residential Address: 18 Dover Cir
City / State / Zip: Franklin, MA 02038	City / State / Zip: Franklin, MA 02038
Phone #: 914 299 1788	Phone #: 508 528-7925 E-mail: mannsjack6@gmail.com
	* A public employee may not serve as treasurer of any political committee (see reverse).
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Phone #:	Phone #:

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

The chairman and treasurer of a political committee should be familiar with all provisions of M.G.L. c. 55, which specifies that each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts for a period of six years from the date of the relevant election; no expenditures shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents; and, that all funds of a political committee shall be kept separate from any personal funds of any officers, members or associates of such committee.

I hereby accept the office of Chairman of the above-named committee. I am aware that a candidate or elected official may not serve as chairman of a political action committee except as authorized by M.G.L. c. 55, s. 5A.
SIGNED UNDER THE PENALTIES OF PERJURY:

Scott C Faught
Chairman's signature Date: 10/5/21

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate or elected official may not serve as treasurer of a political action committee except as authorized by M.G.L. c. 55, s. 5A.
SIGNED UNDER THE PENALTIES OF PERJURY:

John Manns
Treasurer's signature Date: 10/5/21

TOWN OF FRANKLIN
TOWN CLERK
2021 OCT -5 P 12:
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Franklin United

This states that John L Manns, of 18 Dover Circle, Franklin, MA, 02038, was offered, and officially accepts, the title of Treasurer of the Franklin United Municipal Political Action Committee.

Scott O'Laughlin
Chairman's signature

10/5/2021
Date

John Manns
Treasurer's signature

10/5/2021
Date

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

TOWN OF FRANKLIN
TOWN CLERK
2021 OCT 26 P 2:05
RECEIVED

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/6/21 Ending Date: 10/26/21

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):

Committee Name: FRANKLIN UNITED MUNICIPAL PAC

Name of Committee Treasurer: JACK MANNS

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)	1206.88
Line 3: Subtotal (line 1 plus line 2)	1206.88
Line 4: Total expenditures this period (page 5, line 14)	331.86
Line 5: Ending Balance (line 3 minus line 4)	888.14
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: John Manns (Treasurer's signature) Date: 10/26/21

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: _____

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
10/23/21	COLIN CASS 146 LONGHILL RD FRANKLIN MA	50	RETIRED
10/18/21	KAREN LANDERS 117 UNION ST FRANKLIN MA	50	RETIRED
10/9/21	REBECCA RAUSCH Needham, MA	100	MA STATE SENATOR
10/8/21	JEFF ROY 6 LYDIA FRANKLIN, MA	100	MA STATE REPRESENTATIVE
	KAREN SPILKA TREASURER; CONNIE WRIGHT	500	MA STATE SENATE PRESIDENT
	25 AMHERST ST HOPKINTON, MA 01748		
10/21/21	MICHAEL WALKER JONES 80 MILLER ST FRANKLIN MA	250	RETIRED

Line 9: Total Receipts over $50 (or listed above)	1050
Line 10: Total Receipts $50 and under* (not listed above)	170
Line 11: TOTAL RECEIPTS IN THE PERIOD	1220

☐ 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
10/20/21	JAYSON JOYCE		PRINTING OF FLYERS AT STAPLES	318.74

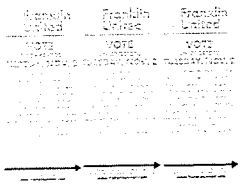
Line 12: Total Expenditures over $50 (or listed above)	
Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 ↓ **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	

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

Store Pickup Items

Bellingham Store •

Pickup Person: Jayson Joyce



	Qty	Price
Upload Your Own Flyers 11x8.5 in • Gloss Stock	1000	$299.99

Order Summary

Pickup Subtotal	$299.99
Estimated Tax	$18.75
Order Total	**$318.74**

Pickup Person Info

Pickup Person - Jayson Joyce
Phone - (508) 776 7476
Email -

Payment Method

You selected "Pay In Store" as your method of payment. Please have a valid ID along with a copy of this order confirmation and provide payment at the store when picking up your order.

Need Help?