

Please print or type all information, except signatures.

Reporting Period: _____ Beginning: January 9, 2017 (MM/DD/YYYY)
Ending: _____ April 16, 2017 (MM/DD/YYYY)

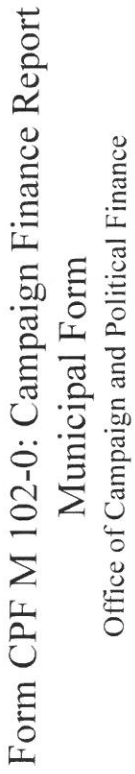
☒ 8th day preceding preliminary/primary ☒ 8th day preceding election

☐ 20th day of January (Year-End report)

1. I certify that I am a candidate for or currently hold Municipal Office.

2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]



Please print or type all information, except signatures.

Reporting Period:	Beginning: 01/01/2017	Ending: 4/17/2017
	(MM/DD/YYYY)	(MM/DD/YYYY)

☒ 8th day preceding preliminary/primary
 ☐ 8th day preceding election
 ☐ 30th day following election (town or special)
 ☐ 20th day of January (Year-End report)

1. I certify that I am a candidate for or currently hold Municipal Office.

1. I certify that I am a candidate for or currently hold Municipal Office.

2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]

Form CPF M 102-0: Campaign Finance Report Municipal Form

Commonwealth
of Massachusetts

Office of Campaign and Political Finance

Please print or type all information, except signatures.

City or Town of: Townsend

Reporting Period: Beginning: 01/01/2017

Ending: 4/17/2017

$$(MM/DD/YYYY)$$

(MM/DD/YYYY)

Type of Report: (Check One)

☒ 8th day preceding preliminary/primary☐ 8th day preceding election☐ 30th day following election (town or special)☐ 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]



Please print or type all information, except signatures.

Reporting Period: April 16, 2017 Ending: May 24, 2017
(MM/DD/YYYY) (MM/DD/YYYY)

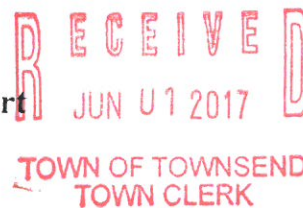
☐ 8th day preceding preliminary/primary
 ☐ 8th day preceding election
 ☒ 30th day following election (town or special)
 ☐ 20th day of January (Year-End report)

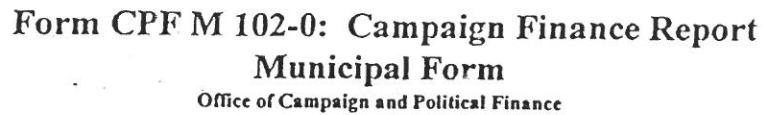
1. I certify that I am a candidate for or currently hold Municipal Office.

2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.

3. I certify that I do not have a political committee.

[illegible]





Please print or type all information, except signatures.

[illegible]



Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

RECEIVED
JUN 09 2017
TOWN OF TOWNSEND
TOWN CLERK

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month APRIL Date 24 Year 2017 Ending Month JUNE Date 9 Year 2017

Type of report: (Check one)

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

DONALD E. KLEIN

Full Name of Candidate (if applicable)

SELECTMEN

Office Sought and District

5 HORSESHOE DRIVE

Residential Address

978-597-8517

Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ —
Line 2: Total receipts this period (page 2, line 11) \$ 320.⁰⁷
Line 3: Subtotal (line 1 plus line 2) \$ 320.⁰⁷
Line 4: Total expenditures this period (page 3, line 14) \$ 320.⁰⁷
Line 5: Ending balance (line 3 minus line 4) \$ —
Line 6: Total in-kind contributions this period (page 4) \$ 0
Line 7: Total (all) outstanding liabilities (page 4) \$ 0
Line 8: Name of bank(s) used —

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 (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

Donald E. Klein
Candidate signature (in ink)

6-8-17
Date

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.

This page may be copied 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)
4/24/17	DONALD E. KLEIN 5 HORSESHOE DR. TOWNSEND, MA	320	04	RETIRED
Line 9: Total receipts in excess of \$50 (or listed above)		320	04	Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)		-	-	
Line 11: TOTAL RECEIPTS IN THE PERIOD		320	04	

* 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.

This page may be copied 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	
5/1/17	SUPER CHEAP SIGN'S	9200 WATERFORD CENTRE BLVD AUSTIN, TX 78758	CAMPAIGN SIGN'S	320	04
			Line 12: Expenditures over \$50	320	04
			Line 13: Expenditures \$50 and under*	—	—
			Line 14: TOTAL EXPENDITURES	320	04

*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6		Line 15: In-kind over \$50		
		Line 16: In-kind \$50 and under		
		Line 17: Total In-kind		0

* 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: OUTSTANDING LIABILITIES (ALL)		0



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
JUL 19 2017
TOWN OF TOWNSEND
TOWN CLERK

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month APRIL Date 24 Year 2017 Ending Month JUNE Date 9 Year 2017

Type of report: (Check one)

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

DONALD E. KLEIN

Full Name of Candidate (if applicable)

SELECTMEN

Office Sought and District

5 HORSESHOE DRIVE

Residential Address

978-597-8517

Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ —
Line 2: Total receipts this period (page 2, line 11) \$ 320.⁰⁴
Line 3: Subtotal (line 1 plus line 2) \$ 320.⁰⁴
Line 4: Total expenditures this period (page 3, line 14) \$ 320.⁰⁴
Line 5: Ending balance (line 3 minus line 4) \$ —
Line 6: Total in-kind contributions this period (page 4) \$ 0
Line 7: Total (all) outstanding liabilities (page 4) \$ 0
Line 8: Name of bank(s) used —

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 (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

Donald E. Klein
Candidate signature (in ink)

7-14-17
Date

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.

This page may be copied 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)
7/24/17	DONALD E. KLEIN 5 HORSESHOE DR. TOWNSEND, MA	320	04	RETIRED
Line 9: Total receipts in excess of \$50 (or listed above)		320	04	Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)		-	-	
Line 11: TOTAL RECEIPTS IN THE PERIOD		320	04	

* 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.

This page may be copied 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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				0

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
Line 18: OUTSTANDING LIABILITIES (ALL)				0

Enter on page 1, line 7



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
JUN 06 2017

TOWN OF TOWNSEND
TOWN CLERK

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning

Month

4

Date

25

Year

2017

Ending

Month

6

Date

11

Year

2017

Type of report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Wage Miller
Full Name of Candidate (if applicable)

select rep

Office Sought and District

4 Horsehoe Drive W. Townsend

Residential Address

Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report

\$

0

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

\$

540.03

Line 3: Subtotal (line 1 plus line 2)

\$

540.09

Line 4: Total expenditures this period (page 3, line 14)

\$

540.03

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

\$

0

Line 6: Total in-kind contributions this period (page 4)

\$

Line 7: Total (all) outstanding liabilities (page 4)

\$

Line 8: Name of bank(s) used

\$

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 (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 signature (in ink)

Date

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.

This page may be copied 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)
5/12/77	Wayne Miller	540	03	Director of Business
	4 Horsehoe Drive Townsend			Development - Biomedical
	MA 01469			Polymers Inc.
Line 9: Total receipts in excess of \$50 (or listed above)		540	03	
Line 10: Total receipts \$50 and under* (not listed above)		0	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		540	03	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 2

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.

This page may be copied 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	
7/28/17	signs on the cap	11550 stone hollow drive Austin TX 78758	signs	298	27
5/12/17	Baileys	40 scales lane Tombland MA	rectangular	187	76
5/12/17	car stickers	21480 4th st Bend OR 97701	car stickers Bend OR	57	00
Line 12: Expenditures over \$50				540	03
Line 13: Expenditures \$50 and under*				0	00
Line 14: TOTAL EXPENDITURES				540	03

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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* 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: OUTSTANDING LIABILITIES (ALL)	



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
JUL 25 2017

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

TOWN OF TOWNSEND
TOWN CLERK

Fill in dates:

Reporting Period Beginning Month 6 Date 19 Year 2017 Ending Month 7 Date 19 Year 2017

Type of report: (Check one)

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

Wane Miller
Full Name of Candidate (if applicable)

Selectman
Office Sought and District

4 Horse Shoe Drive W. Townsend
Residential Address

Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 540.03
Line 3: Subtotal (line 1 plus line 2) \$ 540.03
Line 4: Total expenditures this period (page 3, line 14) \$ 540.03
Line 5: Ending balance (line 3 minus line 4) \$ 0
Line 6: Total in-kind contributions this period (page 4) \$ _____
Line 7: Total (all) outstanding liabilities (page 4) \$ _____
Line 8: Name of bank(s) used _____

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 (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

[Signature]
Candidate signature (in ink)

7/25/17
Date

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.

This page may be copied 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)
5/2/17	Wagner M. Miller	540 03	Director of Business
	4 Horseshoe Drive Townsend		Development Biomedical
	MA 01464		Polymers
Line 9: Total receipts in excess of \$50 (or listed above)		540 03	
Line 10: Total receipts \$50 and under* (not listed above)		0 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		540 03	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 2

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.

This page may be copied 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	
4/18/17	signs on the cheap	1150 Shore Haven Drive Austin TX	signs	298	27
5/12/17	Barleys	40 scales lan Townsend MA	root & greet	187	76
5/12/17	car stickers	2140 yk st Bend OR 97201	car stickers	54	00
Line 12: Expenditures over \$50				540	07
Line 13: Expenditures \$50 and under*				0	00
Line 14: TOTAL EXPENDITURES				540	07

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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* 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: OUTSTANDING LIABILITIES (ALL)	



**Form CPF M101: STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM**

Office of Campaign and Political Finance

RECEIVED
FEB 17 2017
TOWN OF TOWNSEND
TOWN CLERK

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 candidate's committee as follows:

CANDIDATE:	Full Name: <u>Sue Lisio</u>
	Residential Address: <u>28 Ash St</u>
	City / State / Zip: <u>Townsend</u> <u>MA</u> <u>01469</u>
	E-Mail Address: <u>smlisio@comcast.net</u> Phone #: <u>978 597 6473</u>
	Party Affiliation: _____ (If applicable)
OFFICE SOUGHT/PURPOSE:	
	Title: <u>Selectman</u>
	District: _____

COMMITTEE:	Name of Committee: <u>Sue Lisio Campaign Committee</u> (The name of the committee must include the candidate's last name)
	Committee Mailing Address: <u>5 TAURUS LANE</u>
	City / State / Zip: <u>Townsend</u> <u>MA</u> <u>01469</u> Phone #: <u>978 597 9036</u>

OFFICERS:

Chairman: <u>Leanne Jackson</u>	Treasurer*: <u>Kelly m Kelly</u>
Residential Address: <u>1 Birch Lane</u>	Residential Address: <u>5 TAURUS LANE</u>
City / State / Zip: <u>Townsend</u> <u>MA</u> <u>01469</u>	City / State / Zip: <u>Townsend</u> <u>MA</u> <u>01469</u>
Phone #: <u>978 597 3430</u>	Phone #: <u>978 597 9036</u> Email: <u>kellymkelly@comcast.net</u>
*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 MA 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Sue Lisio Date: 2/17/17
Candidate's signature

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 may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Kelly Kelly Date: 2/17/17
Treasurer's signature

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Leanne Jackson Date: 2/17/17
Chairman's signature



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
APR 13 2017
TOWN OF TOWNSEND
TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 02/17/2017 Ending Date: 04/06/2017

Type of Report: (Check one)

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

Sue Lisio

Candidate Full Name (if applicable)

Townsend Board of Selectmen

Office Sought and District

28 Ash St. Townsend, MA 01469

Residential Address

E-mail: smilisio@cmrao.net

Phone # (optional):

Sue Lisio Campaign Committee

Committee Name

Kelly Kelly

Name of Committee Treasurer

5 Taurus Lane Townsend, MA 01469

Committee Mailing Address

E-mail: Kellym Kelly @ cmrao.net

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	2,107.35
Line 3: Subtotal (line 1 plus line 2)	2,107.35
Line 4: Total expenditures this period (page 5, line 14)	1,253.15
Line 5: Ending Balance (line 3 minus line 4)	854.2
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	1,007.35
Line 8: Name of bank(s) used:	Santander 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: Kelly Kelly (Treasurer's signature)

Date: 4/13/17

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: Sue Lisio (Candidate's signature)

Date: 4/13/17

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)
03/07/2017	Giancotti, Lyn 20 North End Rd. Townsend, MA 01469	100	
03/12/2017	Kelly, Kelly M. 5 Taurus Lane Townsend, MA 01469	200	sales McNabb Pharmacy
03/12/2017	Kelly, Michael P. 5 Taurus Lane Townsend, MA 01469	200	security sales Rep Marketing Solutions
03/07/2017	Lewand, Lisa 3 Wyman Rd. West Townsend, MA 01474	100	
02/21/2017	Lisio, Sue 28 Ash St. Townsend, MA 01469	50	
02/19/2017	Lisio, Sue 28 Ash St. Townsend, MA 01469	89	
02/25/2017	Lisio, Sue 28 Ash St. Townsend, MA 01469	199	
03/11/2017	Lisio, Sue 28 Ash St. Townsend, MA 01469	21.24	
03/15/2017	Lisio, Sue 28 Ash St. Townsend, MA 01469	29	
03/24/2017	Lisio, Sue 28 Ash St. Townsend, MA 01469	669.11	sales McNabb Pharmacy
03/20/2017	Marshall, Janet 51 Adams Rd. Townsend, MA 01469	100	
03/23/2017	Mula, Marcy 9 Horseshoe Dr. West Townsend, MA 01469	100	
Line 9: Total Receipts over \$50 (or listed above)		1,857.35	
Line 10: Total Receipts \$50 and under* (not listed above)		250	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,107.35	← 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]

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
03/24/2017	Add-A-Sign	136 Pond St. Leominster, MA 01453	campaign signs	669.11
02/19/2017	Daley Professional Web Solutions	211 Cardinal Dr. Montgomery, NY 12549	monthly hosting, website maintenance, and domain registration	89.00
02/25/2017	Daley Professional Web Solutions	211 Cardinal Dr. Montgomery, NY 12549	Initial website content	199.00
03/15/2017	Daley Professional Web Solutions	211 Cardinal Dr. Montgomery, NY 12549	monthly website hosting	29.00
03/24/2017	Giancotti, Lyn	20 North End Rd. Townsend, MA 01469	refund of donation	100.00
03/29/2017	Raise the Money	PO Box 26466 Little Rock, AR 72221	processing fee for online donations	10.30
04/03/2017	Santander Bank	18 Main St. Townsend, MA 01469	bank service charge	7.50
03/11/2017	Staples	289 North Main St. Leominster, MA 01453	business cards	21.24
03/24/2017	Townsend Congregational Church	3 Brookline St. Townsend, MA 01469	hall rental for meet and greet	128.00
Line 12: Total Expenditures over \$50 (or listed above)				1253.15
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1253.15

* 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 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.

[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
02/19/2017	Sue Lisio	28 Ash St. Townsend, MA 01469	payment for Daley Professional	89.00
02/25/2017	Sue Lisio	28 Ash St. Townsend, MA 01469	payment for Daley Professional	199.00
03/11/2017	Sue Lisio	28 Ash St. Townsend, MA 01469	payment for Staples business cards	21.24
03/15/2017	Sue Lisio	28 Ash St. Townsend, MA 01469	payment for Daley Professional	29.00
03/24/2017	Sue Lisio	28 Ash St. Townsend, MA 01469	payment for Add-a-Sign campaign signs	669.11
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				1007.35



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
MAY 09 2017
TOWN OF TOWNSEND
TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 04/06/2017 Ending Date: 05/09/2017

Type of Report: (Check one)

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

Sue Lisio Candidate Full Name (if applicable) Townsend Board of Selectmen Office Sought and District 28 Ash St. Townsend, MA 01469 Residential Address E-mail: <u>smlisio@comcast.net</u> Phone # (optional): _____	Sue Lisio Campaign Committee Committee Name Kelly Kelly Name of Committee Treasurer 5 Taurus Lane Townsend, MA 01469 Committee Mailing Address E-mail: <u>Kelly mkelly@comcast.net</u> Phone # (optional): _____
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SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	854.20
Line 2: Total receipts this period (page 3, line 11)	29.00
Line 3: Subtotal (line 1 plus line 2)	883.20
Line 4: Total expenditures this period (page 5, line 14)	883.20
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	189.65
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Santander 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: Kelly Kelly (Treasurer's signature)

Date: 5/9/17

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: Sue Lisio (Candidate's signature)

Date: 5/9/17

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)
04/18/2017	Lisio, Sue 28 Ash St. Townsend, MA 01469	\$29.00	
Line 9: Total Receipts over \$50 (or listed above)		29.00	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		29.00	

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

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
04/18/2017	Daley Professional Web Solutions	211 Cardinal Dr. Montgomery, NY 12549	monthly website hosting	29.00
05/08/2017	Lisio, Sue	28 Ash St. Townsend, MA 01469	expenses paid by candidate (listed in liabilities) including signs, website , business cards	846.70
05/02/2017	Santander Bank	18 Main St. Townsend, MA 01469	bank service charge	7.50
Line 12: Total Expenditures over \$50 (or listed above)				883.20
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				883.20

* 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
05/08/2017	Lisio, Sue	28 Ash St. Townsend, MA 01469	Forgiveness of balance of outstanding liabilities	\$189.65
		Line 15: In-Kind Contributions over \$50 (or listed above)	189.65	
		Line 16: In-Kind Contributions \$50 & under (not listed above)	0	
Enter on page 1, line 6 →		Line 17: TOTAL IN-KIND CONTRIBUTIONS	189.65	

* 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
04/18/2017	Lisio, Sue	28 Ash St. Townsend, MA 01469	payment for Daley Professional monthly web hosting	\$29.00
05/08/2017	Lisio, Sue	28 Ash St. Townsend, MA 01469	balance of outstanding liabilities not reimbursed by receipts	\$160.65
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				189.65



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		05/08/2017
Name of Individual Being Reimbursed:	Sue Lisio	
Committee Name:	Sue Lisio Campaign Committee	
CPF ID Number (if applicable):		Telephone Number (optional):

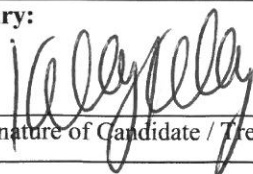
ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
05/08/2017	Lisio, Sue	28 Ash St. Townsend, MA 01469	reimbursement for payments made to Add-A-Sign (campaign signs), Staples (business cards)	846.70
			And Daley Professional Web Solutions (candidate website)	

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	846.70
Line 2: Expenditures \$50 or under (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED:	846.70

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 5/8/17

Please prepare a separate report for each reimbursement check issued by the committee.