

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

TOWN OF TOWNSEND TOWN CLERK

File with:

TOWN OF TOWNSEND

Full Name of Candidate (if applicable) Selectron Office Sought and District Horsestae Drive a Tansed Residential Address Tel. No. (optional) SUMMARY BALANCE Line 1: Ending balance from previous Line 2: Total receipts this period (page Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this Line 7: Total (all) outstanding liabilities. Line 8: Name of bank(s) used ffidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to tempaign finance activity, including all contributions, loans, receipts, expenditures, of drepresents the campaign finance activity of all persons acting under the authority. G.L. c. 55. Signed under the penalties of perjustic findavit of Candidate: (check 1 box only)	s report \$ \(\mathcal{O} \) \$ \(\mathcal{O}
Full Name of Candidate (if applicable) Selection Office Sought and District UHorsescle Drive L. Tonsed Residential Address Tel. No. (optional) SUMMARY BALANCE Line 1: Ending balance from previous Line 2: Total receipts this period (page Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this Line 7: Total (all) outstanding liabilities. Line 8: Name of bank(s) used fidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the distribution of the compaign finance activity including all contributions, loans, receipts, expenditures, of the represents the campaign finance activity of all persons acting under the authority. G.L. c. 55. FOR CANDIDATE FILINGS ONLY: (Confidavit of Candidate: (check 1 box only)	Name of Committee Treasurer Committee Mailing Address Tel. No. (optional) INFORMATION: s report 2, line 11) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Office Sought and District Ufforse Sole Drive a Tonsed Residential Address Tel. No. (optional) SUMMARY BALANCE Line 1: Ending balance from previous Line 2: Total receipts this period (page Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this Line 7: Total (all) outstanding liabilities. Line 8: Name of bank(s) used ffidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to tempaign finance activity, including all contributions, loans, receipts, expenditures, of the distribution of the company of the period of the period of the company of the period of the company of the period of the company of the period of the peri	Name of Committee Treasurer Committee Mailing Address Tel. No. (optional) INFORMATION: s report 2, line 11) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Residential Address Tel. No. (optional) SUMMARY BALANCE Line 1: Ending balance from previous Line 2: Total receipts this period (page Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this Line 7: Total (all) outstanding liabilities. Line 8: Name of bank(s) used ffidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to a mpaign finance activity, including all contributions, loans, receipts, expenditures, of a represents the campaign finance activity of all persons acting under the authority. G.L. c. 55. Feasurer's signature (in ink) FOR CANDIDATE FILINGS ONLY: (c. ffidavit of Candidate: (check 1 box only)	Tel. No. (optional) INFORMATION: s report 2, line 11) \$
SUMMARY BALANCE Line 1: Ending balance from previous Line 2: Total receipts this period (page Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used fidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to to the mpaign finance activity, including all contributions, loans, receipts, expenditures, and depresents the campaign finance activity of all persons acting under the authorit (G.L. c. 55. FOR CANDIDATE FILINGS ONLY: (C. findavit of Candidate: (check 1 box only)	Tel. No. (optional) INFORMATION: s report 2, line 11) \$ (page 3, line 14) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
SUMMARY BALANCE Line 1: Ending balance from previous Line 2: Total receipts this period (page Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used ffidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to to mpaign finance activity, including all contributions, loans, receipts, expenditures, of d represents the campaign finance activity of all persons acting under the authorit G.L. c. 55. Feasurer's signature (in ink) FOR CANDIDATE FILINGS ONLY: (Confidavit of Candidate: (check 1 box only)	INFORMATION: s report \$
Line 1: Ending balance from previous Line 2: Total receipts this period (page Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used ffidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to to mpaign finance activity, including all contributions, loans, receipts, expenditures, of d represents the campaign finance activity of all persons acting under the authorit G.L. c. 55. FOR CANDIDATE FILINGS ONLY: (Conffidavit of Candidate: (check 1 box only)	s report \$ \(\mathcal{O} \) \$ \(\mathcal{O}
ffidavit of Candidate: (check 1 box only)	he best of my knowledge and belief, a true and complete statement of isbursements, in-kind contributions and liabilities for this reporting per yor on behalf of this committee in accordance with the requirement
ffidavit of Candidate: (check 1 box only)	Date
	ANDIDATE MUST SIGN BELOW)
Candidate with Committee and no activity independent of the committee certify that I have examined this report including attached schedules and it is, to the ampaign finance activity, of all persons acting under the authority or on behalf of ave not received any contributions, incurred any liabilities nor made any expenditure. Candidate without Committee OR Candidate with independent activity filing accertify that I have examined this report including attached schedules and it is, to the impaign finance activity, including contributions, loans, receipts, expenditures, dislated represents the campaign finance activity of all persons acting under the authority. G.L. c. 55. Signed under the penalties of persons activity of persons activity of persons.	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.

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 Name and Residential Address Received (alphabetical listing required)		Amoun		Occupation & Employer (for contributions of \$200 or more		
3/3/1	2 hapen 11/1		07	Director of Business		
	Horsestue More Toursent			Director of Business Development Biungdient polyners		
	MOUNTY			polyners		
				4		
	c			Ÿ		
				-		
	9 a					
	-					
	*					
Line 9: Tot	tal receipts in excess of \$50 (or listed above)	5400	>			
ine 10: Tot	al receipts \$50 and under* (not listed above)	oc	e			
ine 11: TO	TAL RECEIPTS IN THE PERIOD	5400	'3 E	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.

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	Address	Purpose of Expenditure	Am	ount
	(alphabetical listing)				
4/18/17	Signs on the cheap	1150 Store Hollon	Sian S	298	- 2,
		Aush-TX			
5/1/0	Badeys	40 scales lan	reet: 4 greet	187	7
	a *	tomsend ma	*		
3/12/7	earsticker	2146 4451	costickes	54	0
		2146 445+ Bend on 97201			
			*		
		i .			
		×		N P	
				3	
		Line 12: E	xpenditures over \$50	540	0)
		Line 13: E	xpenditures \$50 and under*	540	cu
Eı	nter on page 1, line 4	Line 14:T	OTAL EXPENDITURES	540	03

^{*}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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
12 N				
9		9		
		Line 15:	In-kind over \$50	
	2 2	Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	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
		·.		
				# V
E	nter 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



City or To	wn of: OW	nsend							4	
	,v	Ple	ase print o	or type all info	mation, excep	t signatur	es.			
Fill in date		Month	Day	Year		Month		Day	Year	· · ·
Reporting I	Period Beginning_	Jan.	9.	2017	Ending	J#W	Dec.	31	2017	
L									· · · · · · · · · · · · · · · · · · ·	
Type of Re	port: (Check One)								
□ 00h d	lay preceding	П он л		election 🗆	20.1 1 6 11			9 201		
	ninary/primary	□ 8th day p	receaing e		30th day follo (Town or Spec		ction	201	h day of Januar	У
P				***	(Town or Spec	Jaij		(162	r-End Report)	
Pursuant to	M.G.L., Chapter	55:					*,			
I. I certi	fy that I am a can	didate for or he	old Munic	inal Office				i		
2. Leerti	fy that I have not	received any c	ontributio	ns, made any e	xpenditures, o	r incurred	any obli	gations du	ring this	
report	ing period, and do	not have a car	mpaign fu	nd in existence	: .					*
3. I ceru	fy that I do not ha	ve a political c	ommittee.	•						
								ŭ.		
DATE	I. SIGN Signed under the p	ATURE			NTIAL ADDI	RESS		III. OFF	ICE SOUGHT	
1 1	Signed under the p	O Co	ijury	(Sireet	and Number)	2 1		·		
120/10	Joshleen	Cla	2	89 S H	juber j	59 -	Plan	ningI	Sard	
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Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: Ending Date: Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution ROBERT K TEMPLIETUS Candidate Full Name (if applicable) Committee Name Name of Committee Treasurer 26 Hillside Drive Townsens MA 01469 Committee Mailing Address Telephone Number (optional): Telephone Number (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) **Line 5:** Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) 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. Date: Signed under the penalties of perjury: _(Treasurer's signature) 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 behalflof this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: _(Candidate's signature)



Reporting Period: Beginning: 5/9/3017 Ending: 121/3017 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. SIGNATURE Signed under the penalties of perjury RESIDENTIAL ADDRESS (Street and Number) OFFICE SOUGHT [//3//8] Sue L'Sio Julia Light 28-18-h S.7 Selection 1 [//3//8] Sue L'Sio Julia Light 28-18-h S.7 Selection 1 [//3//8] Sue L'Sio Julia Light 28-18-h S.7 Selection 1 [//3//8] Sue L'Sio Julia Light 28-18-h S.7 Selection 1 [//3//8] Sue L'Sio Julia Light 28-18-h S.7 Selection 1 [//3//8] Sue L'Sio Julia Light 28-18-h S.7 Selection 1 [//3//8] Sue L'Sio Julia Light 28-18-h S.7 Selection 1 [//3//8] Sue L'Sio Julia Light 28-18-h S.7 Selection 1 [//3//8] Sue L'Sio Julia Light 28-18-h S.7 Selection 1 [//3//8] Sue L'Sio Julia Light 28-18-h S.7 Selection 1 [//3//8] Sue L'Sio Julia Light 28-18-h S.7 Selection 1 [//3//8] Sue L'Sio Julia Light 28-18-h S.7 Selection 1 [//3//8] Sue L'Sio Julia Light 28-18-h S.7 Selection 1 [//3//8] Sue L'Sio Julia Light 28-18-h S.7 Selection 28-18-	City or Town of:	Townsend			Please print or type all information, except signatures.			
Sth 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. SIGNATURE PRINT NAME Signed under the penalties of perjury (Street and Number) OFFICE SOUGHT	Reporting Perio		/9/2017 (MM/DD/YYYY)	Ending: /2	131/2017 (MM/DD/YYYY)			
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. SIGNATURE RESIDENTIAL ADDRESS DATE PRINT NAME Signed under the penalties of perjury (Street and Number) OFFICE SOUGHT	Type of Report: (Check One)						
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. SIGNATURE PRINT NAME Signed under the penalties of perjury (Street and Number) OFFICE SOUGHT	8th day preced	ding preliminary/primary 8th day	preceding election 30th day follow	ving election (town or special)	20th day of January (Year-End report)			
DATE PRINT NAME Signed under the penalties of perjury (Street and Number) OFFICE SOUGHT	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.							
1/3/18 Sue Lisio Lue Ligu 25 Ash ST Soloctman	DATE	PRINT NAME						
	1/3/18	Sue Lisio	Lue Ligu	28-Ash ST	Selectman			
		,						



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning June 9, 2011 301	7 Ending Dec 2017					
Topotally 1 and 1						
Type of report: (Check one) 8th day preceding preliminary	□30 day after election □year-end report □dissolution					
Full Name of Candidate (if applicable)	Committee Name					
SELECTMEN/ Office Sought and District	Name of Committee Treasurer					
5 Horseshoe Drive						
Residential Address	Committee Mailing Address					
978-597-8517	The Control of the Co					
Tel. No. (optional)	Tel. No. (optional)					
	CE INFORMATION:					
Line 1: Ending balance from prev	vious report 5					
Line 2: Total receipts this period	(page 2, line 11) \$ 3ao: 0/					
Line 3: Subtotal (line 1 plus line 2)	\$ 300.					
Line 4: Total expenditures this pe	eriod (page 3, line 14) \$ 330.					
Line 5: Ending balance (line 3 minus l	ine 4) \$					
Line 6: Total in-kind contributions	this period (page 4) \$					
Line 7: Total (all) outstanding liabi	lities (page 4) \$					
Line 8: Name of bank(s) used						
Ente of tumo of summers						
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)						
have not received any contributions, incurred any liabilities nor made any exp Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it	chehalf of this committee in accordance with the requirements of M.G.L. c. 55. I benefitures on my behalf during this reporting period. ty filing separate report it is, to the best of my knowledge and belief, a true and complete statement of all tures, disbursements, in-kind contributions and liabilities for this reporting period authority 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 number on each page.

Name and Residential Address Occupation & Employer Date Amount (for contributions of \$200 or more) Received (alphabetical listing required) DONALD E.KLEIN 04 RETIRET HORSESHOE DR. TOWNSEND MA

Line 9: Total receipts in excess of \$50 (or listed above)

Line 10: Total receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

320 04

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.

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)	sting)		Amo	unt
5/1/17	SUPER CHEAP SIGN'S	GROO WATERFORD CENTRE BLVD AUSTIN, TX-78758	CAMPAIGN SIGN'S	320	04
				*	
				,	
				163	
		/			
		Line 12:	Expenditures over \$50	320	04
		Line 13:	Expenditures \$50 and under*		-
	Enter on page 1, line 4	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 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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
	*			
		30 S	,	
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	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
	, ,			
			2	
	8			
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0

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 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Please print or type all information, except signatures.

City or Town of	Townsend				Please	e print or type all information, except signature
Reporting Peri	od: Beginning:	May 24, 2017		Ending:	Dec. 3	1,2017 MM/DD/YYYY)
Type of Report:	(Check One)					
8th day prece	eding preliminary/primary	8th day preceding election	30th day follow	ing election (town or specia	1) 🔼 2	0th day of January (Year-End report)
I certify the	hat I am a candidate for or currently	utions, made any expenditures,	or incurred any oblig	gations during this reporting	period, and de	o not have a campaign fund in existence.
DATE	PRINT NAME	SIGNAT Signed under the pe		RESIDENTIAL AD (Street and Num)		OFFICE SOUGHT
12-20-17	Kathleen M.Spoffa	Kacklenny	Sporferd	312 Main St.		Town Cherk
12-26-17	AlbeJaJobyB	outed allarwick	Barfel -	GED Redly KI 9	1263	Cemetery & Parks
12-27-17	RAYMONSE BOYE	55 yeamonds	Baya Sr	150Warron Ro		cemetent Parks
1-3-18	GOUDON CLAD	K Gr nay		44134 4	NE	SELECTMEN.
1/3/18	HARTLEY A.PLESHI	AW Latterfly	Plashour	5 TURNPIKE RI	OAO,	TRUST FUND COMMISSTONER



City or Town of	Townsen	4	Please
Reporting Perio	od: Beginning: 01	01 2017 (MM/DD/YYYY)	Ending: 49 3/20/7
Type of Report: (•	y preceding election 30th day follo	wing election (town or special)
2. I certify th	nat I am a candidate for or currently hold	Municipal Office. , made any expenditures, or incurred any ob	ligations during this reporting period, and do
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)
	John B. Barrett	John B. Banrett	38 Mgh/44 STanpal





City or Town of:			Please
Reporting Perio		01 2017 (MM/DD/YYYY)	Ending: 19 3/ 2017
Type of Report: (Check One)		
8th day prece	ding preliminary/primary 8th day p	preceding election 30th day follow	ving election (town or special)
2. I certify th	at I am a candidate for or currently hold M	Iunicipal Office. nade any expenditures, or incurred any obli	igations during this reporting period, and do
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)
1/2/18	John B. Barrett	John B. Barrett	38 Mghland STanped
1/8/18	Randec Rusch	for the	60 Tom Rd Tourse
1/11/18	Karen Clement	Kom Clemit	101 main St. Townsent
			·



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI Massachuseus	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	4-28-17 Ending Date: 10-31-17
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
NANCY RAPORA Candidate Full Name (if applicable) TOWN CLERK TOWNSEND Office Sought and District 10 STEAKINS AVE	Committee Name Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail:	E-mail: Phone # (optional):
Phone # (optional):	rnone # (optional).
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	-0-
Line 2: Total receipts this period (page 3, line 1	11)
Line 3: Subtotal (line 1 plus line 2)	-0-
Line 4: Total expenditures this period (page 5,	line 14) — O —
Line 5: Ending Balance (line 3 minus line 4)	- 0 -
Line 6: Total in-kind contributions this period ((page 6) — O —
Line 7: Total (all) outstanding liabilities (page	7) - 0 -
Line 8: Name of bank(s) used:	Marie Contract of the Contract
Affidavit of Committee Treasurer: 1 certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in-ki finance activity of all persons acting under the authority or on behalf of this committee	best of my knowledge and belief, a true and complete statement of all campaign finance and contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c, 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check t	l box only)
Candidate with Committee and no activity independent of the committee 1 certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee ir incurred any liabilities nor made any expenditures on my behalf during this repor	the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ting period.
Candidate without Committee OR Candidate with independent activity filing a certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disbursems campaign finance activity of all persons acting under the authority or on behalf of	the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penaltics of perjury: Manay Kapoy	Candidate's signature) Date: 1-17-18





City or Town of	Townsend		Please	e print or type all information, except signatures.
Reporting Perio	d: Beginning:	7 (MM/DD/YYYY)	Ending: 12/31/	17 MM/DD/YYYY)
Type of Report:	(Check One)			
8th day prece	eding preliminary/primary 8th day p	preceding election 30th day follow	ving election (town or special)	0th day of January (Year-End report)
2. I certify th	at I am a candidate for or currently hold M	funicipal Office. nade any expenditures, or incurred any obli	gations during this reporting period, and d	o not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1/15/18	Kristina Methyph	Kusting the to be	328 main Stunit 7	Recreation Commission
/16/18	Nathan Mattila	Into miles	5 OAK Street	Water Commission
1/18/18	Stephen Spotlon	Stre-Spolled	312 MAIN St	FRUTEE SOLDIER MEM.
1/24/18	Susan menally	Susai M9 plly	11 Shirley Rd	Library Board of Trustee
	J	7		0



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

Office of Campaign and Political Finance

									1/24/2018 Lonce LeuAND	MISON BICO	DATE PRINT NAME	V. I certify that I am a candidate for or currently hold Municipal Office. V2. 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. V3. I certify that I do not have a political committee.		8th day preceding preliminary/primary 8th d	Type of Report: (Check One)	Reporting Period: Beginning: 61/01/201	City or Town of: TOWNSCAD
									Briton	Musuolsnel	Signed under the penalties of perjury	ld Municipal Office. ss, made any expenditures, or incurred any oblig		8th day preceding election 30th day followi		DID (ANYANGGINNIN)	
									3 Wyman Rd	77 Vinton Pand Rd	(Street and Number)	ations during this reporting period, and do		30th day following election (town or special)		Ending: 12/31/261-	Please
									WATER COM	LIBAN TRISHE	OFFICE SOUGHT	not have a campaign fund in existence.	See may or sammary (1 car-Eno report)	Ohh day of January (Vear End renors)		MADDITYYYY	Please print or type all information, except signatur



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

D E C E I W E D
APR 25 2017 D

TOWN OF TOWNSEND TOWN CLERK

Office of Campaign and Political Finance

Pursuant to M.G.L. Chapter 55: Type of Report: (Check One) Reporting Period: City or Town of: 8th day preceding preliminary/primary 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. 1. I certify that I am a candidate for or currently hold Municipal Office. Townsend Beginning: 01/01/2017 X 8th day preceding election (MM/DD/YYYY) 30th day following election (town or special) Ending: 12/31/2017 Please print or type all information, except signatures. 20th day of January (Year-End report) (MM/DD/YYYY)

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

						1000	T
		THE PROPERTY OF THE PROPERTY O				04/25/2017	DATE
						Lance J. McNally	PRINT NAME
						Jone Morally	Signed under the penalties of perjury
						11 Shirley Road, Townsend MA	RESIDENTIAL ADDRESS (Street and Number)
						Planning Board	OFFICE SOUGHT



City or Town of:

Townsend

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

APR 25 2017 my œ3 [TV]

TOWN OF TOWNSEND

Office of Campaign and Political Finance Please print or type all information, except signatures.

Pursuant to M.G.L. Chapter 55: Type of Report: (Check One) Reporting Period: 8th day preceding preliminary/primary 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. Beginning: 01/01/2017 X 8th day preceding election (MM/DD/YYYY) 30th day following election (town or special) Ending: 12/31/2017 X 20th day of January (Year-End report) (MM/DD/YYYY)

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

1	-	The House of	100000			 	 		
								04/25/2017	DATE
								Susan C. McNally	PRINT NAME
								Swar ('. My bills	Signed under the penalties of perjory
								11 Shirley Road, Townsend MA	RESIDENTIAL ADDRESS (Street and Number)
								Library Trustee	OFFICE SOUGHT



City or Town of:	Townse	10			rease print or type all information, except signature
Reporting Period:	Beginning:		(MM/DD/XXXX)	Ending:	3/MMDD/YYYY)
Type of Report: (Che	ck One)				
TOTAL ST. C. ST.	preliminary/primary	8th day pre	eceding election 30th day follo	owing election (town or special)	20th day of January (Year-End report)
2. I certify that I	am a candidate for or cu	ontributions, mad		ligations during this reporting period, a	nd do not have a campaign fund in existence.
			SIGNATURE	RESIDENTIAL ADDRESS	
DATE	PRINT NAM	E	Signed under the penalties of perjury	(Street and Number)	OFFICE SOUGHT
19/22	Edvin	Houge	2h	51 Gilchrist Rd	Planning board
			·		