



Commonwealth  
of Massachusetts

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

## Office of Campaign and Political Finance

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 #:   | 508 528-7905         |
|                      |                                     | 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:

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:

Treasurer's signature

Date: 10/5/21

TOWN OF FRANKLIN  
TOWN CLERK

2021 OCT -5 P 12: 51

RECEIVED



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.

A handwritten signature in black ink, appearing to read "Scott O'Faughn", written over a horizontal line.

Chairman's signature

10/5/2021

Date

A handwritten signature in black ink, appearing to read "John Manns", written over a horizontal line.

Treasurer's signature

10/5/2021

Date



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: 10/6/21 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): \_\_\_\_\_

FRANKLIN UNITED MUNICIPAL PAC  
Committee Name

JACK MANNA  
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>1206.88</u>   |
| Line 3: Subtotal (line 1 plus line 2)                    | <u>1206.88</u>   |
| Line 4: Total expenditures this period (page 5, line 14) | <u>331.86</u>    |
| Line 5: Ending Balance (line 3 minus line 4)             | <u>888.14</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: Jack Manna (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<br>(alphabetical listing required) | Amount | Occupation & Employer<br>(for contributions of \$200 or more) |
|--|---|--------|---|
| 10/23/21   | COLIN CASS<br>146 LONGHILL RD FRANKLIN MA                       | 50     | RETIRED   |
| 10/18/21   | KAREN LANDERS<br>117 UNION ST FRANKLIN MA                       | 50     | RETIRED   |
| 10/9/21  | ARBERNA RAUSCH<br>Needham, MA                                   | 100    | MA STATE SENATOR  |
| 10/8/21  | JEFF ROY<br>6 LYDIA FRANKLIN, MA                                | 100    | MA STATE REPRESENTATIVE                                       |
|  | KAREN SPILKA<br>TREASURER; CONNIE WRIGHT                        | 500    | MA STATE SENATE PRESIDENT                                     |
|  | 25 AMHERST ST<br>HOPKINTON, MA 01788                            |        |   |
| 10/21/21   | MICHAEL WALKER JONES<br>80 MILLER ST FRANKLIN MA                | 250    | RETIRED   |
|  |   |        |   |
|  |   |        |   |
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|  |   |        |   |
|  |   |        |   |
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|  |   |        |   |
| 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.)

[illegible]

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 ↓

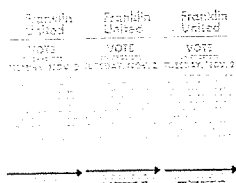
**Line 14: TOTAL EXPENDITURES IN THE PERIOD**

\* 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



### Upload Your Own

Flyers

11x8.5 in • Gloss Stock

| Qty  | Price    |
|------|----------|
| 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?



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: 10/27/21 Ending Date: 12/2/21

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): _____           |

|  |
|--|
| <u>FRANKLIN UNITED MUNICIPAL PAC</u><br>Committee Name |
| <u>JACK MANNA</u><br>Name of Committee Treasurer       |
| Committee Mailing Address                              |
| E-mail: _____  |
| Phone # (optional): _____                              |

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

888.14

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

143.58

Line 3: Subtotal (line 1 plus line 2)

1031.72

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

1031.72

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

0

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 FRANKLIN, MA

### 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: Jack Manna (Treasurer's signature)

Date: 12/2/21

### 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: \_\_\_\_\_

FRANKLIN JAMES MONTREAL PDC  
SCHEDULE B: EXPENDITURES (continued)

[illegible]

Line 12: Expenditures over \$50 (or listed above)

1027.21

Line 13: Expenditures \$50 and under\* (not listed above)

4.51

**Line 14: TOTAL EXPENDITURES IN THE PERIOD**

1031.72

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 A: RECEIPTS (continued)

| Date Received  | Name and Residential Address<br>(alphabetical listing required) | Amount | Occupation & Employer<br>(for contributions of \$200 or more) |
|--|---|--------|---|
| 11/8/21  | SCOT LAUGHT<br>17 LINCOLN ST#2                                  | 139.07 |   |
|  | FRANKLIN, MA 02038  |        |   |
|  |   |        |   |
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|  |   |        |   |
|  |   |        |   |
| Line 9: Total Receipts over \$50 (or listed above)         |   | 139.07 |   |
| Line 10: Total Receipts \$50 and under* (not listed above) |   | 4.51   |   |
| Line 11: TOTAL RECEIPTS IN THE PERIOD                      |   | 143.58 |   |

☐ 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.



FRANKLIN  
43 MAIN ST  
FRANKLIN, MA 02038-9998  
(800)275-8777

10/26/2021 11:02 AM

| Product          | Qty | Unit Price | Price    |
|------------------|-----|------------|----------|
| US Flag Coil/100 | 15  | \$58.00    | \$870.00 |

Grand Total: \$870.00

Credit Card Remitted \$870.00

Card Name: VISA  
Account #: XXXXXXXXXXXX3774  
Approval #: 00445D  
Transaction #: 902  
AID: A0000000031010 Chip  
AL: VISA CREDIT  
PIN: Not Required

\*\*\*\*\*  
USPS is experiencing unprecedented volume increases and limited employee availability due to the impacts of COVID-19. We appreciate your patience.  
\*\*\*\*\*

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NOW HIRING NATIONWIDE  
Career Path Positions with Benefits  
Apply online at  
[www.usps.com/careers](http://www.usps.com/careers)

All sales final on stamps and postage.  
Refunds for guaranteed services only.  
Thank you for your business.

Tell us about your experience.  
Go to: <https://postalexperience.com/Pos>  
or scan this code with your mobile device.



## Staples Connect

234 Hartford Ave  
Bellingham, MA 02019  
508-966-1200

Sale

Store: 348 Register: 1  
Date: 10/26/21 Time: 11:16 AM  
Transaction: 20063 Cashier: 190377

| Qty | Item               | Price | Amount |
|-----|--------------------|-------|--------|
| 1   | ENV #10 P&S SECURE |       |        |
| 1   | 718103264518       | 38.99 | 38.99  |
| 1   | AVY THK LBL-300P 1 |       |        |
| 1   | 012782084608       | 32.99 | 32.99  |

Subtotal 71.98  
MASSACHUSETTS 6.25% 4.50

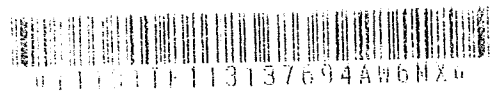
Total 76.48

VISA CREDIT 050976.48  
Card No.: XXXXXXXXXXXX3774 [C]  
Chip Read  
Auth No.: 071110  
AID.: A0000000031010

Staples Connect,  
the working and learning store.  
Discover every tool to take on tomorrow  
including products, services  
and inspiration that help you  
unlock what is possible.

Shop Smarter. Get Rewarded.  
Staples Rewards members get up to  
5% back in Rewards.  
Exclusions Apply. See an associate for  
full program details or to enroll.

THANK YOU FOR SHOPPING AT  
STAPLES CONNECT!



Customer Copy  
CUT HERE

YOUR OPINION COUNTS  
AND WILL BE REVIEWED

# Staples Connect

234 Hartford Ave  
Bellingham, MA 02019  
508-966-1200

sale

Store: 348 Register: 1  
Date: 10/25/21 Time: 6:50 PM  
Transaction: 20304 Cashier: 1975458

REWARDS NUMBER 2265511945

| Qty | Item               | Price | Amount |
|-----|--------------------|-------|--------|
|     | ENVELOPE PULL & SE |       |        |
| 1   | 718103264457       | 37.99 | 37.99  |
|     | ENVELOPE PULL & SE |       |        |
| 1   | 718103264457       | 37.99 | 37.99  |

|                     |       |
|---------------------|-------|
| Subtotal            | 75.98 |
| MASSACHUSETTS 6.25% | 4.75  |

Total 80.73

Discover USD\$80.73

Card No. : XXXXXXXXXXXX1752 (C)

Chip Read

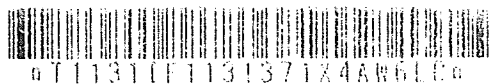
Auth No. : 02562R

AID.: A0000001523016

Staples Connect,  
the working and learning store.  
Discover every tool to take on tomorrow  
including products, services  
and inspiration that help you  
unlock what is possible.

Shop Smarter. Get Rewarded.  
Staples Rewards members get up to  
5% back in Rewards.  
Exclusions Apply. See an associate for  
full program details or to enroll.

THANK YOU FOR SHOPPING AT  
STAPLES CONNECT!



Customer Copy

CUT HERE

YOUR OPINION COUNTS  
AND WILL BE REVIEWED

BY THIS STORE'S MANAGER!

Please take a short survey  
and be entered into a monthly drawing  
to win one of four \$500 Staples gift

## 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.)

[illegible]

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)**[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]

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.