

### TOWN CLERK M 102: Campaign Finance Report SUDBURY, MASS Municipal Form Office of Campaign and Political Finance

2019 MAR 18 PM 2: 48

	File with Charm of the Francisco
Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Commission  1 2019 Ending Date: MARLH 7 2019
Type of Report: (Check one)	
	☐ 30 day after election ☐ year-end report ☐ dissolution
Cima Endyke - DORAN	
Candidate Full Name (if applicable)	
	Committee Name
Lincoln Sudbury School Committee	
Office Sought and District	Name of Committee Treasurer
28 Beechwood Ave Sudbury MA 01776	
Residential Address	Committee Mailing Address
Telephone Number (optional): 6 17 893 1569	Telephone Number (optional):
CITATAGA DAL DAL ANGO	
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	\$0.00
Line 2: Total receipts this period (page 3, line 11)	# 0.00
Line 3: Subtotal (line 1 plus line 2)	\$ 0.00
Line 4: Total expenditures this period (page 5, line	14) \$\mathref{y}_0.00
Line 5: Ending Balance (line 3 minus line 4)	70.00
Line 6: Total in-kind contributions this period (page	
Line 7: Total (all) outstanding liabilities (page 7)	\$ 0.00
Line 8: Name of bank(s) used:	N/A
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the best of a activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in accordance.	
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box or	ıly)
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 bes activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting per	
Candidate without Committee OR Candidate with independent activity filing separal I 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 contributions.	t of my knowledge and belief, a true and complete statement of all campaign
igned under the penalties of perjury:	(Candidate's signature) Date: 3/16/19

### 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)
			( CONTRACTOR OF WARD OF INDICE)
		· .	
		<u></u>	
ne 9: Total Receip	ts over \$50 (or listed above)	\$100	
	ots \$50 and under* (not listed above)	\$ 0.00	
l	ECEIPTS IN THE PERIOD		Enter on page 1, line 2 include only those receipts not itemized above.

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)
	ts over \$50 (or listed above)  ts \$50 and under* (not listed above)	<u> </u>	
	ECEIPTS IN THE PERIOD	. 0	← 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

Date Paid	To Whom Paid (alphabetical listing)	mittee name and a page number on		
	(arphabetical listing)	Address	Purpose of Expenditure	Amount
	•			
			. *	
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<u> </u>				
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				1
	·			
			;	•
	•	Line 12: Total Evnanditures	- C50 (on listed at)	<u> </u>
		Line 12: Total Expenditures over	T \$30 (OF listed above)	U'
	•	Line 13: Total Expenditures \$50	and under* (not listed above)	0
			L.	
	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 B: EXPENDITURES (continued)

	To Whom Paid	1.		10.00
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50		0
		Line 13: Expenditures \$50 and un		0
•		Line 14: TOTAL EXPENDITU	· ·	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 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
·		.,		
				,
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
•.		Line 16: In-Kind Contributions \$	550 & under (not listed above)	0
	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.

### 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
ý				
		•		
		•		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	·8



# Form CPF M 102-0: Campaign Finance Report Municipal Form Subbury, MASS

2013 Mille & Drift of the by information, except signatures. 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. 20th day of January (Year-End report) OFFICE SOUGHT MIM/DD/YYYY 0 RESIDENTIAL ADDRESS (Street and Number) 137 thynes k 30th day following election (town or special) J Ending: Signed under the penalties of perjury SIGNATURE 8th day preceding election 610 1. I certify that I am a candidate for or currently hold Municipal Office. 3. I certify that I do not have a political committee. PRINT NAME Sth day preceding preliminary/primary Beginning: Kevind Pursuant to M.G.L. Chapter 55: Type of Report: (Check One) Reporting Period: City or Town of: DATE



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

### Office of Campaign and Political Finance

Please print or type all information, except signatures.	7 4r 2019		20th day of January (Year-End report)	lo not have a campaign fund in existence.	OFFICE SOUGHT	Librar	,				:		
Pleas	Ending: 1Maxch		$\square$ 30th day following election (town or special) $\square$ 2	gations during this reporting period, and d	RESIDENTIAL ADDRESS (Street and Number)	85 Ceneral							
	ancery 1 2019		X 8th day preceding election 30th day follow	want 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.	Signed under the penalties of perjury	BEWMAN							
Sudburg		Check One)	38th day preceding preliminary/primary 📈 8th day F	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	Beth & Whitlock							
City or Town of:	Reporting Period:	Type of Report: (Check One)	☐ 8th day prece	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	37/19							



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

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Campaig	
Office of	•

TOV	MIN.	CL	E	RI S	<b>(</b> / <sub>2</sub>	7
9019 HA	Rept sign	Υ,		¥: I	d report)	
TOV SUD 2019 MA	Please print or type all information, e	6102/8/2	(XXXX/QQ/WW)		20th day of January (Year-End report)	
Municipal Form Office of Campaign and Political Finance		Ending:			30th day following election (town or special)	
Offi		1 1 2019	(MM/DD/XXXX)		X 8th day preceding election	
	SUPBURY	Beginning:		ok One)	3 8th day preceding preliminary/primary	hapter 55:
Commonwealth of Massachusetts	City or Town of:	Reporting Period:		ype of Report: (Check One)	3 8th day preceding	ursuant to M.G.L. Chapter 55

			<u> </u>		1				
not have a campaign fund in existence.	OFFICE SOUGHT	PLANNING BOMED							
l Office. expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.	RESIDENTIAL ADDRESS (Street and Number)	46 SINGLETAPY LANE				•			
funicipal Office. nade any expenditures, or incurred any oblig	Signed under the penalties of perjury	MUTURAVIOUN			\		-		
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 expendit  3. I certify that I do not have a political committee.	PRINT NAME	WATIN FINNIUM							
Fursuant 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	3/7/2019							·



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

Municipal Form Office of Campaign and Political Finance

City or Town of: Su	Sudbury		Pleas	Please print or type all information, except stgnatures.
Reporting Period:	Beginning: 01/01/2019		Ending: 03/08/2019	
		(MM/DD/YYYY)		(MM/DD/YYYY)
Type of Report: (Check One)	ck One)			
3th day preceding	8th day preceding preliminary/primary 🔀 8th day p	X 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 cand 2. I certify that I have not r 3. I certify that I do not hav	uant to M.G.L. Chapter 55:  1. I certify that I am a candidate for or currently hold M 2. I certify that I have not received any contributions, m 3. I certify that I do not have a political committee.	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.	gations during this reporting period, and o	lo not have a campaign fund in existence.
DATE	PRINT NAME	Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
3/11/19	Sherrill Cline	Sterrill City	84 Corested Rd	Communission -
				Housing Mith.
3/13/19	Carol Brathid	CR Work	25 May Aux	Board of Health
3/14/19	ALAN GORDON	Clay Sarlon	209 NOBSCOT	GOONOW LIBRARY TRUSTER
3/20/19	Richard Williamson	R.C. Julian	273 Lincela Pd	Rutand Recondica
3/25/K	Mare Huston	Maran Hich	578 Pealchanled	Park + Cecentria



### TOWN CLERK M101: STATEMENT OF ORGANIZATION SUDBURY MASS CANDIDATE'S COMMITTEE **CANDIDATE'S COMMITTEE MUNICIPAL FORM**

2019 JAN 31 PM 3: 42

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

***************************************							
CANDIDATE:	Full Name:	Merec	ith (	1. Gers	0N		
	Residential Address:	23 1	tilltop	Rd			
	City / State / Zip:	Sudbu	•			MA O	1776
	E-Mail Address:	Teredit	n 4 Sud	oury@gn	nail. com	Phone #: 97	8-443-9726
	Party Affiliation:	Unenro		5			(If applicable)
OFFICE SOUG	HT/PURPOSE:	_					
	Title:	Sudbu	ery Sc	hool Ce	mmitte	e	
	District:		<u> </u>				
COMMITTEE:	Name of Committee:	Mare	dith C	· Gerson	Election	Commi	<u> </u>
				mmittee must include th			
	Committee Mailing Ad	ldress: 23	Hilltop	Rd			
	City / State / Zip:	Sud	oury	<u> ma</u>	01776	Phone #: 978	<u>-443-97</u> 26
OFFICERS:							
Chairman: Y	Neredith (	<u>) . Gerse</u>	n	Treasurer*:	Kathry	n P. Kr	rightly
Residential Address:	R3 Hillop	Rd		Residential Addre	ss: <u>28 Hü</u>	nt Rd	U J
City / State / Zip:	udbury	<u>m</u>	4 01776	<del></del> }	Sudbury	4	MA 01776
Phone #: 978_ U	143-9726				)443-3年新	Kt0403	10 ya hoo com
Other Officer/Title:				*A public employed		asurer of any politic	al committee (see reverse).
Residential Address:				Residential Addre			
City / State / Zip:				City / State / Zip:	· · · · · · · · · · · · · · · · · · ·		
Phone #:				Phone #:			
	(Complete an	d attach a Form Cl	PF M A 101, if ne	cessary, with other office	ers and finance comm	ittee, if any.)	
behalf. I am aware the the relevant election.	e filing of this commi at candidates are requ HE PENALTIES OF P	ired to keep deta	d that a candidated accounts an Marco Candidate's sign	d records of all camp	sent to the organization of the property of th	on of more than c y for a period of s	one committee on his/her bix years from the date of Date:
that: 1) I am subject to and records of all can appointed public emp committee organized	o certain duties and lia paign finance activity loyee, I must resign th	abilities under M r for a period of s nis position and r PERJURY:	.G.L. c. 55, incl six years from the	uding the timely filing the date of the relevant my resignation; and 3	g of campaign finar t election; 2) if after	ce reports and keemy acceptance o	c. 55, s. 13. I understand eping detailed accounts f this office I become an rer of the political  Date:/
	fice of Chairman of th IE PENALTIES OF P		Committee.  Newatt  Chairman's sign	ik RyYe ature	var		Date: 1/30/19



### FORM CPF MIUI: STATEMENT OF ORGANIZATION **CANDIDATE'S COMMITTEE MUNICIPAL FORM**

### Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE:	Full Name:	Joseph J. I	Laferre	ra			
	Residential Address:	47 Windmill	l Drive				
	City / State / Zip:	Sudbury			MA	01776	
	E-Mail Address:	laferrera@y	yahoo.c	om	Phone	#: <u>617-59</u> .	5-6312
	Party Affiliation:	independent	t				(If applicable)
OFFICE SOUGI	HT/PURPOSE:						
	Title:	Selectman					
	District:	Sudbury					
COMMITTEE:	Name of Committee:  Committee Mailing Add	(The name	e of the comm	_ect Joe La ittee must include the c			
		<u> </u>	r Lane	NGT 01	776		
	City / State / Zip:	Sudbury		<u>MA 01</u>	.776 Phone #	617-77	5-7890
OFFICERS: Chairman: M:	ichael Buono	vconti		Treasurer*:	Scott Sawin		
<del></del>	6 Puffer Lar				52 Puffer La	ne	
<del>-</del>	adbury		) 1776	City / State / Zip:	Sudbury	MA	01776
	17-775-7890	1111	71770		1-2295Email: s . sa		
Thole #.					nay not serve as treasurer of		
Other Officer/Title:				Other Officer/Title:	<b></b>		
Residential-Address:				Residential Address:		***************************************	
City / State Z	0			City / State / Zip:			
Phone #:	<u>ლ</u>			Phone #:			
behalf. I am aware the the relevant election.	e filing of this commit at candidates are requi	tee. I understand that red to keep detailed as ERJURY:	a candidate s	hall not give consent ecords of all campaig	and finance committee, if a t to the organization of m gn finance activity for a p	ore than one com period of six years	
that: 1) I am subject to and records of all cam appointed public emp committee organized SIGNED UNDER TH	o certain duties and lia paign finance activity loyee, I must resign th	bilities under M.G.L. for a period of six yea is position and notify  ERJURY:  Trease e above-named comm ERJURY:	c. 55, including from the cooche of my old out of the cooche of my urer's signature.	ng the timely filing of late of the relevant elevant e	ic employee as defined by of campaign finance reportection; 2) if after my according and a candidate may not serve	rts and keeping de eptance of this of	etailed accounts fice I become an e political

Date: <u>2/5/2019</u>

CPF ID #:	
	(For Office Use Only)



### Form CPF D104: Statement of Candidate Not Raising or Expending Campaign Funds

### Office of Campaign and Political Finance

File with: Director
Office of Campaign and Political Finance
One Ashburton Place, Room 411, Boston, MA 02108

(617) 979-8300 / (800) 462-OCPF ocpf@cpf.state.ma.us http://www.ccpf.us

One Ashburton Place, Room 411,	Boston, MA 02108			h	nttp://www.ocpf
CHECK ONE:	I do not have a political committee. OR	organized a politica	al committe	e on my be	half.
Candidate's Name:	Trevor A. Haydon				
Office Sought/District:	Board of Assessors				
Residential Address:	85 Goodman's Hill Road				
City / State / Zip:	Sudbury		MA	01776	
E-Mail Address:	thaydon@danelaw.com Phone Number	er: <u>978-430-</u>	9642		
purpose. I submit the fo	that I have not opened a campaign bank account for coenditures, including expenditures of my own funds, or ollowing as my campaign report for all bank reporting achusetts General Laws:	r incur liabilities i	for any car	mnaion-rel	lated
	1. Ending balance from previous report	ZERO		R -8	N N
	2. Total receipts for reporting period	ZERO			.₹ <u>0</u> °
	3. Subtotal	ZERO		3	Z m
	4. Total Expenditures for reporting period	ZERO		ထိ	S.P.
	5. Ending balance	ZERO		30	\$ · ·
Bank (D103) Form.  Until such notice	nis statement, I decide to raise or expend funds for a capank, open an account at the designated bank, and combe is on file with the Director, I certify that the above Zoter 55 of the Massachusetts General Laws.	plete and file an A	Appointme	ent of Depo	ository
SIGNED UNDER THE	PENALTIES OF PERJURY:				

Candidate's signature

Date:Mar 8, 2019



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

					File	with: City or Town	Clerk or Elec	ction Commissio
Fill in R	eporting Period dates:	Beginning Date:	1-1	-2010	Ending Dat	te: 3-8-	2019	
Type of	Report: (Check one)				•	•	•	
		th day preceding elect	tion [	30 day a	fter election	year-end rep	ort 🗌 d	issolution
Jose	OH J. LAFERRERA			Contra	EE to ELECT	Tir / 4/-	30.604	
0035	Candidate Full Name (if app	olicable)		Comm 17		Committee Name	KEKA	•
	· ·	•				Committee Name		
76	ECTMAN SUBBURT	MA.		Scor	T SAWIN			•
	Office Sought and Dist	rict			Name	of Committee Treasu	rer	
47	WINDMILL DRIVE, SUI	OBURY MA 019	76	52 P	UFFER LAN	E, SUDBURY	MB .	91776
	Residential Address					nittee Mailing Addre		
Telephone N	(umber (optional): 67-595-6	312		Telephone N	umber (optional):	617-194-2	295	
L				L				
	·	UMMARY BAL	ANCE	INFOR	MATION:			
,	Line 1: Ending Balance	from previous repor	t					
	Line 2: Total receipts thi	is period (page 3, lin	ne 11)		. 602			
	Line 3: Subtotal (line 1 p	olus line 2)			200		2019 MAR	ans Vol
	Line 4: Total expenditure	es this period (page	5, line	14)	470		======================================	BUR
	Line 5: Ending Balance	(line 3 minus line 4)	)		20		. A	CLE Y, N
	Line 6: Total in-kind con	ntributions this perio	d (page	6)		•	3; <u>2</u>	TOWN CLERK SUDBURY, MASS
	Line 7: Total (all) outstar	nding liabilities (pag	ge 7)					
	Line 8: Name of bank(s)	used:						
Affidavit of C	ommittee Treasurer:							
I certify that I activity, include	have examined this report including attact ling all contributions, loans, receipts, expo y of all persons acting under the authority	enditures, disbursements, in	ı-kind con	tributions and	ighilities for this rene	orting paried and som	t of all campai resents the ca	gn finance mpaign
	the penalties of perjury:	eust fain			(Treasurer's sign		3-16-6	2019
FOR CAN	DIDATE FILINGS ONLY: Affi	idavit of Candidate: (chec	k 1 box o	nly)				
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.								
I certify th	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, dishursements, 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 1	the penalties of perjury:	1			(Candidate's sign	ature) Date	: 3/16	12019

### 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.)

1 opost and oxposed		ittee name and a page number on	reach page.)	<u> </u>	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
Date Falu			T at hose of typenguage	Amount	
3/1/19	Jet Mail Services, lac	757 Main St., Suite 210 Hudson, MA 01749	Signs	\$48 <b>0</b>	
	·			-	
		·			
·					
. `				·	
	·	Line 12: Total Expenditures ove	er \$50 (or listed above)	480	
		Line 13: Total Expenditures \$50	and under* (not listed above)		
	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 4 96				

<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 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)
3/1/19	Jos. Laferrera 47 Windmill Dr. Sulbury, MA	500	Lawyer Gesmer Updayrove LLP
		·	
		-	
			·
	·		
			·
Line 9: Total Receipts over \$50 (or listed above)		500	
Line 10: Total Recei	ipts \$50 and under* (not listed above)	<b>-</b> .	
	RECEIPTS IN THE PERIOD		← 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 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		
	·					
			·			
				·		
	7					
	·					
		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 → Line 17: TOTAL IN-KIND CONTRIBUTIONS					

<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
	: 1			
		·		
		·		
		·		
·				
		·		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	



### **CANDIDATE'S COMMITTEE MUNICIPAL FORM**

### Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE:	Full Name:	Joseph J. Laferre	era			·	.,
	Residential Address:	47 Windmill Drive	<u>.</u>				
	City / State / Zip:	Sudbury			MA (	01776	
	E-Mail Address:	laferrera@yahoo.c	com		Phone #:	617-595	-6312
	Party Affiliation:	independent			•		(If applicable)
OFFICE SOUG	HT/PURPOSE:	*	•				•
	Title:	Selectman					
	District:	Sudbury					
COMMITTEE:	Name of Committee:	~	n				
COMMITTEE.	Name of Committee.	Committee to E					<del></del>
	Committee Mailing Add	dress: 52 Puffer Lane	intee must merade the v	candidate s fast flam	-)		
	City / State / Zip:	Sudbury	MA 01	L776	Phone #:	617-77	5-7890
OFFICERS:							······
Chairman: M	ichael Buond	oconti	Treasurer*:	Scott Sa	win		
Residential Address: 6	6 Puffer Lar	ne	Residential Address:	52 Puffe	r Lane	<u> </u>	
City / State / Zip: S	udbury	MA 01776	City / State / Zip:	Sudbury		MA	01776
Phone #: 6	17-775-7890		Phone #617-79	4-2295Email:	s.sawi	n@comca	st.net
			*A public employee	may not serve as tre	asurer of any	political commi	ttee (see reverse).
Other Officer/Title:			Other Officer/Title:				
Residential-Address:		<del></del>	Residential Address:				
City / State Z	ä		City / State / Zip:				
Phone #:	<del>ii</del>		Phone #:				
behalf. I am aware t	he ling of this commit	d attach a Form CPF M A 101, if necessitee. I understand that a candidate stired to keep detailed accounts and the ERJURY:  Candidate's signate.	shall not give consentercords of all campai	it to the organizat	ion of more	than one comr od of six years	nittee on his/her from the date of
that: 1) I am subject and records of all car appointed public em- committee organized SIGNED UNDER T	to certain duties and lia mpaign finance activity ployee, I must resign th I on his/her behalf.  HE PENALTIES OF Pl	Tréasurer's signatu	ing the timely filing date of the relevant e resignation; and 3)	of campaign finar lection; 2) if after	nce reports a my accepta	and keeping de ance of this off treasurer of the	tailed accounts ice I become an
		Malirman's signatu	5/LLZ ire	7		— Date:	Q/5/Q01



### Form CPF M 102: Campaign Finance Report

TOWN CLERK Municipal Form

SUDBURY, MASS Office of Campaign and Political Finance

of Massachusetts 2019 MAR 18 PM 3: Ub		File	with: City or Town Cle	rk or Election Commission
Fill in Reporting Period dates: Beginning Date: 01/0	01/2019	Ending Date		
Type of Report: (Check one)  ☐ 8th day preceding preliminary  ☐ 8th day preceding election	☐ 30 day	after election	year-end report	dissolution
William Schineller	Commit	tee to Elect Bill Sch	ineller for Selectma	an l
Candidate Full Name (if applicable)	<b>/</b>		Committee Name	
Selectman - Town of Sudbury	M. Trac	y Billig	****	
Office Sought and District	]	Name o	of Committee Treasurer	
37 Jarman Road, Sudbury, MA 01776	79 Robe	ert Best Road, Sudb	ury, MA 01776	
Residential Address		Comm	nittee Mailing Address	
Telephone Number (optional):	Telephone	Number (optional):		
SUMMARY BALAN	CE INFO	RMATION:		
Line 1: Ending Balance from previous report			0.	.00
Line 2: Total receipts this period (page 3, line 11	1)		500.	.00
Line 3: Subtotal (line 1 plus line 2)			500.	.00
Line 4: Total expenditures this period (page 5, li	ne 14)		46.	.77
Line 5: Ending Balance (line 3 minus line 4)			453.	23
Line 6: Total in-kind contributions this period (p	age 6)		0.	00
Line 7: Total (all) outstanding liabilities (page 7)	)		1,664.	.67
Line 8: Name of bank(s) used: TD Bank				
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be 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 activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee OR Candidate with independent activity filing so I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the committee of th	n accordance w  LUCY  nox only)  ne best of my kr accordance with ag period.  separate report ne best of my kr ts, in-kind conti	and liabilities for this reprint the requirements of M. (Treasurer's sign and belief, a truthe requirements of M.G.)  t towledge and belief, a truthe requirements of M.G. truther the requirements of M.G. and the sign and belief, a truth the requirements of M.G. and the sign and belief, a truth the requirements of M.G. and the sign and belief, a truth the sign and belief and belief and belief a truth the sign and belief and belief and belief and belief and belief a truth the sign and belief	orting period and represented. G.L. c. 55.  nature) Date:   nature) Date:   nature   nature	ents the campaign  C3-17-2019  Int of all campaign finance reived any contributions,  and represents the
Signed under the penalties of perjury: New Song	$\sim$	(Candidate's sign	nature) Date:	3/17/2016

### **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)
03/02/2019	Richard Flynn 68 Stock Farm Road Sudbury, MA 01776	250.00	Business Owner, NELS, LLC
02/25/2019	Siobhan Hullinger   55 Washington Drive	100.00	
02/23/2019	Sudbury, MA 01776	100.00	
03/04/2019	Jean Nam 81 Newbridge Road Sudbury, MA 01776	150.00	
	Si		
ine 9: Total Rece	ipts over \$50 (or listed above)	500.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0.00	
ine 11: TOTAL ]	RECEIPTS IN THE PERIOD	500.00	← 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)
	ts over \$50 (or listed above)		
ine 10: Total Receip	ots \$50 and under* (not listed above)		
ne 11: TOTAL RI	ECEIPTS IN THE PERIOD		← 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address Purpose of Expenditure	Amount
	(	1 di pose di Expenditure	Amount
			<u></u>
	•		
	77.		1
	-		
		T' 10 Th 1 Th	
		Line 12: Total Expenditures over \$50 (or listed above)	0.0
		T 10 F 11	
		Line 13: Total Expenditures \$50 and under* (not listed above)	46.7
	_		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITURES IN THE PERIOD	46.7

<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.

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### **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				Amount
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	ınder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	·
Tfrom hour land:	70d over although af \$50 1 1	include them in line 12. Line 13 sh		<u> </u>

<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
Line 15: In-Kind Contributions over \$50 (or listed above)		over \$50 (or listed above)	0.00	
	Line 16: In-Kind Contributions \$50 & under (not listed above			0.00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0.00

<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.

William Schineller  William Schineller  William Schineller  William Schineller	37 Jarman Road Sudbury, MA 01776  37 Jarman Road Sudbury, MA 01776  37 Jarman Road Sudbury, MA 01776	Loan to Committee for Funds for campaign signs  Loan to Committee for Funds for campaign signs	700.00
William Schineller	Sudbury, MA 01776  37 Jarman Road	campaign signs	500.00
		Sudbury, MA 01776 campaign signs	
William Schineller	Sudbury, MA 01776 postage		500.00
Transiti Schniche	37 Jarman Road Sudbury, MA 01776	Loan to Committee for Funds for post cards	250.00
William Schineller	37 Jarman Road Sudbury, MA 01776	Partial loan repayment	(285.33)
		Sudbury, MA 01776	



### Form CPF M 102: Campaign Finance Report TOWN CLERK

Office of Campaign and Political Finance

SUDBURY, MASS

2019 MAR 18 PM 1. 0.

Date: 03/18/2019

01171000011100110	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 01-01	1-2018 Ending Date: 03-07-2019
Type of Report: (Check one)	
⊗ 8th day preceding preliminary	30 day after election year-end report dissolution
John D. Riordan	Committee to Elect John D. Riordan
Candidate Full Name (if applicable)	Committee Name
Selectman, Town of Sudbury	Christina E. Riordan
Office Sought and District	Name of Committee Treasurer
12 Pendleton Road, Sudbury MA 01776	12 Pendleton Road, Sudbury MA 01776
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional): 9784430054
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	\$680.00
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line	\$680.00
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pag	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	\$680.00
Line 8: Name of bank(s) used: Salem Five Bank	
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best o activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind commance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity.	intributions and liabilities for this reporting period and reserve at
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
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 b activity, of all persons acting under the authority or on behalf of this committee in acconnected any liabilities nor made any expenditures on my behalf during this reporting p	pest of my knowledge and belief, a true and complete statement of all campaign finance
Candidate without Committee OR Candidate with independent activity filing separate of the contributions of the committee of the contributions of the comparing finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this contributions.	est of my knowledge and belief, a true and complete statement of all campaign

### 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)
03-01-2019	John D. Riordan (LOAN) 12 Pendleton Road SUdbury, MA	\$680.00	Attorney, Self Employed
Line 9: Total Receipts over \$50 (or listed above)		\$680.00	
	pts \$50 and under* (not listed above)	0	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	\$680.00	← 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.

(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
03/01/2019	A.G.E. Graphics	52231 State Rte 248 Long Bottom, OH 45743  Purchase Lawn Signs/Stakes	\$680.0
		Line 12: Total Expenditures over \$50 (or listed above)	\$680.00
		Line 13: Total Expenditures \$50 and under* (not listed above)	\$20
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES IN THE PERIOD	\$20.00

<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.

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### 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	
			·		
		·			
	·				
	-	Line 15: In-Kind Contributions	over \$50 (or listed above)	0	
	Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS					

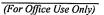
<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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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				
03-01-2019	John D. Riordan	12 Pendleton Road Sudbury, MA 01776	Loan to campaign for purchasing political signs	\$680.00				
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) \$680.00							





### Form CPF 101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE

### Office of Campaign and Political Finance

File with: Director
Office of Campaign and Political Finance
One Ashburton Place, Room 411, Boston, MA 02108

(617) 979-8300 / (800) 462-OCPF ocpf@cpf.state.ma.us www.mass.gov/ocpf

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:	First Name: John		Middle Initial: D	Last Name: Rio	rdan		
	Residential Address:	12 Pendleton Road					•
	City / State / Zip:	Sudbury			MA 01776	;	
	Email Address:	riordan4sudbury@gmail.com					
	Party Affiliation: (if	applicable)		Phone #: 97846	01575		
OFFICE SOUG	HT/PHRPOSE					,	
of field soud	Title:						
	District:	Selectman	HTTLE CONTROL			A	
	District:	Town of Sudbury					
COMMITTEE:	Name of Committee:	Committee to Elect John	D. Riordan				
	Committee Mailing	(The name of the commanderess: 12 Pendleton Riordan	nittee must include th	he candidate's last nar	ne)		
OFFICERS:	City / State / Zip:	Sudbuury	MA (	01776	Phone #:	978443	30054
Chair: N	latthew E. Riordan		Treasurer*:	Christina E. R	iordan	···	
Residential Address: 6	6 Cutler Farm Roa	d	- Residential Addre	ess: 12 Pendleton			
City / State / Zip: S	udbury	MA 01776	City / State / Zip:	Sudbury		MA	01776
Email: n	nriordan@gmail.co	m	Email:	tina.riordan51	1@gmail.com		01770
Phone #:			Phone #:		43-0054		
	* A	public employee may not serve as trea	surer of any politics				
I hereby consent to the behalf. I am aware the relevant election. SIGNED UNDER THE	iai candidates are req	nittee. I understand that a candidate quired to keep detailed accounts and PERJURY:	records of all camp	sent to the organizatesign finance activi	tion of more that ty for a period of	of six years	mittee on his/her from the date of 02/15/2019
and records of all can	o certain dunes and in paign finance activition loyee, I must resign to on his/her behalf.	the above-named committee. I affirm iabilities under M.G.L. c. 55, including for a period of six years from the other position and notify OCPF of my PERJURY:  Treasurer's signature.	ing the timely filing date of the relevant resignation; and 3	g of campaign fina t election: 2) if afte	nce reports and	keeping de e of this off surer of the	tailed accounts
I hereby accept the of SIGNED UNDER TH	fice of Chair of the a	bove-named committee. PERJURY:  Chair's signature	tu K	éorde	•	Date:	02/15/2019



### Form CPF M T101: CHANGE OF TREASURER; ACCEPTANCE OF OFFICE BY TREASURER MUNICIPAL FORM

### Office of Campaign and Political Finance

ile wi	th: City / Town Clerk or	Election Commission						
1.	Committee Name:	Committee to Elect John	n D. Riorda	n				
2.	New Treasurer*:	Christina E. Riordan						
		* A public employee may no	t serve as treas	surer of any poli	tical committee (	see below).		
2a.	Treasurer's Address:	12 Pendleton Road						
	City / State / Zip:	Sudbury	MA	01776	Phone #:	9784430054	E-mail: rior	dan4sudbury@gmail
3.	Committee Mailing A	Address: 12 Pendleton Ro	ad					
	City / State / Zip:	Sudbury	MA	01776	Phone #:	9784430054		
this may beha	iled accounts and reco office I become an app not serve as treasurer alf.	abject to certain duties and lerds of all campaign finance pointed public employee, I at of a political action commitmALTIES OF PERJURY:	activity for a must resign t ttee except a	a period of six his position ar s authorized b	years from the notify OCPF	date of the releva	nt election; 2) in: and 3) a cand	if after my acceptance of
FOI	R CANDIDATE CON	MITTEES ONLY						
I her	reby consent to the app NED UNDER THE PI	pointment of the new treasurent treasurent of the new treasurent t	rer of this co	a d.	Prin	nl,		Date: Feb. 15, 2019
			EFINITIO	ON OF A PUE	LIC EMPLO	YEE		

M.G.L. Chapter 55, Section 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.

### SELECTED EXTRACTS FROM M.G.L C. 55

### Section 3 requires the director to:

"assess a civil penalty for any [late filed] report ... of twenty-five dollars (\$25) per day .... [up to \$5,000 per report]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate; and in all other instances, the civil penalty shall be assessed against the treasurer of a political committee ....

Section 5 outlines statements of organization of political committees:

... Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid, or while the name and address of any of its officers or members, as originally or subsequently chosen, is not filed in accordance with the provisions of this section or chapter 52, as the case may be.

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election ....

No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents ....



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

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 01/	/01/2019 Ending Date: 03/08/2019
Type of Report: (Check one)  ☐ 8th day preceding preliminary  8th day preceding election	30 day after election year-end report dissolution
Jennifer Roberts	Committee to Elect Jennifer Roberts
Candidate Full Name (if applicable)	Committee Name
Board of Selectmen	Scott Christensen
Office Sought and District	Name of Committee Treasurer
14 Griffin Lane, Sudbury, MA 01776	14 Griffin Lane, Sudbury, MA 01776
Residential Address	Committee Mailing Address
Telephone Number (optional): 9196193256	Telephone Number (optional): 9084329124
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	0 0
Line 2: Total receipts this period (page 3, line 1	1) 856.16
Line 3: Subtotal (line 1 plus line 2)	856.16
Line 4: Total expenditures this period (page 5, li	ine 14) 756.16 3 50
Line 5: Ending Balance (line 3 minus line 4)	100.00 B CN
Line 6: Total in-kind contributions this period (p	page 6) O
Line 7: Total (all) outstanding liabilities (page 7	
Line 8: Name of bank(s) used:	zen Bank F 65 X
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee i Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 to the contribution of the contribution).	d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 03/18/19
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 activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting.  Candidate without Committee OR Candidate with independent activity filing and I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	separate report  the best of my knowledge and belief, a true and complete statement of all campaign  tts, in-kind contributions and liabilities for this reporting period and represents the  his committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	Color (Candidate's signature) Date: 03/18/19

### **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)
02/06/19	Leonard Simon, 40 Meadowbrook Circle, Sudbury, MA 01776	100	
	Jennifer Roberts		Jennifer Roberts
	14 Griffin Lane Sudbury, MA 01776 (paid out of pocket)	756.16	Director of Marketing Wingate Wealth Advisors
ine 9: Total Recei	pts over \$50 (or listed above)	856.16	
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	856.16	← 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)
			·
Line 9: Total Receip	ots over \$50 (or listed above)	856,16	
Line 10: Total Recei	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	856.16	← 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.

(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	nmittee name and a page number		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	A.G.E. Graphics, LLC	52231 State Route 248	Campaign Lawn Signs	
2/19/19		Long Bottom, OH 45743		705.0
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·				
		<u> </u>		
	·			
		1		
		Line 12: Total Expenditures of	over \$50 (or listed above)	705.00
		Line 13: Total Expenditures \$:	50 and under* (not listed above)	51.16
	Enter on nago 1 line 4 -	Line 14: TOTAL EXPENDI		
_			should include only those expenditures	756.16

<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			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
·				
				<u> </u>
			L	
		Line 12: Expenditures over \$50	(or listed above)	705.00
		Line 13: Expenditures \$50 and u	nder* (not listed shows)	
		Director Dapendrutes \$30 and u	ndor (not risted above)	51,16
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	756.16
If you have itam		, include them in line 12. Line 13 sh		

<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
	·			
		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 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

<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		
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)					



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI IVIASSACIIUS	icio	File with: City or Town Clerk or Election Commission
Fill in Re	eporting Period dates: Beginning Date:	9 Ending Date: 3.21.19
Type of I	Report: (Check one)	
		lay after election year-end report dissolution
	Candidate Full Name (if applicable)	Suplay Public School Committee Committee Name
	Sulary School Committee	Name of Committee Treasurer
	6 Meader Road	
	Residential Address	Committee Mailing Address
Telephone Ni	umber (optional):	one Number (optional):
	SUMMARY BALANCE INF	ORMATION:
	Line 1: Ending Balance from previous report	0
	Line 2: Total receipts this period (page 3, line 11)	290 = = =
	Line 3: Subtotal (line 1 plus line 2)	290 A BUN
	Line 4: Total expenditures this period (page 5, line 14)	<b>250</b>
·	Line 5: Ending Balance (line 3 minus line 4)	6 y
	Line 6: Total in-kind contributions this period (page 6)	O S S R R R R R R R R R R R R R R R R R
	Line 7: Total (all) outstanding liabilities (page 7)	0
	Line 8: Name of bank(s) used: BoA	
I certify that I activity, include finance activity. Signed under FOR CAN	committee Treasurer: have examined this report including attached schedules and it is, to the best of my known and it is is the best of my known and it is is the best of my known and it is is the best of my known and it is is the best of my known and it is is the best of my known and it is is the best of my known and it is is the best of my known and it is is the best of my known and it is is in the best of my known and it is is in the best of my known and it is is in the best of my known and it is is in the best of my known and it is in the best of my known and it is in the best of my known and it is it	ns and liabilities for this reporting period and represents the campaign with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 3-13-19
I certify the activity, of incurred a	hat I have examined this report including attached schedules and it is, to the best of my of all persons acting under the authority or on behalf of this committee in accordance vary liabilities nor made any expenditures on my behalf during this reporting period.	rith the requirements of M.G.L. c. 55. I have not received any contributions,
I certify the finance accampaign	the without Committee OR Candidate with independent activity filing separate repeat I have examined this report including attached schedules and it is, to the best of my stivity, including contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority of on binalf of this dommittee.	r knowledge and belief, a true and complete statement of all campaign ontributions and liabilities for this reporting period and represents the e in accordance with the requirements of M.G.L. c. 55.
Signed under	the penalties of perjury:	(Candidate's signature) 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.

(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)
2/27/17	Rida Tinter	790.00	RxC International
		·	
·			
			·
			·
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)	·	
	ECEIPTS IN THE PERIOD	L	← 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)
		·	
	·		
	·		
			·
			,
ne 9: Total Receip	ts over \$50 (or listed above)		
ne 10: Total Recei	ots \$50 and under* (not listed above)		
ne 11: TOTAL R	ECEIPTS IN THE PERIOD	290	← 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.

(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 no

report an expend	ntures. Please include your com	mittee name and a page number on	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/27/19	AGE Copies		signs	780,00
·		-	,	
:				
·				
				·
		Line 12: Total Expenditures ove	r \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	•	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	290 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 itemized above. Page 4

# **SCHEDULE B: EXPENDITURES (continued)**

Date Paid To Whom Paid (alphabetical listing) Address Purpose   Image: Control of the part of the paid (alphabetical listing) Address Purpose   Image: Control of the part of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing)   Image: Control of the part of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing)   Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing)   Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing)   Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing)   Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing)   Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing)   Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing)   Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabetical listing)   Image: Control of the paid (alphabetical listing) Image: Control of the paid (alphabe		4
	of Expenditure	Amount
	and the same	
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Line 12: Expenditures over \$50 (or listed abo	(A)	
Diffe 12. Expenditures over \$50 (of fisted 800	¥ <i>∨j</i>	
Line 13: Expenditures \$50 and under* (not lis	ted above)	
	L	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN TH	E 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
·				
	·			
·	·			
				·
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions S	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	٥

<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
	·			
·				
		·		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	6