

City or Town of:	low	nsend		Please print or type all information, except signatur
Reporting Perio		5/202((MM/DD/YYYY)	Ending:	4/18/2021 (MMDDAYYY)
Type of Report: (0	Check One)			Water I I I I
8th day preced	ding preliminary/primary 8th day	preceding election 30th day follo	owing election (town or special)	20th day of January (Year-End report)
Pursuant to M.G.I 1. I certify the 2. I certify the	Chapter 55:	Municipal Office		od, and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRES (Street and Number)	SS OFFICE SOUGHT
4/19/21	Stephen Spoffer	Steph Spoffal	312 Mars St.	Soldrens Memorrals
	,			



City or Town of:	-	Townsond		Please print or type all information, except signature.
Reporting Period:	Beginning: Ap		Ending:	May 26, 2021
Type of Report: (Ch	neck One)			
8th day precedir	ng preliminary/primary 🔲 8th da	y preceding election 30	th day following election (town or sp	pecial) 20th day of January (Year-End report)
I certify that !	I am a candidate for or currently hold	Municipal Office	9	rting period, and do not have a campaign fund in existence.
DATE	DDD III 141.45	SIGNATURE	RESIDENTIAL	
DATE	PRINT NAME	Signed under the penalties	of perjury (Street and)	Number) OFFICE SOUGHT
May 27	Stephen Spotfad	Stysk Isso	Hal 312 Main S	1. Soldrens Meuroiro
	1X.			
	\$			
][

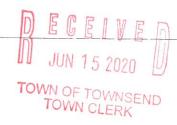


oi iviassaciiusetts					Please print or type all information, except signatures.
City or Town of:	Townsend				
Reporting Period	d: Beginning:	1-1-2020 (MM/DD/YYYY)		Ending:	12-31-2020 (MM/DD/YYYY)
Type of Report: (—
8th day preced	ding preliminary/primary 8th d	lay preceding election	30th day followi	ng election (town or special)	20th day of January (Year-End report)
2. I certify the	at I am a candidate for or currently hol	ld Municipal Office. ns, made any expenditures,	or incurred any oblig		d, and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNA Signed under the p		RESIDENTIAL ADDRES (Street and Number)	S OFFICE SOUGHT
1-3-2021	Stephen Spotferd	Stephi	Spoffel	312 main St.	Trustee Soldrens Man Vet
			, //		

24 JUL '20 PH2:05



City or Town of: Townsend		Plea	se print or type all information, except signatures.
Reporting Period: Beginning:	21 2020 MMDD/YYYY)	Ending: O(a/21)	D20 (MM/DD/YYYY)
Type of Report: (Check One)			
8th day preceding preliminary/primary	y preceding election 30th day follo	owing 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 2. I certify that I have not received any contributions 3. I certify that I do not have a political committee.	Municipal Office		
	SIGNATURE	RESIDENTIAL ADDRESS	
DATE PRINT NAME	Signed under the penalties of perjury	(Street and Number)	OFFICE SOUGHT
[421/2020 Emily Austin-B	runs Stallen	30 Beech St.	Recreation Commission
		7	



Please print or type all information, except signatures.



Reporting Peri	od: Beginning:	1/9/2020 (MM/DD/YYYY)	Ending:	6-12-2020 (MMDD/YYYY)
m cn	(21			
Type of Report:	(Check One)			
8th day prec	eding preliminary/primary	8th day preceding election 30t	h day following election (town or specia	al) 20th day of January (Year-End report)
2. I certify the	hat I am a candidate for or curre	tributions, made any expenditures, or incum nmittee.	red any obligations during this reporting	period, and do not have a campaign fund in existence.
		SIGNATURE	RESIDENTIAL ADI	
DATE	PRINT NAME	Signed under the penalties of	of perjury (Street and Numb	ber) OFFICE SOUGHT
6/12/20	Julie Byon	S PR	9 Gilchrist Re	Assessor's office
61				
			· ·	
	1 2			



Please print or type all information, except signatures.



City or Town of:

Townsend

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

Office of Campaign and Political Finance

Reporting Period:	Beginning:	MMDDAYYY)	70	Endi	ng: 6/21/3	D Or	(M/DD/YYYY)
Type of Report: (Check C		preceding election	30th day follow	ving election	n (town or special)	20t	th day of January (Year-End report)
2. I certify that I have	a candidate for or currently hold M	Iunicipal Office. ade any expenditures	or incurred any obli	gations duri	ng this reporting period	, and do	not have a campaign fund in existence.
DATE	PRINT NAME	SIGNA Signed under the p			IDENTIAL ADDRESS Street and Number)	3	OFFICE SOUGHT
6/20/20 M	atthow Etans	Mass		3 /	toward St		recreation board
							<u> </u>
						_	
						_	
						<u> </u>	
						<u> </u>	
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Fill in dates:

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

Office of Campaign and Political Finance



City or Town of: Townsend

Reporting Period Beginning Jume

Month

Day

24

TOWN OF TOWNSEND TOWN CLERK

2020

Year

Day

Please print or type all information, except signatures.

2026

Month

Ending_

Year

L	•		
Туре	f Report: (Check One)		
	8th day preceding 8th day precedi	ing election 30th day following election (Town or Special)	ction 20th day of January (Year-End Report)
1. I 2. I	certify that I am a candidate for or hold Macertify that I have not received any contribe porting period, and do not have a campaig certify that I do not have a political commi	utions, made any expenditures, or incurred n fund in existence.	d any obligations during this
DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
-24-21	Swar M9/ally	11 Shirley Rd	Library Trustee
	\ \ \ \	J	
-		•	
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			*
			*
			11/97

	GNA the p	Type of Report: (Check One) Sth day preceding preliminary/primary Bth day preceding election 30th day following election (town or special)	City or Town of: Reporting Period: Beginning: MANDOWYO 2020 Ending: Pho
	porting period, and do not have a campaign fund in existen AL ADDRESS OFFICE SOUGHT ALLOW ROLL RECUE AT SE		Please prist or type all information, except signature then 19 /2020



City or Town of:

Townsend

Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Reporting Perio	u. Beginning.	(MM/DD/YYYY)	O Ending.	(MM/DD/YYYY)
Type of Report: (11	preceding election 30th day follow	ving election (town or special)	20th day of January (Year-End report)
2. I certify the	at I am a candidate for or currently hold I		gations during this reporting period, a	nd do not have a campaign fund in existence.
DATE	PRINT NAME /	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
4/17/2000	MICHAE MACEACHEIN	John John	318 MAIN ST	WATER COMMISSIONER
		0 1		
	. v			





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

Office of Campaign and Political Finance

City or Town of:	Townsend			Please print or type all information, except signatures.
Reporting Period:	Beginning:/	/13/2020 (MM/DD/YYYY)	Ending:	6-21-2020 (MM/DD/YYY)
Type of Report: (Che	eck One)	10 20 20 20 20 20 20 20 20 20 20 20 20 20	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1 4 600
8th day precedin	g preliminary/primary 🂢 8th day	preceding election 30th day follow	ng election (town or special)	20th day of January (Year-End report)
2. I certify that I	am a candidate for or currently hold M		ations during this reporting perio	d, and do not have a campaign fund in existence.
D.175	DDDTTMAKE	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRES (Street and Number)	
DATE	PRINT NAME			OFFICE SOUGHT
4-21-2020	Kathleen M. Spofferd	hacken happyfold	312 Mars St.	Town Clark
<u></u>				
			and the second of the second o	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Rec'd Townsend Town Cleri 24 July 20 px 12:56

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	117/2020 Ending Date: 7/24/2020
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	☑ 30 day after election ☐ year-end report ☐ dissolution
VERONICA A KELL	n/a
Candidate Full Name (if applicable)	Committee Name
SELECTMAN	
Office Sought and District	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	967.00
Line 3: Subtotal (line 1 plus line 2)	967.00
Line 4: Total expenditures this period (page 5, line	967.00
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pag	ge 6) //a
Line 7: Total (all) outstanding liabilities (page 7)	. 1/2
Line 8: Name of bank(s) used:	
ffidavit of Committee Treasurer: ertify that I have examined this report including attached schedules and it is, to the best of tivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind con nance activity of all persons acting under the authority or on behalf of this committee in ac	ntributions and liabilities for this reporting period and represents the campaign
gned under the penalties of perjury:	(Treasurer's signature) Date:
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box o	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 besort included and it is, to the besort incurred any liabilities nor made any expenditures on my behalf during this reporting per	st of my knowledge and belief, a true and complete statement of all campaign finance dance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separal certify that I have examined this report including attached schedules and it is, to the best finance activity, including contributions, loans, receipts, expenditures, disbursements, incampaign finance activity of all persons acting under the authority or on behalf of this co	st of my knowledge and belief, a true and complete statement of all campaign -kind contributions and liabilities for this reporting period and represents the

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)
2/17/2020	VERONICA KELL 68 MEADOW PD, TOWNSEND	344,85	Retired
3/9/2020	11	393,59	11
4/14/2020	n	142.42	//
4/14/2020	11	24.19	×
6/6/2020	li .	35.00	1/
4/18/2020	11	26.95	1/
ne 9: Total Receipts	over \$50 (or listed above)	967.00	
ne 10: Total Receipts	\$50 and under* (not listed 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 of

1	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amoun
2/17/2020	STAPLES	124 ROUTE 101A SUITEL Amherst, NH03031	Signs	344.8
3/9/2020	STAPLES	124 ROUTE 101A SUITE13 AMHERST, NH 03031	Signs & Businen Cards	393.5
4/14/2020	STAPLES	124 ROUTE 1012 SUITE13 AM HERST, NH03031	Signs	142,4
4/14/2020	STAPLES	124 ROUTE IOIA SUITEIS AMHERST, NH 03031	POSTCARDS	24.19
6/6/2020	⁻ U5 PS	JOHNSEND, MADING	POST CARD STAMPS	35.00
4/18/20 20	USPS	USPS COM POSTAL ST 800-782-672440	POST CARD STAMPS	26.95
	<u> </u>	ne 12: Total Expenditures over \$		\$ 967.00
	Li	ne 13: Total Expenditures \$50 and	d under* (not listed above)	
	Enter on page 1, line 4 → Lin	ne 14: TOTAL EXPENDITURE	ES IN THE PERIOD	967.00

Page 4



City or Town of:

Townsend

Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

24 JUL '20 PM2:05

Reporting Perio	od: Beginning:	06/22	2020 MPP/YYYY		Ending:	170	29	12020	
Type of Report:	(Check One) eding preliminary/primary	☐ 8th day preced	ing election	30th day followi	ng election (town o	r special)	<u></u> 20	th day of January (Year-End report)	
2. I certify th	bet I am a condidate for or cu	ontributions, made a	pal Office. ny expenditures, o	r incurred any oblig				not have a campaign fund in existen	ce.
DATE	PRINT NAME	E Sig	SIGNAT gned under the pen			AL ADDRESS nd Number)	S	OFFICE SOUGHT	
7/29/2	020 Emily A	iustin-Br	urs S	1015	30 B	eech ?	St.	Recreation Comm	ission
						**			
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		 	-				F	·	
							司门		
==							司		
		는					一片		7
				L					



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

Office of Campaign and Political Finance



30th day following election (town or special) 20th day of January (Year-End report) or incurred any obligations during this reporting period, and do not have a campaign fund in existence.	ıres	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 expenditu 3. I certify that I do not have a political committee.
		Type of Report: (Check One)
Ending: July 29, 7, 20 (MM/DD/YYYY)	Beginning: June 29 2020 (MM/DD/YYYY)	Reporting Period: Beginning:
Please print or Town CLEAN SEND	nd	City or Town of: Town Scnd

					7/29/20	DATE
					Julie Byass	PRINT NAME
						SIGNATURE Signed under the penalties of perjury
					9 Gilchiist Road	RESIDENTIAL ADDRESS (Street and Number)
					6. of Assessors	OFFICE SOUGHT



City or Town of:	Joursend				
Reporting Period: Beg	inning: Apri	1 17 2020 MM/DD/YYYY	Ending:	May 27, 200	<u> </u>
Type of Report: (Check One)		A		D 204 J	of January (Year-End report)
8th day preceding prelimina	ry/primary	preceding election 30th day follows	lowing election (town or specia	1) 20th day	of January (rear-End report)
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 have	idate for or currently hold M eceived any contributions, n	nade any expenditures, or incurred any o			ve a campaign fund in existence.
		SIGNATURE	RESIDENTIAL AD (Street and Num		OFFICE SOUGHT
	PRINT NAME	Signed under the penalties of perjury			
5/28/2020 MicHA	E MACEACHERY	Jith fold	318 MAIN S	T W	TET COMMISSION
		0 0			
	(.]	
				== =	





City or Town of:	Townsead			Please print or type all information, except signatures
Reporting Perio	d: Beginning: (a)	1 20 MM/DD/YYYY)	Ending: 7-29	JO (MM/DD/YYYY)
Type of Report: (ay preceding election 30th day foll	owing election (town or special)	20th day of January (Year-End report)
Pursuant to M.G.I 1. I certify the 2. I certify the	Chapter 55;	Municipal Office		and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
Work	Matthew Etans	May	3 Itoward St	recreation board



TOWN CLERK



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



Please print or type all information, except signatures.

Office of Campaign and Political Finance

City or Town of: Townsend	wnsend				Showing to the an information weeks of such
Reporting Period:	Beginning: θ4/θ	Beginning: 01/01/20 6/29/2020	Ending:	0/ 06/29/2020	
		(MM/DD/YYYY)			(MM/DD/YYYY)
Type of Report: (Check One)	k One)				
☐ 8th day preceding	preliminary/primary	☐ 8th day preceding preliminary/primary ☐ 8th day preceding election	⊠ 30th day following election (town or special)	or special)	20th day of January (Year-End report)
Pursuant to M.G.L. Chapter 55:	napter 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.

		7	7	7	7	1	7/2	1
							7/292020	DATE
							Susan McNally	PRINT NAME
							Swoar My bille	Signed under the penalties of perjury
							21 Shirley Road	(Street and Number)
							Library Trustee	OFFICE SOUGHT





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

Office of Campaign and Political Finance

City or Town of:	Townsend			Please print or type all information, except signatures.
Reporting Period	: Beginning:	6-29-2020 (MM/DD/YYYY)	Ending:	M-29-2020 (MM/DD/YYYY)
Type of Report: (C	heck One)			
8th day precedi	ng preliminary/primary 28th	day preceding election 30th day follow	wing election (town or special)	20th day of January (Year-End report)
2. I certify that	I am a candidate for or currently he	ons, made any expenditures, or incurred any obl	igations during this reporting period	od, and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRE (Street and Number)	SS OFFICE SOUGHT
7-29-2020	Kath Leer Mispofferd	Kathle J. Spufferd	312Mam S1.	Town Clark
	10.50 (174)			
			L	



signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Rec'd Townsend Town Clerk
. 19 JAN '21 AM9:47

				File with:	City or Town	Clerk or Election	Commission
Fill in Re	porting Period dates: Beginning Date:	CC 13	2020 En	ding Date:	Jan 23	2021	
Type of R	Report: (Check one)						
	preceding preliminary 8th day preceding election	☐ 30 da	y after elect	ion \square ye	ar-end repor	rt 🔲 dissolu	ution
77							
50	seph Shank		School	TOT			
	Candidate Full Name (if applicable)			Comm	ttee Name		
Se	electmen						
	Office Sought and District			Name of Com	mittee Treasure	: r	
27 1	VRMIN RD						
	Residential Address			Committee N	failing Address		
Telephone Nun	nber (optional): 974 597 8939	Telephon	ne Number (opti	onal):			
Г	SUMMARY BALANC	E INFO	RMATIO	N:			
						-	
	Line 1: Ending Balance from previous report			-0-		_	
	Line 2: Total receipts this period (page 3, line 11)		2	29.94			
	Line 3: Subtotal (line 1 plus line 2)		78	29.94			
	Line 4: Total expenditures this period (page 5, line	e 14)	7	29.94			
	Line 5: Ending Balance (line 3 minus line 4)		_	0-			
	Line 6: Total in-kind contributions this period (page	ge 6)	ı	0			
	Line 7: Total (all) outstanding liabilities (page 7)			Ö			
-	Line 8: Name of bank(s) used:]	
certify that I hav activity, including	nmittee Treasurer: ve examined this report including attached schedules and it is, to the best og all contributions, loans, receipts, expenditures, disbursements, in-kind cof all persons acting under the authority or on behalf of this committee in ac	ntributions ar	nd liabilities for	this reporting per	riod and represe		
igned under the	penalties of perjury:		(Treasu	rer's signature)	Date:	-	
OR CANDII	DATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)				· Want	
I certify that I activity, of all	rith Committee and no activity independent of the committee I have examined this report including attached schedules and it is, to the be I persons acting under the authority or on behalf of this committee in account its increase in account in the committee in th	rdance with th					
certify that I finance activit	ithout Committee <u>OR</u> Candidate with independent activity filing sepal have examined this report including attached schedules and it is, to the bety, including contributions, loans, receipts, expenditures, disbursements, in ance activity of all persons acting under the authority or on behalf of this contributions.	st of my know kind contrib	outions and liabi	lities for this repo	orting period an	d represents the	
		1			_	1 3	

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)				
12-16-20	Joseph Shank >>Turner RD	739.94	OWNER HARBOR AND BORY Inc.				
	# 1						
			1.0				
Line 9: Total Receipts	over \$50 (or listed above)	729.94					
Line 10: Total Receipts	\$50 and under* (not listed above)	-0-					
Line 11: TOTAL RECEIPTS IN THE PERIOD Total Receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.							

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(10F contributions of 3200 of more)
		- 647	3.33
3 Faul 183	20.00		
1.	0.		3 "
	·		
	,		
	:		
	*		
Line 9: Total Receip	ots over \$50 (or listed above)		,
	-4- 050 and under* (not 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
TIC 1. TOTAL	receipts of \$50 and under include them in line	9. Line 10 shoul	d include only those receipts not itemized above.
* If you have itemized	receipts of \$50 and under, metade them in the		Page 3

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	mittee name and a page number		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
12-16-20	Minuteman PRES	386 SUMMER ST FitchBurg MA	signs	73994
_				
	 	ne 12: Total Expenditures over \$		29.94
	Lii	ne 13: Total Expenditures \$50 an	d under* (not listed above)	0-
	Enter on page 1 line 4 → Lin	ne 14: TOTAL EXPENDITUR	ES IN THE PERIOD 7	39.94

above.

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	*			

		2		
	Y .			
	-			
		· v		
	,			
		*		
		,		
	T	Line 12: Expenditures over \$50	(or listed above)	
	⊢		F	
	I	Line 13: Expenditures \$50 and ur	nder* (not listed above)	
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	
If you have itemis	Differ on page 1, time 7	1 1 4 in line 12 Line 12 she	ould include only those expenditures	not itemized

^{*} 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
				10
				- 4
	1	Line 15: In-Kind Contributions over	r \$50 (or listed above)	
	I	ine 16: In-Kind Contributions \$50	& under (not listed above)	
	Enter on page 1, line 6 → L	ine 17: TOTAL IN-KIND CONT	RIBUTIONS	

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
				,
7	Enter on page 1, line 7 → I	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	



Minuteman Press 386 Summer Street Fitchburg, MA 01420 Phone: 978-345-0818 / Fax: 978-345-0647 E-mail:print@mmpressfitchburg.com Web: www.mmpressfitchburg.com

Invoice

Invoice Number Invoice Date

88584 12/16/2020

Bill to:

Joe Shank

Phone: 978-345-0818

Phone: 978-345-0818

FREE PICK UP AND DELIVERY!

visit our website: www.mmpressfitchburg.com

100 yard signs - no stakes (Job 121200)

\$687.00

Sub Total

\$687.00

Tax

\$42.94

Invoice Total

\$729.94

Balance Due

\$729.94

Salesperson: Walk-In

PLEASE PAY FROM THIS INVOICE. NO STATEMENT WILL BE SENT.

Thank you,

Minuteman Press:

Signature: _



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

Office of Campaign and Political Finance



TOWN OF TOWNSEND
TOWN CLERK
Please print or type all information, except signatures.

Type of Report: (Check One)	161/tc	City or Town of: Town Single all information, except signat
		Beginning: 07/19/200 Ending: 12/3) sck One) Ending: 12/3)

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.

				1/23/2)	1/4/21	1-4-21	12/10/2000	DATE
				Tadd A Malansa.	FIARTIEY PLESHAW	TICHAEL MACEACHIN	Emily Austin-Bruns	PRINT NAME
				Judd Milmon	Hartley Reshow	The School	() CAN	SIGNATURE Signed under the penalties of perjury
				79 Clamant Rd	CHON I DEE HOLD	IS Bryberg Ar 11 Rd	30 Beech Street	RESIDENTIAL ADDRESS (Street and Number)
				WATE Comm SSIONED	TRUST FUND CHSUR.	WATER Commissioner	Recreation	OFFICE SOUGHT





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

Office of Campaign and Political Finance

Please print or type all information, except signatures.

ing Period: Town of: Beginning: CNOSMUNO Ending:

f Report: (Check One)
day preceding preliminary/primary 🔲 8th day preceding election 🔝 30th day following election (town or special) 🔲 20th day of January (Year-End report)
nt to M.G.L. Chapter 55:
I certify that I am a candidate for or currently hold Municipal Office.
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 I certify that I do not have a political committee.

						7 5	ATE
						John E. AGE	PRINT NAME
						Mosm	SIGNATURE Signed under the penalties of perjury
						15 Wins 8	RESIDENTIAL ADDRESS (Street and Number)
							OFFICE SOUGHT





City or Town of:	Townsend			Please print or type all information, except signatures.
Reporting Period	d: Beginning:	01/01/2020	Ending:	12/31/2020
		(MM/DD/YYYY)		(MM/DD/YYYY)
Type of Report: (0	Check One)	** *		
8th day preced	ding preliminary/primary	8th day preceding election 30th d	ay following election (town or special	20th day of January (Year-End report)
2. I certify the	at I am a candidate for or current	outions, made any expenditures, or incurred	1 22	period, and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of	RESIDENTIAL AD perjury (Street and Num	
01/10/2021	Charles Q. Sexton-Diranian	thank gonly-ob	8 South Street	Planning Board
01/10/2021	Charles Q. Sexton-Diranian	Thombo Cofection of	8 South Street	Townsend Housing Authority



								OL-04-2001 LAURE . SHIFFIN James	DATE PRINT NAME Signed under the	ursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office. 1. 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.	3th day preceding preliminary/primary 8th day preceding election	ype of Report: (Check One)	eporting Period: Beginning: 01-01-2020	ity or Town of: Townsend
				The second secon	n Saurence			Shepin	SIGNATURE Signed under the penalties of perjury	s, or incurred any obligat	30th day following election (town or			
	Territorio en principales en esta esta esta esta esta esta esta esta			Administration of the contemporaries and analysis and the contemporaries and a second				28 BARKER HURS	RESIDENTIAL ADDRESS (Street and Number)	ions during this reporting period, and	special)		Ending: 12/31/	Plea
						PLANNING Board	Townsend Housing	Assessing Held	OFFICE SOUGHT	do not have a campaign fund in existence.	20th day of January (Year-End report)		AO 2O	Please print or type all information, except signatures.



City or Town of: Town ASEAL	end		Please print or type all information, except signatures
Reporting Period: Beginning:	Beginning: 01-01- 2020	Ending: 19	12/31/2020
Type of Report: (Check One)			
☐ 8th day preceding preliminary/primary	☐ 8th day preceding election	☐ 8th day preceding preliminary/primary ☐ 8th day preceding election ☐ 30th day following election (town or special)	20th day of January (Year-End report)
*unuant 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 expendi	currently bold Municipal Office.	Auguant 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.	riod, and do not have a campaign fund in existence

DATE	PRINTNAME	Signed under the penalties of perjury	(Street and Number)	OFFICE SOUGHT
01-04-2001	LAURE SHIFTIN	Jame E Shipin	28 BALKer HU Rd	Corre
		4		Focus AV
				PLANA
			'5	



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

Office of Campaign and Political Finance

Please print or type all information, except signatures.

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

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.

I certify that I do not have a political committee.

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				12/20/2020	12/20/2020	DATE
					Susan McNally	Lance McNally	PRINT NAME
					Supar my gally	Janes Methelly	SIGNATURE Signed under the penalties of perjury
•					11 Shirley Road	11 Shirley Road	RESIDENTIAL ADDRESS (Street and Number)
					Library Trustee	Planning Board	OFFICE SOUGHT



City or Town of:

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

Office of Campaign and Political Finance

Please print or type all information, except signature

Reporting Period: Beginning: 11/2020 ownsend 011 (MANDOWN) 21/2020 Ending: 12/3/2020 01/20/202 (AAAAAGG/WW)

Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently hold Municipal Office.	☐ 8th day preceding preliminary/primary ☐ 8th day preceding election ☐ 30th day following election	Type of Report: (Check One)
	ion (town or special)	
	20th day of January (Year-End report)	

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.

	No efficiency	promoterate	-		,	-			
						whole	12/09/2000	12/03/2020	DATE
						hope willer	Mathley Spotferd	Karen Clement	PRINT NAME
							Wathle M. Spuffeel	Karen Clement	SIGNATURE Signed under the penalties of perjury
	•					4 Horsestoc Price	312 Main St.	101 Main St.	RESIDENTIAL ADDRESS (Street and Number)
						305	Town Clerk	Amanda Dwight Trust Fund	OFFICE SOUGHT



Reporting Period:

City or Town of:

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

Office of Campaign and Political Finance

Townsend Beginning: 01/01/2020 Ending: 12/31/2020 Please print or type all information, except signatures.

(MM/DD/YYYY)

	ction (town or special) 🔀 20th day of January (Year-End re	30th day following election (t	☐ 8th day preceding election	8th day preceding preliminary/primary
--	--	--------------------------------	------------------------------	---------------------------------------

(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.

					12/8/2020	DATE
					Judith Lewin Maider	PRINT NAME
					gnoted Maid	SIGNATURE Signed under the penalties of perjury
					87 Turner Road	RESIDENTIAL ADDRESS (Street and Number)
					Library Trustee	OFFICE SOUGHT





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

Office of Campaign and Political Finance

City or Town of:	To was end	Sera		Please print or type oll information, except signatures
Reporting Period:	Beginning:	0606/10/10	Ending:	12/3/12020
		(MM/dd/MM)		MMIDINYYYY
Type of Report: (Check One)	k One)			
8th day preceding	preliminary/primary	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 candi 2. I certify that I have not re	napter 55: im a candidate for or c nave not received any	suant 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	suant 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 contribution of the contributions.	and and do not have a second of the second o
I certify that I d	 I certify that I do not have a political committee. 	committee.	or more any configurous aurily tills reporting pen	lou, and do not have a campaign fund in existence.

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

, , , , , , , , , , , , , , , , , , ,	a pointed communication			
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
13/9/20	John B. Barrett	Dr. Benet 38,		Cem+ Park Comi
1/6	99	Strab Band		Miderita
				- Control of the Cont
Company of the Compan				



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Town of Townser	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding e	lection 30 day after election year-end report dissolution
D+ 0 11	
Peter F Buxton Candidate Full Name (if applicable)	Committee Name
TRUSTER	
Office Sought and District 46 New FITCH BURS RC Residential Address E-mail: STRYKET + NET 1 PLUS, CON	Name of Committee Treasurer
Residential Address	Committee Mailing Address
E-mail: STRYKET + NET 1 PLUS, con	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BA	ALANCE INFORMATION:
Line 1: Ending Balance from previous re	port C DECEIVE
Line 2: Total receipts this period (page 3)	
Line 3: Subtotal (line 1 plus line 2)	O TOWN CLERK
Line 4: Total expenditures this period (pa	age 5, line 14)
Line 5: Ending Balance (line 3 minus line	e 4) O
Line 6: Total in-kind contributions this pe	eriod (page 6)
Line 7: Total (all) outstanding liabilities	(page 7)
Line 8: Name of bank(s) used:	NA
Affidavit of Committee Treasurer:	
	t, to the best of my knowledge and belief, a true and complete statement of all campaign finance ats, 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 co	_
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: ((check 1 box only)
	I it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance mittee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, as reporting period that are not otherwise disclosed in this report.
Candidate without Committee	
	I it is, to the best of my knowledge and belief, a true and complete statement of all campaign sbursements, in-kind contributions and liabilities for this reporting period and represents the
campaign finance activity of all persons acting under the authority or on b	behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 1/1/202/



City or Town of:	Townsen	d	1	Please print or type all information, except signatures
Reporting Period:		1 97 2020 (MM/DD/YYY)	Ending: Dece	mber 31,2020
Type of Report: (Check	k One)			
8th day preceding p	oreliminary/primary 2 8th day	preceding election 30th day follo	wing election (town or special)	20th day of January (Year-End report)
2. I certify that I ha	n a candidate for or currently hold l		ligations during this reporting period,	and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1120/201 M	icHAE MACEACHEIN	Jill filet	318 MAIN ST	WATER COMMISSION
		0 1		
	. (
	1 V			
	3			



Reporting Period:	Beginning:	(MM/DD/YYYY)		Ending:	(MM/DD/YYYY)
m sp (G)	0)				
Type of Report: (Check					Cool descriptions (Von Endaged)
8th day preceding p	oreliminary/primary	8th day preceding election	30th day follow	ring election (town or special)	20th day of January (Year-End report)
2. I certify that I ha	n a candidate for or curr	ently hold Municipal Office. tributions, made any expenditures nmittee.	, or incurred any oblin	gations during this reporting period	l, and do not have a campaign fund in existence.
		SIGNA	ATURE	RESIDENTIAL ADDRESS	
DATE	PRINT NAME	Signed under the	penalties of perjury	(Street and Number)	OFFICE SOUGHT
M	icHAE MACE	Acher July	14	318 MAIN ST	WATER COMMISSIONER
	4.2				



City of Town of:		Townsend			
Reporting Perio	od: Beginning:	1/1/2021 (MM/DD	/YYYY)	Ending:	12/31/201 (MM/DD/YYYY)
Type of Report: (Check One)	The second secon			
8th day prece	ding preliminary/primary	8th day preceding el	ection 30th day follow	wing election (town or special)	20th day of January (Year-End report)
2. I certify th	at I am a candidate for or cu	ontributions, made any ex		igations during this reporting perio	od, and do not have a campaign fund in existence.
			SIGNATURE	RESIDENTIAL ADDRE	
DATE	PRINT NAMI		ander the penalties of perjury	(Street and Number)	OFFICE SOUGHT
12-14-22	Stephen Spots	ford Styp	In Ipofford	312 Main St.	Soldrens Memcial
	·		<i>J.</i>		
		7			
		-			
	·				