

RACHEL L BANCROFT

Candidate Full Name (if applicable)

SELECTMEN - TOWN OF GEORGETOWN

Office Sought and District

135 CENTRAL ST GEORGETOWN

Residential Address

MA 01833

E-mail: bancroftdesign7@hotmail.com

Phone # (optional):

Committee Name

N/A

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

0

Line 3: Subtotal (line 1 plus line 2)

0

Line 4: Total expenditures this period (page 5, line 14)

0

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

0

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

0

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

0

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 my knowledge and belief, a true and complete statement of all campaign finance

Office Sought:

Residential Address: 10 Clark St.

City / State / Zip: Georgetown MA 01833

E-Mail Address: pdurkee@georgetownma.gov Phone Number: 978-352-5704

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, **including expenditures of my own funds**, or incur liabilities for any campaign-related purpose, **nor do I currently have any outstanding liabilities for prior campaign-related activity**. I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

- | | |
|--|------|
| 1. Ending balance from previous report | ZERO |
| 2. Total receipts for reporting period | ZERO |
| 3. Subtotal | ZERO |
| 4. Total Expenditures for reporting period | ZERO |
| 5. Ending balance | ZERO |

After filing this statement, **if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing**, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, **in the calendar year in which it is filed**, required by Chapter 55 of the Massachusetts General Laws.

Office Sought:

Board of Assessors

Residential Address:

5 Ambury St

City / State / Zip:

Georgetown MA 01833

E-Mail Address:

anderson @ georgetown.k12.ma.us

Phone Number:

978 490 9740

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, **including expenditures of my own funds**, or incur liabilities for any campaign-related purpose, **nor do I currently have any outstanding liabilities for prior campaign-related activity**. I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

- | | |
|--|------|
| 1. Ending balance from previous report | ZERO |
| 2. Total receipts for reporting period | ZERO |
| 3. Subtotal | ZERO |
| 4. Total Expenditures for reporting period | ZERO |
| 5. Ending balance | ZERO |

After filing this statement, if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period in the calendar year in which it is filed, required by Chapter 55 of the Massachusetts General Laws.

Residential Address:

137 ELM ST.

City / State / Zip:

GEORGETOWN

MA 01833

E-Mail Address:

SUSANKCLAY@GMAIL.COM

Phone Number:

978-352-6170

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, **including expenditures of my own funds**, or incur liabilities for any campaign-related purpose, **nor do I currently have any outstanding liabilities for prior campaign-related activity**. I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

- | | |
|--|------|
| 1. Ending balance from previous report | ZERO |
| 2. Total receipts for reporting period | ZERO |
| 3. Subtotal | ZERO |
| 4. Total Expenditures for reporting period | ZERO |
| 5. Ending balance | ZERO |

After filing this statement, **if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing**, and will file periodic campaign finance reports according to the statutory filing schedule.

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Office Sought:

Georgetown Peabody Library Trustee

Residential Address:

5 Monroe Street

City / State / Zip:

Georgetown, MA 01833

E-Mail Address:

sue.clohecy@verizon.net

Phone Number:

978-352-6367

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, **including expenditures of my own funds**, or incur liabilities for any campaign-related purpose, **nor do I currently have any outstanding liabilities for prior campaign-related activity**. I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

1. Ending balance from previous report	ZERO
2. Total receipts for reporting period	ZERO
3. Subtotal	ZERO
4. Total Expenditures for reporting period	ZERO
5. Ending balance	ZERO

After filing this statement, **if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing**, and will file periodic campaign finance reports according to the statutory filing schedule.

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Office Sought: Board of Water Commissioners
Residential Address: 4 West Street
City / State / Zip: Georgetown MA 01833
E-Mail Address: sking@danversma.gov Phone Number: 508-561-5221

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, **including expenditures of my own funds**, or incur liabilities for any campaign-related purpose, **nor do I currently have any outstanding liabilities for prior campaign-related activity**. I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

1. Ending balance from previous report	ZERO
2. Total receipts for reporting period	ZERO
3. Subtotal	ZERO
4. Total Expenditures for reporting period	ZERO
5. Ending balance	ZERO

After filing this statement, **if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing**, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, **in the calendar year in which it is filed**, required by Chapter 55 of the Massachusetts General Laws.

Office Sought:

Board of Selectmen

Residential Address:

2 Ordway St

City / State / Zip:

Georgetown, MA 01833

E-Mail Address:

daryle.lamonica@comcast.net

Phone Number:

7813661640

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, **including expenditures of my own funds**, or incur liabilities for any campaign-related purpose, **nor do I currently have any outstanding liabilities for prior campaign-related activity**. I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

- | | |
|--|------|
| 1. Ending balance from previous report | ZERO |
| 2. Total receipts for reporting period | ZERO |
| 3. Subtotal | ZERO |
| 4. Total Expenditures for reporting period | ZERO |
| 5. Ending balance | ZERO |

After filing this statement, **if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing**, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, **in the calendar year in which it is filed**, required by Chapter 55 of the Massachusetts General Laws.

Office Sought:

Residential Address: 18 Pillsbury Lane

City / State / Zip: Georgetown, MA 01833

E-Mail Address: nlawler@lelwd.com Phone Number: 9782654570

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, **including expenditures of my own funds**, or incur liabilities for any campaign-related purpose, **nor do I currently have any outstanding liabilities for prior campaign-related activity**. I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

- | | |
|--|------|
| 1. Ending balance from previous report | ZERO |
| 2. Total receipts for reporting period | ZERO |
| 3. Subtotal | ZERO |
| 4. Total Expenditures for reporting period | ZERO |
| 5. Ending balance | ZERO |

After filing this statement, **if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing**, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, **in the calendar year in which it is filed**, required by Chapter 55 of the Massachusetts General Laws.

Residential Address:

557 NORTH ST.

City / State / Zip:

GEORGETOWN

MA 01833

E-Mail Address:

kmcmanus@georgetownma.gov

Phone Number:

781-964-4342

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, **including expenditures of my own funds**, or incur liabilities for any campaign-related purpose, **nor do I currently have any outstanding liabilities for prior campaign-related activity**. I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

- | | |
|--|------|
| 1. Ending balance from previous report | ZERO |
| 2. Total receipts for reporting period | ZERO |
| 3. Subtotal | ZERO |
| 4. Total Expenditures for reporting period | ZERO |
| 5. Ending balance | ZERO |

After filing this statement, **if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing**, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, **in the calendar year in which it is filed**, required by Chapter 55 of the Massachusetts General Laws.

Office Sought:

Residential Address:

9 West Street

City / State / Zip:

Georgetown

MA 01833

E-Mail Address:

bobwatts01833@gmail.com

Phone Number:

978-314-4858

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, **including expenditures of my own funds**, or incur liabilities for any campaign-related purpose, **nor do I currently have any outstanding liabilities for prior campaign-related activity**. I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

- | | |
|--|------|
| 1. Ending balance from previous report | ZERO |
| 2. Total receipts for reporting period | ZERO |
| 3. Subtotal | ZERO |
| 4. Total Expenditures for reporting period | ZERO |
| 5. Ending balance | ZERO |

After filing this statement, **if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing**, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, **in the calendar year in which it is filed**, required by Chapter 55 of the Massachusetts General Laws.

Office Sought: School Committee
Residential Address: 6 Bussing Way
City / State / Zip: Georgetown, MA 01833
E-Mail Address: lachendroc@georgetown.k12.ma.us Phone Number: 5082409833

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, **including expenditures of my own funds**, or incur liabilities for any campaign-related purpose, **nor do I currently have any outstanding liabilities for prior campaign-related activity**. I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

1. Ending balance from previous report	ZERO
2. Total receipts for reporting period	ZERO
3. Subtotal	ZERO
4. Total Expenditures for reporting period	ZERO
5. Ending balance	ZERO

After filing this statement, **if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing**, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, **in the calendar year in which it is filed**, required by Chapter 55 of the Massachusetts General Laws.

This form is valid through December 31 of the year in which it was signed.

Charles D. Surface

Candidate Full Name (if applicable)

Town Moderator

Office Sought and District

2 Littles Hill Lane

Residential Address

E-mail: Davsurface@gmail.com

Phone # (optional):

The Surface Committee

Committee Name

Joseph Rooney

Name of Committee Treasurer

2 Littles Hill Lane

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

11.80

Line 2: Total receipts this period (page 3, line 11)

0

Line 3: Subtotal (line 1 plus line 2)

11.80

Line 4: Total expenditures this period (page 5, line 14)

0

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

11.80

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

0

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

500.00

Line 8: Name of bank(s) used: Salem Five

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign

