

| rtease print or type all information, except signatures | 16, 2017          |                             | 20th day of January (Year-End report)         | o not have a campaign fund in existence.   | OFFICE SOUGHT                           | NMRSD School Convitee | Town Cherk              |  |  |  |  |  |
|---|-------------------|-----------------------------|---|--|---|-----------------------|-------------------------|--|--|--|--|--|
| Pleas   | Ending:           |                             | Sour day tottowing election (town or special) | gations during this reporting period, and d  | RESIDENTIAL ADDRESS (Street and Number) | 60 Turner Rd          | 312 Main St.            |  |  |  |  |  |
|   | January 9,2017    |                             | de un day preceding electron                  | uant to M.C.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. | Signed under the penalties of perjury   | LH                    | ford Hathle me Snotford |  |  |  |  |  |
|   | d: Beginning:     | narv/primarv                | J. brunary                                    | uant to M.C.L. Chapter 33:  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 expend  3. I certify that I do not have a political committee.   | PRINT NAME                              | Randee Rusch          | Bathlen W. Synt         |  |  |  |  |  |
| City or Town of:  | Reporting Period: | Type of Report: (Check One) | Burgings # 40 M.C.)                           | rursuant to M.C.L. Chapter 55:  1. I certify that I am a candi 2. I certify that I have not re 3. I certify that I do not have   | DATE                                    | 4/18/17               | 11/6/14                 |  |  |  |  |  |



| Please print or type all information, except signatures. | 4/17/2017 (MM/DD/YYYY)    |                             | special)   | orting period, and do not have a campaign fund in existence.   | L ADDRESS<br>(Number) OFFICE SOUGHT   | Ownsend MA Library Trustee                   |  |  |  |  |  |  |
|--|---------------------------|-----------------------------|--|--|---|--|--|--|--|--|--|--|
|  | (MM/DD/YYYY) Ending: 4/17 |                             | ☐ 8th day preceding election ☐ 30th day following election (town or special)   | itures, o  | SIGNATURE RESIDENTIAL ADDRESS Signed under the penalties of perjury (Street and Number) | Swall C. MG/Lly 11 Shirley Road, Townsend MA |  |  |  |  |  |  |
| Townsend   | od: Beginning: 01/01/2017 | (Check One)                 | ■ 8th day preceding preliminary/primary      □ 8th day p     □ 8th | uant 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 expend  3. I certify that I do not have a political committee. | PRINT NAME  | Susan C. McNally                             |  |  |  |  |  |  |
| City or Town of:   | Reporting Period:         | Type of Report: (Check One) |  | Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candi 2. I certify that I have not re 3. I certify that I do not hav   | DATE  | 04/17/2017                                   |  |  |  |  |  |  |



| Please print or type all information, except signatures. | (MM/DD/YYYY)          | 7 1 - 1 - 7 XX  | Office.  expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence. | OFFICE SOUGHT                           | Planning Board               |  |
|--|-----------------------|---|--|---|------------------------------|--|
| d  | Ending: 4/17/2017     | 30th day following election (tourn or coarie)                   | gations during this reporting period, a  | RESIDENTIAL ADDRESS (Street and Number) | 11 Shirley Road, Townsend MA |  |
|  | (MM/DD/YYYY)          | election  | icipal Office.   | Signed under the penalties of perjary   | Grau Mestall                 |  |
| Townsend   | Beginning: 01/01/2017 | be of Report: (Check One) 8th day preceding preliminary/primary | idate for or curreceived any con   | PRINT NAME                              | Lance J. McNally             |  |
| City or Town of:   | Reporting Period:     | ype of Report: (Check One)                                      | ursuant to M.G.L. Chapter 55: 1. I certify that I am a candi 2. I certify that I have not ro 3. I certify that I do not hav    | DATE                                    | 04/17/2017   La              |  |



| Please print or type all information, except signatures. | 24, 2017<br>(MMDDYYYY)   |                            | 20th day of January (Year-End report)             | uant 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. | OFFICE SOUGHT                           | NMKSD Schol Comittee |  |  |  |  |  |                |  |   |   |
|--|--------------------------|----------------------------|---|---|---|----------------------|--|--|--|--|--|----------------|--|---|---|
| PI.  | Ending: May              |                            | X 30th day following election (town or special)   | gations during this reporting period, an  | RESIDENTIAL ADDRESS (Street and Number) | to Turner Rd         |  |  |  |  |  |                |  |   |   |
|  | 16, 2017<br>(MM)DD/YYYY) |                            | ☐ 8th day preceding election 区 30th day follow    | nicipal Office.<br>de any expenditures, or incurred any oblig   | Signed under the penalties of perjury   | Pallue               |  |  |  |  |  |                |  | - | • |
|  | Beginning: April         | neck One)                  | 8th day preceding preliminary/primary 3th day pre | uant 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 expend  3. I certify that I do not have a political committee.  | PRINT NAME                              | Randee Rusch         |  |  |  |  |  | a <sup>t</sup> |  |   |   |
| Sity or Town of:   | Reporting Period:        | ype of Report: (Check One) | ☐ 8th day precedi                                 | ursuant to M.G.L. Chapter 55: 1. I certify that I am a cand 2. I certify that I have not re 3. I certify that I do not hav  | DATE                                    | 5/24/17              | To a second seco |  |  |  |  |                |  |   |   |



Office of Campaign and Political Finance



TOWN OF TOWNSEND TOWN CLERK

| City or Town of:   OW                      | nsend            |                  |              |                |                |           |                                     |
|--|------------------|------------------|--------------|----------------|----------------|-----------|-------------------------------------|
|  | Plea             | se print or type | all informa  | tion, except : | signatures.    |           |                                     |
| Fill in dates: Reporting Period Beginning_ | Month<br>January | Day<br>9         | Year<br>2017 | _ Ending_      | Month<br>April | Day<br>12 | Year 2017                           |
| Sth day preceding preliminary/primary      |                  | eceding electio  |              | th day follow  | _              |           | th day of January<br>ar-End Report) |
| ursuant to M.G.L., Chapter S               |                  | ld Municipal C   | Office.      |                | 112            |           |                                     |

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.

| DATE    | I. SIGNATURE     Signed under the penalties of perjury | II. RESIDENTIAL ADDRESS (Street and Number) | III. OFFICE SOUGHT |
|---------|--|---|--------------------|
| 4/12/17 | Kathleen Caraz   | 89 S Harber Rd                              | Planning Board     |
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# Form CPF M 102-0: Campaign Finance Report JUN U1 2017 Municipal Form Office of Campaign and Political Finance



TOWN OF TOWNSEND TOWN CLERK

| City or                | Town of: Townsend   | <del></del>                                     |  |           |              |                                |
|------------------------|---|---|--|-----------|--------------|--------------------------------|
|                        | Please pri  | int or type all info                            | ormation, except si                    | gnatures. |              |                                |
| Fill in da<br>Reportin | g Period Beginning April 24   |   | Ending                                 | Month     | Day<br>24, 0 | Year<br>2017                   |
| Type of I              | Report: (Check One)   |   |  |           |              |                                |
|                        | h day preceding   | ng election 💆                                   | 30th day followi<br>(Town or Special   |           |              | day of January<br>-End Report) |
| Pursuant               | to M.G.L., Chapter 55:  |   |  |           |              |                                |
| 2. Lee                 | ertify that I am a candidate for or hold Mustify that I have not received any contribution or ting period, and do not have a campaigntify that I do not have a political commit | utions, made any<br>n fund in existend<br>ttee. | expenditures, or ince.                 |           |              | ing this                       |
|                        | Signed under the penalties of perjury   | 1   | et and Number)                         | 33        | m. Orri      | CE SOUGHT                      |
| 0/1/2017               | Kartelu ne Spoffall   | 312 Ma  | in St.                                 | 7         | Jown C       | LeaK                           |
|                        |   |   |  |           |              |                                |
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# Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

| City or                 | Town of: OWNS  | and   |   |                            |                            |                         | •                             |
|-------------------------|--|---|---|----------------------------|----------------------------|-------------------------|-------------------------------|
|                         | γy   | Please p  | orint or type all                           | information, ex            | cept signatur              | es.                     |                               |
| Fill in d<br>Reportin   | dates: Mo<br>ng Period Beginning   | onth D<br>April 24,                                       | Day !                                       | Year<br>End                | Month<br>ling              | Day<br>104 24, 2017     | Year                          |
| Type of                 | Report: (Check One)  |   |   |                            |                            |                         |                               |
|                         | th day preceding celiminary/primary  | 8th day preced  | ling election                               | 30th day f                 | following elec<br>Special) |                         | day of January<br>End Report) |
| Pursuant                | t to M.G.L., Chapter 55:   |   |   | 7                          |                            | 1                       |                               |
| 2. I c<br>rep<br>3. I c | certify that I am a candidatertify that I have not recoporting period, and do no ertify that I do not have a | eived any contril<br>at have a campai<br>a political comm | butions, made<br>gn fund in exis<br>nittee. | any expenditure<br>stence. |                            | l any obligations durin | ng this                       |
| DATE                    | I. SIGNAT<br>Signed under the pena   |   | 1   | SIDENTIAL AI               |                            | III. OFFIC              | E SOUGHT                      |
| 124.17                  | Kothleen   | Chaz  | 895   | , ,                        | Rd                         | PlanningBe              | sard                          |
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# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance



TOWN OF TOWNSEND TOWN CLERK

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City or Town Clerk or Election Commission

Please print or type all information, except signatures.

| Fill in dates:  Reporting Period Beginning APRIL 24 2017 Ending TOWE   | Date Year<br>9 2017   |
|--|---|
| Type of report: (Check one)  ☐ 8th day preceding preliminary  ☐ 8th day preceding election  ☐ 30 day after election  | ☐year-end report ☐dissolution   |
| (Tomas of Minist   |   |
| ( application)   | ttee Name   |
| Office Sought and District  Name of Com  | mittee Treasurer  |
| 5 HORSESHOE DRIVE  |   |
|  | Tailing Address   |
| 978-597-8517   |   |
| Tel. No. (optional)  | Tel. No. (optional)   |
| Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4)  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:   | \$ 320.04<br>\$ 320.04<br>\$ 320.04<br>\$<br>\$<br>\$   |
| I certify that I have examined this report including attached schedules and it is, to the best of my knowledge a campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contrand represents the campaign finance activity of all persons acting under the authority or on behalf of this contraction. Signed under the penalties of perjury:  | ributions and liabilities for this reporting period   |
| Treasurer's signature (in ink)   | Date  |
| FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN   | N 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 a campaign finance activity, of all persons acting under the authority or on behalf of this committee in accorded have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this is a Candidate without Committee OR Candidate with independent activity filling separate report. I certify that I have examined this report including attached schedules and it is, to the best of my knowledge at campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contribution and represents the campaign finance activity of all persons acting under the authority or on behalf of this commodified. Signed under the penalties of perjury: | reporting period.  Ind belief, a true and complete statement of all butions and liabilities for this reporting period limittee in accordance with the requirements of |
| Candidate signature (in ink)   | 6-8-17<br>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

| mber on expense Date Received | Name and Residential Address (alphabetical listing required) |      | Amo  | unt | Occupation & Employer (for contributions of \$200 or more) |
|-------------------------------|--|------|------|-----|--|
| 4/24/17                       | DONALD E.KLEIN<br>5 HORSESHOE DR. TOWNSEN                    | ) MA | 320  | 04  | RETIRES  |
|                               |  |      |      |     | *  |
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| Line 9:                       | Total receipts in excess of \$50 (or listed above            | )    | .71. | 01/ |  |
| Line 10:                      | Total receipts \$50 and under* (not listed above             | e)   | 320  | -   |  |
|                               | TOTAL RECEIPTS IN THE PERIOD                                 |      | 320  | 04  | Enter on page 1, line 2                                    |

<sup>\*</sup> 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

| Date Paid | To Whom Paid (alphabetical listing) | Address  | Purpose of Expenditure       | Amo | unt |
|-----------|-------------------------------------|--|------------------------------|-----|-----|
| 5/1/17    | SUPER CHEAP<br>SIGN'S               | GENTRE BLVD<br>CENTRE BLVD<br>AUSTIN, TX.78758 | CAMPAIGN<br>SIGN'S           | 320 | 04  |
| ,         |                                     |  |                              |     |     |
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|           |                                     | -  |                              | 297 |     |
|           |                                     |  |                              |     |     |
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|           |                                     |  | - × ×                        | 20  |     |
|           |                                     |  |                              |     |     |
|           |                                     |  | Expenditures over \$50       | 320 | 04  |
|           |                                     | Line 13:                                       | Expenditures \$50 and under* | _   | -   |
| E         | Enter on page 1, line 4             | Line 14:                                       | TOTAL EXPENDITURES           | 320 | 04  |

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

Page 3

# 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<br>Received | From Whom Received*     | Residential Address | Description of Contribution | Value |
|------------------|-------------------------|---------------------|-----------------------------|-------|
| * 3              |                         |                     |                             |       |
|                  |                         |                     |                             |       |
|                  |                         |                     |                             |       |
|                  |                         |                     |                             |       |
|                  |                         |                     | In-kind over \$50           |       |
|                  |                         |                     | In-kind \$50 and under      |       |
|                  | Enter on page 1, line 6 | Line 17:            | Total In-kind               | 0     |

<sup>\*</sup> 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<br>Incurred | To Whom Due            | Address              | Purpose           | Amount |
|------------------|------------------------|----------------------|-------------------|--------|
|                  |                        | 4                    | 8 10              |        |
|                  | *                      |                      |                   |        |
|                  |                        |                      |                   |        |
|                  |                        |                      |                   |        |
|                  |                        |                      |                   |        |
| E                | nter on page 1, line 7 | Line 18: OUTSTANDING | LIABILITIES (ALL) | d      |

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



Office of Campaign and Political Finance



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 PRIL 24 20  |  |
|--|--|
| Type of report: (Check one)  8th day preceding preliminary   | a ☑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   | Committee Name  Name of Committee Treasurer  Committee Mailing Address   |
| Tel. No. (optional)  | Tel. No. (optional)  |
| Line 1: Ending balance from prevalue 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line 5: Ending balance (line 3 minus line 6: Total in-kind contributions to Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used  Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it | (page 2, line 11) \$ 320.04 \$ 320.04 \$ sine 4) \$ 5 30.04 \$ sine 4) \$ 5 30.04 \$ sine 4)   |
|  | uthority or on behalf of this committee in accordance with the requirements of   |
| Treasurer's signature (in ink)   | Date   |
| FOR CANDIDATE FILINGS ONL  |  |
| campaign finance activity, of all persons acting under the authority or on bel have not received any contributions, incurred any liabilities nor made any expertant Candidate without Committee OR Candidate with independent activity. I certify that I have examined this report including attached schedules and it is campaign finance activity, including contributions, loans, receipts, expenditure.  | is, to the best of my knowledge and belief, a true and complete statement of all half of this committee in accordance with the requirements of M.G.L. c. 55. I inditures on my behalf during this reporting period.  filing separate report  s, to the best of my knowledge and belief, a true and complete statement of all es, disbursements, in-kind contributions and liabilities for this reporting period athority or on behalf of this committee in accordance with the requirements of |

### 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

| Date<br>Received | Name and Residential Address (alphabetical listing required) | Amo | unt | Occupation & Employer (for contributions of \$200 or more |
|------------------|--|-----|-----|---|
| 4/24/17          | DONALD E.KLEIN<br>5 HORSESHOE DR. TOWNSEND, MA               | 320 | 04  | RETIRES   |
|                  | •  |     |     |   |
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|                  |  |     | -   | *   |
|                  |  |     |     | 3   |
|                  |  |     |     |   |
| Line 9: 7        | Total receipts in excess of \$50 (or listed above)           | 320 | 04  |   |
| Line 10: 7       | Total receipts \$50 and under* (not listed above)            | ,-  | -   |   |
|                  | TOTAL RECEIPTS IN THE PERIOD                                 | 320 | 04  | Enter on page 1, line 2                                   |

<sup>\*</sup> 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

| Date Paid | To Whom Paid (alphabetical listing) | Address                          | Purpose of Expenditure       | Amo | unt   |
|-----------|-------------------------------------|----------------------------------|------------------------------|-----|---|
| 5/1/17    | SUPER CHEAP<br>SIGN'S               | GENTRE BLVD<br>PUSTIN, TX.7 8758 | CAMPAIGN<br>SIGN'S           | 320 | 04  |
|           |                                     |                                  |                              |     | Company and a second distance |
|           | 0                                   |                                  |                              |     | e e e e e e e e e e e e e e e e e e e   |
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|           |                                     | Line 12:                         | Expenditures over \$50       | 320 | c 4   |
|           |                                     | Line 13:                         | Expenditures \$50 and under* |     | -   |
| F         | Enter on page 1, line 4             | Line 14:                         | TOTAL EXPENDITURES           | 320 | 04  |

<sup>\*</sup>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<br>Received | From Whom Received*     | Residential Address | Description of Contribution          | Value |
|------------------|-------------------------|---------------------|--------------------------------------|-------|
|                  |                         |                     |                                      |       |
|                  |                         |                     |                                      |       |
|                  |                         |                     | ,                                    |       |
| *                |                         |                     |                                      |       |
|                  |                         | Line 15:            | In-kind over \$50                    |       |
|                  | Enter on page 1, line 6 |                     | In-kind \$50 and under Total In-kind | (9    |

<sup>\*</sup> 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<br>Incurred | To Whom Due             | Address              | Purpose           | Amount |
|------------------|-------------------------|----------------------|-------------------|--------|
|                  |                         |                      |                   |        |
|                  |                         |                      |                   |        |
|                  |                         |                      | 4                 |        |
|                  |                         |                      |                   |        |
|                  |                         |                      |                   |        |
| E                | inter on page 1, line 7 | Line 18: OUTSTANDING | LIABILITIES (ALL) | C      |

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.



Office of Campaign and Political Finance



TOWN OF TOWNSEND
TOWN CLERK

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

| Reporting Period Beginning Date 25 W   | Ending 6  | h Date   | Year 70/7  |
|--|---|--|--|
| Type of report: (Check one)  8th day preceding preliminary  8th day preceding elections  | on □30 day after election   | ☐year-end report   | □dissolution   |
| hape nile  |   |  |  |
| Full Name of Candidate (if applicable)   | Comr  | nittee Name  |  |
| Office Sought and District 4 Horsefore Drive V. Townsend   | Name of Co  | nmittee Treasurer  |  |
| Residential Address  | Committee   | Mailing Address  |  |
| Tel. No. (optional)  |   | Tel. No.   | (optional)   |
| SUMMARVRALA  | NCE INFORMATIO  | V.   |  |
| Line 1: Ending balance from pro  |   | \$ 0   | S-0742-064-750   |
| Line 2: Total receipts this period   |   | \$ 570.03  |  |
| Line 3: Subtotal (line 1 plus line 2)  | 4 5 ,   | \$ 54009   |  |
| Line 4: Total expenditures this p  | eriod (page 3. line 14)   | \$ 540.03  |  |
| Line 5: Ending balance (line 3 minus   |   | \$ 0   | CONTRACTOR OF THE CONTRACTOR O |
| Line 6: Total in-kind contributions  | this period (page 4)  | \$   | SAFFT THE STATE OF |
| Line 7: Total (all) outstanding liab   | -   | \$   |  |
| Line 8: Name of bank(s) used   | (page )   |  |  |
| Diffe of Nume of Sum(s) assu   |   |  |  |
| Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and campaign finance activity, including all contributions, loans, receipts, expen and represents the campaign finance activity of all persons acting under the M.G.L. c. 55.  Signed under the penalties   | ditures, disbursements, in-kind co<br>authority or on behalf of this c  | ntributions and liabilities fo   | r this reporting period  |
| Treasurer's signature (in ink)   |   | Date   |  |
| FOR CANDIDATE FILINGS ON   | ILY: (CANDIDATE MUST SI   | GN BELOW)  |  |
| Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the committee and no activity independent of the committee and in campaign finance activity, of all persons acting under the authority or on have not received any contributions, incurred any liabilities nor made any extension of the committee OR Candidate with independent activity is certify that I have examined this report including attached schedules and campaign finance activity, including contributions, loans, receipts, expending and represents the campaign finance activity of all persons acting under the M.G.L. c. 55.  Signed under the penalty | it is, to the best of my knowledge<br>behalf of this committee in accor-<br>penditures on my behalf during the<br>ty filing separate report<br>it is, to the best of my knowledge<br>tures, disbursements, in-kind contact<br>authority or on behalf of this con- | dance with the requirement<br>is reporting period.  and belief, a true and com-<br>ributions and liabilities for | ts of M.G.L. c. 55. I plete statement of all this reporting period   |
| 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

| Date<br>Received | Name and Residential Address (alphabetical listing required) | Amo | unt | Occupation & Employer (for contributions of \$200 or more   |
|------------------|--|-----|-----|---|
| (12/2            | mane Miller  | 540 | 03  | Niverto rof Basiness  Nevelopment - Bionedical  Polyners Fo |
|                  | 4 Horsestoe Dine Toursend                                    |     |     | nevelopment - Biomedical                                    |
|                  | NA01474  |     |     | Polyxers Fo   |
|                  |  |     |     |   |
|                  |  |     |     |   |
|                  |  |     |     |   |
|                  |  |     |     |   |
|                  |  |     |     |   |
|                  |  | 86. |     |   |
|                  |  |     |     |   |
|                  |  |     |     |   |
|                  |  |     |     |   |
|                  |  |     |     |   |
|                  |  |     |     |   |
|                  |  |     |     |   |
| Line 9:          | Total receipts in excess of \$50 (or listed above)           | 540 | 07  | and Washington  |
| Line 10:         | Total receipts \$50 and under* (not listed above)            | 0   | 00  |   |
| Line 11:         | TOTAL RECEIPTS IN THE PERIOD                                 | 540 | 07  | Enter on page 1, line 2                                     |

<sup>\*</sup> 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

| Date Paid | To Whom Paid (alphabetical listing) | Address              | Purpose of Expenditure       | Amo  | unt |
|-----------|-------------------------------------|----------------------|------------------------------|------|-----|
| 1/28/17   | signs on the chian                  | 11550 stone hollowor | ne Sisas                     | 798  | 2-  |
|           | signs on thechuap                   | Austin TX7838        | ,                            |      |     |
| Span      | Baileys                             | 40 scales lace       | rectagneel                   | 185  | 76  |
| 1 /       |                                     | Toursend MA          |                              |      |     |
| 5/12/17   | carstuckers.                        | 21480 4+657          | sar stockers<br>Bend O       | 57   | 00  |
|           |                                     | Berder               |                              |      |     |
|           |                                     |                      |                              |      |     |
|           |                                     |                      |                              |      |     |
|           |                                     |                      |                              |      |     |
|           |                                     |                      |                              |      |     |
|           |                                     |                      |                              |      |     |
|           |                                     |                      | · .                          | SI A |     |
|           |                                     |                      |                              |      |     |
|           |                                     |                      |                              |      |     |
|           | a a                                 |                      | , .                          |      |     |
|           |                                     |                      |                              |      |     |
|           |                                     | Line 12:             | Expenditures over \$50       | 540  | 03  |
|           |                                     | Line 13:             | Expenditures \$50 and under* | 0    | 00  |
| F         | Enter on page 1, line 4             | Line 14:             | TOTAL EXPENDITURES           | 540  | 07  |

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 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<br>Received | From Whom Received*     | Residential Address | Description of Contribution              | Value |
|------------------|-------------------------|---------------------|--|-------|
| 9                |                         |                     |  |       |
|                  |                         |                     | 4  |       |
|                  |                         |                     |  |       |
|                  |                         |                     |  |       |
|                  |                         |                     | In-kind over \$50 In-kind \$50 and under |       |
|                  | Enter on page 1, line 6 |                     | Total In-kind                            |       |

<sup>\*</sup> 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<br>Incurred | To Whom Due             | Address              | Purpose           | Amount |
|------------------|-------------------------|----------------------|-------------------|--------|
|                  |                         |                      |                   |        |
|                  |                         |                      |                   |        |
|                  |                         | 4                    |                   | 87 92  |
|                  |                         |                      |                   |        |
|                  |                         |                      |                   |        |
| I                | Enter on page 1, line 7 | Line 18: OUTSTANDING | LIABILITIES (ALL) |        |

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



# Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance



| -   |   | -    |      |  |
|-----|---|------|------|--|
| 101 | A | 1371 | th:  |  |
| 1 1 | · | YY I | LII. |  |

City or Town Clerk or Election Commission

Candidate signature (in ink)

Please print or type all information, except signatures

TOWN OF TOWNSEND TOWN CLERK

| y of Town Clerk of Election Commission Thease print of type an in   | ormation, except signatures.  |
|---|---|
| Fill in dates: Month Date Yes Reporting Period Beginning 6 19   | Ar Month Date Year  17 Ending 7 19 2017   |
| Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election   | n □30 day after election □year-end report □dissolution  |
| mane nille  |   |
| Full Name of Candidate (if applicable) Selectron  | Committee Name  |
| Office Sought and District  4 Horse Loe Drive a Townsed   | Name of Committee Treasurer   |
| Residential Address   | Committee Mailing Address   |
| Tel. No. (optional)   | Tel. No. (optional)   |
| SUMMARY BALAN   | NCE INFORMATION:  |
| Line 1: Ending balance from pre   |   |
| Line 2: Total receipts this period  |   |
| Line 3: Subtotal (line 1 plus line 2)   | \$ 540.03   |
| Line 4: Total expenditures this pe  |   |
| Line 5: Ending balance (line 3 minus  |   |
| Line 6: Total in-kind contributions   | this period (page 4) \$   |
| Line 7: Total (all) outstanding liabi   |   |
| Line 8: Name of bank(s) used  | 4-8-1)  |
| Ellie 6. Ivalife of balik(s) asea   |   |
| campaign finance activity, including all contributions, loans, receipts, expend   | is, to the best of my knowledge and belief, a true and complete statement of al<br>itures, disbursements, in-kind contributions and liabilities for this reporting period<br>authority or on behalf of this committee in accordance with the requirements of<br>perjury:  |
| Treasurer's signature (in ink)  | Date  |
| FOR CANDIDATE FILINGS ON  | LY: (CANDIDATE MUST SIGN BELOW)   |
| Affidavit of Candidate: (check 1 box only)  | 9   |
| ☐ Candidate with Committee and no activity independent of the committeentify that I have examined this report including attached schedules and in campaign finance activity, of all persons acting under the authority or on behave not received any contributions, incurred any liabilities nor made any expectangled activity. I certify that I have examined this report including attached schedules and it campaign finance activity, including contributions, loans, receipts, expenditure. | t is, to the best of my knowledge and belief, a true and complete statement of all ehalf of this committee in accordance with the requirements of M.G.L. c. 55. I enditures on my behalf during this reporting period.  y filing separate report  is, to the best of my knowledge and belief, a true and complete statement of all ares, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of |
| 1/2   | 1/2/17  |
| 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

| Date<br>Received | Name and Residential Address (alphabetical listing required) | Amount |    | Occupation & Employer (for contributions of \$200 or more |
|------------------|--|--------|----|---|
| 3/3/1            | mapae n. 4/er  | 540    | 0) | Director of Business                                      |
|                  | MHURESLUE Mine Toursend                                      |        |    | Development Bionedical                                    |
|                  | Mady   |        |    | polyners  |
|                  |  |        |    |   |
|                  |  |        |    |   |
|                  |  |        |    |   |
|                  |  |        |    |   |
|                  |  |        |    |   |
|                  |  |        |    |   |
|                  |  |        |    |   |
|                  |  |        |    | * .   |
|                  |  |        |    | 4   |
|                  |  |        |    |   |
|                  |  |        |    |   |
|                  |  |        |    | a   |
| Line 9: T        | otal receipts in excess of \$50 (or listed above)            | 540    | 0) |   |
| Line 10: Te      | otal receipts \$50 and under* (not listed above)             | 540    | cx |   |
| Line 11: T       | OTAL RECEIPTS IN THE PERIOD                                  | 540    | 03 | Enter on page 1, line 2                                   |

<sup>\*</sup> 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

| Date Paid | To Whom Paid (alphabetical listing) | Address                       | Purpose of Expenditure       | Amo | unt |
|-----------|-------------------------------------|-------------------------------|------------------------------|-----|-----|
| 4/18/17   | Signs on the cheap                  | 1150 Store Hollon             | Siens                        | 298 | 2)  |
|           | Slans on the cheap                  | Austo-TX                      |                              |     |     |
| _         | Badeys                              | 40 scales lan                 | neet: 4 greet                | 187 | 76  |
|           | carchie.                            |                               | corstickes                   | 54  | 00  |
| 3/147     | earstickers                         | 2146 448+<br>Bend on<br>97201 | . *                          |     |     |
|           |                                     |                               |                              |     |     |
|           | 2                                   | a .                           |                              | ,   |     |
|           |                                     |                               |                              |     |     |
|           |                                     |                               |                              |     |     |
|           |                                     |                               |                              |     |     |
|           |                                     |                               |                              |     |     |
|           |                                     |                               |                              |     |     |
|           |                                     |                               |                              |     |     |
| ·         |                                     |                               | 1 "                          |     |     |
|           |                                     | 1                             |                              |     |     |
|           |                                     |                               | Expenditures over \$50       | 540 | 0)  |
|           |                                     |                               | Expenditures \$50 and under* | 540 | co  |
| E         | Enter on page 1, line 4             | Line 14                       | TOTAL EXPENDITURES           | 340 | 0   |

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 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<br>Received                      | From Whom Received*     | Residential Address | Description of Contribution | Value |
|---------------------------------------|-------------------------|---------------------|-----------------------------|-------|
| 3.                                    |                         |                     |                             |       |
|                                       |                         |                     |                             |       |
| · · · · · · · · · · · · · · · · · · · |                         |                     |                             |       |
| , ,                                   |                         |                     |                             |       |
|                                       |                         |                     | In-kind over \$50           |       |
|                                       |                         | Line 16:            | In-kind \$50 and under      |       |
|                                       | Enter on page 1, line 6 | Line 17:            | Total In-kind               |       |

<sup>\*</sup> 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<br>Incurred | To Whom Due             | Address              | Purpose           | Amount |
|------------------|-------------------------|----------------------|-------------------|--------|
|                  |                         |                      | *                 |        |
|                  |                         |                      |                   |        |
|                  |                         |                      | 3                 |        |
|                  |                         |                      |                   |        |
|                  | 3                       |                      |                   |        |
| F                | Inter on page 1, line 7 | Line 18: OUTSTANDING | LIABILITIES (ALL) |        |

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

Page 4



# Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE

MUNICIPAL FORM

Office of Campaign and Political Finance



OWN OF TOWNSEN 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: Sue Lisi  | 0  |
|--|--|--|
|  | Residential Address: 28 Ash S  | S+   |
|  | City/State/Zip: Townsend   | MA Ø1469   |
|  | E-Mail Address: Smlisio & Comco  | Phone #: 978 597 6473  |
|  | Party Affiliation:   | (If applicable)  |
| OFFICE SOUG  | HT/PURPOSE:  |  |
|  | Title: Selectma  |  |
|  | District:  |  |
| COMMITTEE:   | Name of Committee:   |  |
| COMMITTEE.   | The name of the committee:   | o Canpaign Committee  ittee must include the candidate's last name)  |
|  | Complete McDiron Address   | 3NAJ 2US   |
|  | City/State/Zip: TOWNS End  | MA 01469 Phone #: 978 597 9036   |
| OFFICERS:  |  |  |
| Chairman:  | -eanne Jackson   | Treasurer*: Kelly M Kelly  |
| Residential Address:   | Birch Lane   | Residential Address: 5 TAURUS LANE   |
| City / State / Zip:  | ownsend MA 01469   | City/State/Zip: Townsend MA 0469   |
| Phone #: 978 5   | 973430   | Phone #: 978 5 97 9036 Email: kellunkellularoncost, ne   |
|  |  | *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 #:   | (Complete and attach a Form CPF M A 101, if necessary                            | Phone #:   |
| I hereby consent to th   |  | hall not give consent to the organization of more than one committee on his/her  |
| behalf. I am aware th  |  | ecords of all campaign finance activity for a period of six years from the date of   |
| the relevant election.<br>SIGNED UNDER TH  | HE PENALTIES OF PERJURY:   |  |
|  | Sug  | Date: 2/17/17  |
| I hereby accept the of   | Candidate's signatur<br>fice 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   | o certain duties and liabilities under M.G.L. c. 55, includin                    | ng the timely filing of campaign finance reports and keeping detailed accounts ate of the relevant election; 2) if after my acceptance of this office I become an  |
| appointed public emp   | loyee, I must resign this position and notify OCPF of my r                       | resignation; and 3) a candidate may not serve as treasurer of the political  |
| committee organized  | V () ()  | 000  |
| SIGNED UNDER 11  | HE PENALTIES OF PERJURY:   | Date: 2/17/17  |
| SOUTH STATE OF THE | Treasurer's sighathr   | e ()   |
|  | fice of Chairman of the above-named committee.  HE PENALTIES OF PERJURY:         | <b>~</b>   |
|  | A.   | and the state of t |
|  | Chairman's signatur  | Date: 2/17/17  |



Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report Municipal Form APR 13

Office of Campaign and Political Finance



TOWN CLERK File with: City or Town Clerk or Election Commission 04/06/2017 **Ending Date:** Fill in Reporting Period dates: Beginning Date: 02/17/2017 Type of Report: (Check one) year-end report dissolution 8th day preceding preliminary ★ 8th day preceding election 30 day after election Sue Lisio Campaign Committee Sue Lisio Committee Name Candidate Full Name (if applicable) Kelly Kelly Townsend Board of Selectmen Name of Committee Treasurer Office Sought and District 5 Taurus Lane Townsend, MA 01469 28 Ash St. Townsend, MA 01469 Residential Address Committee Mailing Address @ (cm cast, Net Smlisio@comcout, Net Phone # (optional): Phone # (optional): **SUMMARY BALANCE INFORMATION:** 0 Line 1: Ending Balance from previous report 2,107.35 Line 2: Total receipts this period (page 3, line 11) 2,107.35 Line 3: Subtotal (line 1 plus line 2) 1,253.15 **Line 4:** Total expenditures this period (page 5, line 14) 854.2 Line 5: Ending Balance (line 3 minus line 4) **Line 6:** Total in-kind contributions this period (page 6) 0 1,007.35 Line 7: Total (all) outstanding liabilities (page 7) 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 of this committee in accordance with the requirements of M.G.L. c. 55 finance activity of all persons acting under the Signed under the penalties of perjury: 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 activity of all persons activity and the curb carbonic and the curb carbonic activity. 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.

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

<sup>\*</sup> 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) |
|----------------------|--|--------|--|
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| Line 9: Total Receip | ots over \$50 (or listed above)  |        |  |
| Line 10: Total Recei | pts \$50 and under* (not listed above)   |        |  |
| Line 11: TOTAL R     | ECEIPTS IN THE PERIOD  |        | ← Enter on page 1, line 2                                  |
|                      | Land Control of the C |        | d include only those receipts not itemized above           |

<sup>\*</sup> 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.)

|            | To Whom Paid                     |  |   |         |
|------------|----------------------------------|--|---|---------|
| Date Paid  | (alphabetical listing)           | Address                                    | Purpose of Expenditure  | Amount  |
| 03/24/2017 | Add-A-Sign                       | 136 Pond St.<br>Leominster, MA 01453       | campaign signs  | 669.1   |
| 02/19/2017 | Daley Professional Web Solutions | 211 Cardinal Dr.<br>Montgomery, NY 12549   | monthly hosting, website maintenance, and domain registration | 89.00   |
| 02/25/2017 | Daley Professional Web Solutions | 211 Cardinal Dr.<br>Montgomery, NY 12549   | Initial website content                                       | 199.00  |
| 03/15/2017 | Daley Professional Web Solutions | 211 Cardinal Dr.<br>Montogomery, NY 12549  | monthly website hosting                                       | 29.00   |
| 03/24/2017 | Giancotti, Lyn                   | 20 North End Rd.<br>Townsend, MA 01469     | refund of donation  | 100.00  |
| 03/29/2017 | Raise the Money                  | PO Box 26466<br>Little Rock, AR 72221      | processing fee for online donations                           | 10.30   |
| 04/03/2017 | Santander Bank                   | 18 Main St.<br>Townsend, MA 01469          | bank service charge   | 7.50    |
| 03/11/2017 | Staples                          | 289 North Main St.<br>Leominster, MA 01453 | business cards  | 21.24   |
| 03/24/2017 | Townsend Congregational Church   | 3 Brookline St.<br>Townsend, MA 01469      | hall rental for meet and greet                                | 128.00  |
|            |                                  |  |   |         |
|            |                                  |  |   |         |
|            |                                  |  |   |         |
|            |                                  | Line 12: Total Expenditures over           | er \$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 EXPENDIT                    | URES IN THE PERIOD  | 1253.15 |

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

Page 4

# SCHEDULE B: EXPENDITURES (continued)

|           | To Whom Paid                          | T                                |                          |        |
|-----------|---------------------------------------|----------------------------------|--------------------------|--------|
| Date Paid | (alphabetical listing)                | Address                          | Purpose of Expenditure   | Amount |
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|           |                                       | Line 12: Expenditures over \$50  | (or listed above)        |        |
|           |                                       | Line 13: Expenditures \$50 and u | nder* (not listed above) |        |
|           |                                       |                                  |                          |        |
|           | Enter on page 1, line $4 \rightarrow$ | Line 14: TOTAL EXPENDITU         | RES IN THE PERIOD        |        |

<sup>\*</sup> 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 |  |  |
|---------------|---------------------------------------|--|-----------------------------|-------|--|--|
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|               |                                       | Line 15: In-Kind Contributions                                 | over \$50 (or listed above) |       |  |  |
|               |                                       | Line 16: In-Kind Contributions \$50 & under (not listed above) |                             |       |  |  |
|               | Enter on page 1, line $6 \rightarrow$ | Line 17: TOTAL IN-KIND CO                                      | ONTRIBUTIONS                | 0     |  |  |

<sup>\*</sup> 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.

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# **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<br>campaign signs | 669.11  |
|               |                           |                               |  |         |
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|               | Enter on page 1, line 7 → | Line 18: TOTAL OUTSTAND       | ING LIABILITIES (ALL)                    | 1007.35 |



# Form CPF M 102: Campaign Finance Report 09 2017

**Municipal Form** 

TOWN OF TOWNSEND TOWN CLERK

Office of Campaign and Political Finance

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 y   | rear-end report                                      | dissolution |  |  |
| Candidate Full Name (if applicable)  Townsend Board of Selectmen  Office Sought and District  28 Ash St. Townsend, MA 01469  Residential Address  E-mail: SMISIO Com Cast IN A  Phone # (optional):  | Kelly Ke   | Name of Co<br>s Lane Townsend, MA C<br>Committee<br>Yolly Mkelly | mmittee Name mmittee Treasurer 01469 Mailing Address | it, nes     |  |  |
| SUMMARY BALANCE  | E INFO   | RMATION:   |  |             |  |  |
| Line 1: Ending Balance from previous report  |  |  | 854.2  | 20          |  |  |
| Line 2: Total receipts this period (page 3, line 11)   | Line 2: Total receipts this period (page 3, line 11)     |  |  | 00          |  |  |
| Line 3: Subtotal (line 1 plus line 2)  | Line 3: Subtotal (line 1 plus line 2)                    |  |  | 0           |  |  |
| Line 4: Total expenditures this period (page 5, line   | Line 4: Total expenditures this period (page 5, line 14) |  |  | 0           |  |  |
| Line 5: Ending Balance (line 3 minus line 4)   |  |  | 0  |             |  |  |
| Line 6: Total in-kind contributions this period (pag   | Line 6: Total in-kind contributions this period (page 6) |  |  | 55          |  |  |
| Line 7: Total (all) outstanding liabilities (page 7)   |  |  |  | 0           |  |  |
| Line 8: Name of bank(s) used: Santander Bank   | 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 of on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  Signed under the penalties of perjury:  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.  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                | Amount  | Occupation & Employer                |
|--|---|---------|--------------------------------------|
| Date Received  | (alphabetical listing required)  Lisio, Sue | Amount  | (for contributions of \$200 or more) |
| 04/18/2017   | 28 Ash St.                                  | \$29.00 |                                      |
|  | Townsend, MA 01469                          |         |                                      |
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|  |   |         |                                      |
| Line 9: Total Receipts over \$50 (or listed above)                     |   | 29.00   |                                      |
| Line 10: Total Receipts \$50 and under* (not listed above)             |   |         |                                      |
|  |   |         |                                      |
| ine 11: TOTAL R  | ECEIPTS IN THE PERIOD                       | 29.00   | Enter on page 1, line 2              |
| If you have itemized receipts of \$50 and under include them in line 0 |   |         |                                      |

## **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.)

|                | ditures. Please include your comm To Whom Paid | page namber                       | Pager)   |         |
|----------------|--|-----------------------------------|--|---------|
| Date Paid      | (alphabetical listing)                         | Address                           | Purpose of Expenditure                                       | Amount  |
| Dute I aid     |  | 211 Cardinal Dr.                  |  | Timount |
| 04/18/2017     | Daley Professional Web Solutions               | Montgomery, NY 12549              | monthly website hosting                                      | 29.00   |
| 04,10,2017     |  |                                   |  | 25.00   |
|                |  |                                   |  |         |
| 05/09/2017     | Lisio, Sue                                     | 28 Ash St.<br>Townsend, MA 01469  | expenses paid by candidate (listed in liabilities) including | 046.76  |
| 05/08/2017     |  | Townsend, MA 01409                | signs, website , business cards                              | 846.70  |
|                |  |                                   |  |         |
|                | Santander Bank                                 | 18 Main St.<br>Townsend, MA 01469 | bank service charge  |         |
| 05/02/2017     |  | I Townsend, MA 01409              |  | 7.50    |
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|                |  |                                   |  |         |
|                | 1  | Line 12: Total Expenditures o     | ver \$50 (or listed above)                                   | 883.20  |
|                |  | - 100 mm                          | L L  |         |
|                | 1  | Line 13: Total Expenditures \$5   | 50 and under* (not listed above)                             | o       |
|                | <u> </u>                                       |                                   | L  |         |
|                | Enter on page 1, line $4 \rightarrow 1$        | Line 14: TOTAL EXPENDIT           | TURES IN THE PERIOD  | 883.20  |
| from born itam | ized expenditures of \$50 and under            |                                   | L  |         |

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

Page 4

# 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.<br>Townsend, MA 01469 | Forgiveness of balance of outstanding liabilities | \$189.65 |
|               |                           |                                  |   |          |
|               |                           |                                  |   |          |
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|               |                           |                                  |   |          |
|               |                           | 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 CO        | ONTRIBUTIONS                                      | 189.65   |

<sup>\*</sup> 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.

Page 6

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



# 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.

|  |  | 42-10                            |  |        |  |
|--|--|----------------------------------|--|--------|--|
|  | Date of Reimbursement: 05/08/2017            |                                  |  |        |  |
| Name of Individ  | ual Being Reimbursed: Su                     | ue Lisio                         |  |        |  |
| Committee Nam  | Committee Name: Sue Lisio Campaign Committee |                                  |  |        |  |
| CPF ID Number  | (if applicable):                             | Telepl                           | none Number (optional):  |        |  |
|  |  | ITEMIZE EXPENDITURES IN EX       | CESS OF \$50   |        |  |
| Date Paid  | Vendor Name                                  | Vendor Address                   | Purpose of Expenditure   | Amount |  |
| 05/08/2017   | Lisio, Sue                                   | 28 Ash St.<br>Townsend, MA 01469 | reimbursement for payments<br>made to Add-A-Sign (campaign<br>signs), Staples (business cards) | 846.70 |  |
|  |  |                                  | And Daley Professional Web<br>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  |  |                                  | 846.70   |        |  |
| Signed under the penalties of perjury:    Signature of Gandidate / Treasurer   Date: 5/8//7        |  |                                  |  |        |  |