

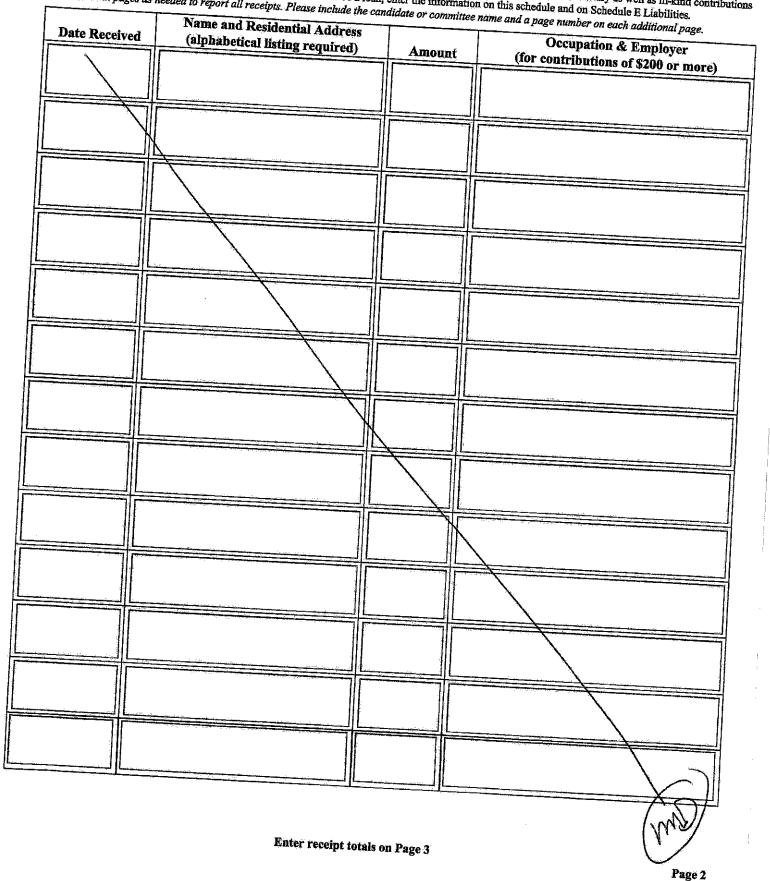
## Municipal Form

Office of Campaign and Political Finance RECEIVED
TOWN CLERKS OFFICE
GEORGETOWN, MA

File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: 5/28/2023 Ending Patgan 18/31/2023-4 Type of Report: (Check one) 8th day preceding preliminary ☐ 8th day preceding election 30 day after election year-end report dissolution Michael Donahue N/A Candidate Full Name (if applicable) Committee Name Georgetown School Committee N/A Office Sought and District Name of Committee Treasurer 2 Bartlett Court, Georgetown, MA 01833 N/A Residential Address Committee Mailing Address E-mail: michaeldonahuefor school committee.com E-mail: Phone #: donahue27.md@gmail.com Phone #: SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report **\$0.00** Line 2: Total receipts this period (page 3, line 12) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 15) Line 5: Ending Balance (line 3 minus line 4) \$0.00 Line 6: Total in-kind contributions this period (page 6, line 18) Line 7: Total (all) outstanding liabilities (page 7, line 19) Line 8: Total out-of-pocket expenses this period (page 8, line 22) N/A Line 9: Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Date: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with 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 that are not otherwise disclosed in this report. Candidate without 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, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c, 55. Signed under the penalties of perjurge Date: 1/9/2024 (Candidate's signature)

# SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

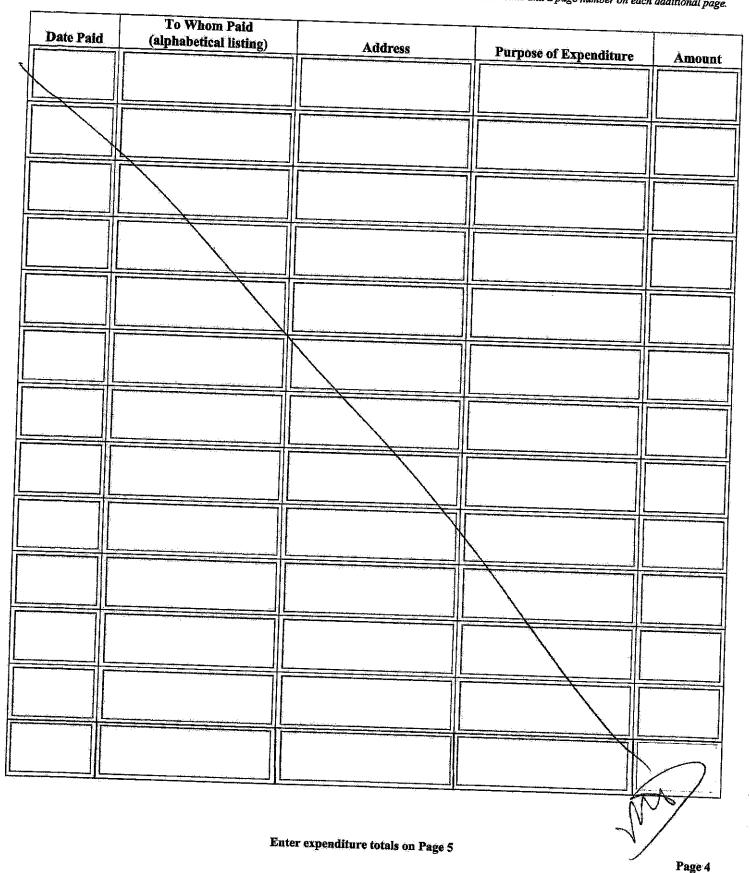


# **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ine 10: Total Receip	ots over \$50 (or listed above)		* If you have itemized receipts of \$50 and
Line 11: Total Receip	ots \$50 and under (not listed above)		under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL RI	ECEIPTS IN THE PERIOD		Enter on page 1, line 2

# SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.



## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Durnose of E	
	(mbumontan nama)	Audress	Purpose of Expenditure	Amount
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	and the second of the second o			
	Time and the second sec			
* If you have i	temized expenditures of \$50	Line 13: Expenditures over \$50	(or listed above)	
should include	ude them in line 13. Line 14 only those expenditures not			
ji	temized above.	Line 14: Expenditures \$50 and u	inder (not listed above)	
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDITI	URES IN THE PERIOD	
		L		AX
				Page 5

# SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and received of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
\$50 and under, ii	emized in-kind contributions of aclude them in line 16. Line 17	Line 16: In-Kind Contributions ov	er \$50 (or listed above)	
should include	only those expenditures not temized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONT	RIBUTIONS IN THE PERIOD	7X T

Page 6

## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line $7 \rightarrow$	Line 19: TOTAL OUTSTANI	DING LIABILITIES (ALL)	Page 7

## SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
and the same and adjust constitutions			
ine 20: Total Itemize or listed above)	d Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses
	ized Out-Of-Pocket Expenditures \$50 and		and under, include them in line 20. Line of should include only those expenditures not itemized above.
· · · · · · · · · · · · · · · · · · ·	OF-POCKET EXPENDITURES IN THE PERIOD  *Schedule E is not for b	pallot question con	Enter on page 1, line 8 Page 8



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

Fill in Reporting Period dates: Beginning Date: 4/22/2023 Ending Date: \$/28/2023  Type of Report: (Check one)  Sth day preceding preliminary Sth day preceding election Stody after election year-end report dissolution  Michael Donahue  Condition Condition State of
Sth day preceding preliminary   Sth day preceding election   750 day after election   year-end report   dissolution   Michael Donahuse   Candictes Hill Name (if applicable)
Sth day preceding preliminary   Sth day preceding election   70 day after election   year-end report   dissolution
Michael Donahuc  Candidate Hill Name III applicable)  School Comittee - Georgetown Public School  2 Sant Vicif Court - Other Singht and Dastrict Georgetown MA 1923  Review of Containing Residential Address  Review of Containing Residential Address  Review of Containing Residential Address  SumMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (fine 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)
Consider this Name (if applicable) School Comittee - Georgetown Public School 2 Box 1144 Compared to Office Scape and Statist Cases and A 4923 Residents Address Residents Add
Consider this Name (if applicable) School Comittee - Georgetown Public School 2 Box 1144 Compared to Office Scape and Statist Cases and A 4923 Residents Address Residents Add
Residential Address  Residenti
Residential Address  E-truit. mikedonahus-forschoolcommittes-stepmail.com  Phase = (optionali)
Residential Address  E-rail: mikedonahueforschoolcommittee@gmail.com  Phoce # (optionali:
**Phote # (optional): **Odnahuli
Phone # (optional)  SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (fine 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)
SUMMARY BALANCE INFORMATION:  Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)
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Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (fine 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)
Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (fine 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)
Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6)
Linc 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: Ctizens Bank Personal Account(s)
Affidavil of Committee Treasurer:  Lectify that I have exemined this report medicing anached schedules and it is to the hist of my knowledge and better a race and complete statement of all companys first activity, including all contributions. Lecta, receipts, expenditures, dishustantones, in hind committees and histories for this reporting praces and represents the company finance activity of all persons acting access the authority of un behalf of this eccumitate in accommon with the requirements of M.C.L. 5.75  [Treasurer's signature]
State of the state
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
Conditions with Committee  [Configuration of the examined this a pert including attached selectors and it is, to the tree of my knowledge and redief, a new and complete enterment of of anophing privacy, of all persons unling under the ambatity or on behalf as this committee in accordance with the requirements of M.C.L. v. 53. I have not rescribed any contributions for much way expenditures on my behalf their reporting period that are not otherwise dischard in this report.
Candidate without Committee    Candidate without Committee
Expendential of personal of personal (Consider Associated Association of personal (Consider Association Association (Consider Association Association (Consider As

### SCHEDULE A: RECEIPTS

M.C.L. c. 53 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)
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ine 9: Tota! Receipt	s over \$50 (or listed above)		
ine III: Total Receip	ts \$50 and under* (not fisted above)		NO
	CEAPTS IN THE PERIOD		tinter on page 1. line 2

# SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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in the second se			
		The state of the s	
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Line 9: Total Receipts over SSO (or listed above)			
The state of the s	cipts \$50 and under* (not listed above)  RECEIPTS IN THE PERIOD		← Enter on page 1. line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and reverds 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)	amittee name and a page number  Address	Purpose of Expenditure	Amount
5/2/2023	Meta	See Payment Summery	Facebok Advirtisement	\$20.00
/5/2-23	Staples	73 Tumpike Street, Nort Andover, MA 01845	Photocopies for Voter List	84.34
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		Line 12: Total Expenditures Line 13: Total Expenditures 5	over \$50 (or fisted above)  150 and under* (not listed above)	
	Enter on page 1, line 4 -	Line 14: TOTAL EXPEND	water the second of the second	104.37

<sup>\*</sup> If you have itemized expenditures of 550 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

## SCHEDULE R: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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				A STATE OF THE STA
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and produced to the second sec				
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The state of the s		Line 12: Expenditures over \$5	(or listed above)	
		Line 13: Expenditures \$50 and	<del>and the second specific tracks and the second second specific and the second s</del>	
	Timber sur minera ! Times A ->	Line 14: TOTAL EXPENDIT	and the state of t	Process of the control of the contro

<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 5

# 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 acided together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	V±lue
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	the state of the same of the same of the state of the state of the same of the			
Application of the control of the co				
Constitution of the consti				Weign species
Annual An				
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	
		Line 16: la-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1. line 6 -	Line 17: TOTAL IN-KIND C	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
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Cartago de Carta do C				
				Q <sub>i</sub> D
AND THE PROPERTY OF THE PROPER	linter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	



Noelle Donahue oplie0923@gmail.com>

## Fwd: Your Meta ads receipt (Account ID: 160895536851833)

1 mossage

Mike Donahue <mikedonahueforschoolcommittee@gmail.com>

Sun. Jun 4, 2023 at 7:16 PM

To: Needle-Construction (1997)

Pis print tomorrow

- Forwarded message ----

From: Meta for Business <advertise-norephy@support.fanebook.com>

Date: Fri, Jun 2, 2023, 6:41 AM

Subject: Your Meta ads receipt (Account ID: 160895536851833) To: Mike Donahue <mikedonahueforachcolcommittea@gmail.com>

## 00 Meta

Resided lov.

Mike Donahue (150895536851833)

Transactor ID: #265513693564907-12602176

### Payment summary

Amount in Bod

\$20.00 USD

Date maker

May 2, 2023, 12:00 AM - May 8, 2023, 11:59

PM

Hilling recessor

Ad spend since May 2,

Froduct type

Meta ads

2023.

Provided method MasterCard - 1317

Reference sumber 6 4R3Y5R7SS2

Carsting

Edwardin.

Amour:

Post 'By way of introduction, I am

Michael (Mike)..."

3.833

Impressions

\$20.00

Total

\$20,00

A SECTION FOR THE

Manage your ads

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Tou're now being billed by Meta Platforms Inc., formerly Facebook, Inc.

This is an automated message. Please do not reply. If you have questions about ads, you can det help. You can also manage your expall residuation bedings for this ad account.

Meta Phillippins, Inc., Anerdigo: Compressly Support, 1 Functions Viay, Media Press, CA 94025.



dawien... JAN 1 5 2024

# Municipal Form Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk	
Fill in Reporting Period dates: Reginning Date: January 10 6 111 916	uary 1, 2023 Ending Date: December 3	3/ *** /
Type of Report: (Check one)		11 9 6
<u>                                       </u>		
8th day preceding preliminary 8th day preceding election	☐ 30 day after election	dissolution
Charles D Surface	The Surface Committee	
Candidate Full Name (if applicable) Town Moderator	Committee Name	
Office Sought and District	Joseph Rooney	
2 Littles Hill Lane	Name of Committee Treasurer 2 Littles Hill Lane	
Residential Address E-mail: Davsurface@gmail.com	Committee Mailing Address	
Phone #: 781-504-5420	E-mail: Joe.rooney@verizon.net	
Filode #: 101-304-3420	Phone #:	
CYLAGALDYLD		
SUMMARY BALANCE	E INFORMATION:	
Line 1: Ending Balance from previous report	11.80	]   ;
Line 2: Total receipts this period (page 3, line 12)	0	
Line 3: Subtotal (line 1 plus line 2)	11.80	]
Line 4: Total expenditures this period (page 5, line 15)	0,	
Line 5: Ending Balance (line 3 minus line 4)	11.80	]   .
Line 6: Total in-kind contributions this period (page 6, li	ine 18) 0	
Line 7: Total (all) outstanding liabilities (page 7, line 19	500.00	]
Line 8: Total out-of-pocket expenses this period (page 8,	line 22) 0	1
Line 9: Name of bank(s) used: Salem Five		Ī
ffidavit of Committee Treasurer:		
certify that I have examined this report including attached schedules and it is, to the best of stivity, including all contributions, loans, receipts, expenditures, disburgements, in-kind contained 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.		campaign finance the campaign
gned under the penalties of perjury:	(Treasurer's signature) Date: Jai	nuary 21, 2024
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only	:
Candidate with Committee		
I certify that I have examined this report including attached schedules and it is, to the be activity, of all persons acting under the authority or on behalf of this committee in accommodities nor made any expenditures on my behalf during this reporting persons acting the properties of the persons acting the persons		f all campaign finance ed any contributions,
Candidate without Committee		
I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this c		f all campaign represents the
gned under the penalties of perjury:	Doto: .lar	nuary 21, 2024
beneficios or herland.	(Candidate's signature)	

ear. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of an eagregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and eccived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

Ittach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	name and a page number on each additional page.  Occupation & Employer  (for contributions of \$200 or more)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Recei	pts over \$50 (or listed above)		* If you have itemized receipts of \$50 and
Line 11: Total Receip	pts \$50 and under (not listed above)		under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2
			Page 3

NI.G.L. c. 35 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				1. 1.
				:
	:			

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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* If you have and under incl	itemized expenditures of \$50 lude them in line 13. Line 14	Line 13: Expenditures over \$50 (	or listed above)	
should include	only those one will be and	Line 14: Expenditures \$50 and un	nder (not listed above)	
•		Line 15: TOTAL EXPENDITU		0

ind less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please nclude the candidate or committee name and a-page number on each additional page. Date Received From Whom Received\* **Residential Address Description of Contribution** Value \* If you have itemized in-kind contributions of Line 16: In-Kind Contributions over \$50 (or listed above) \$50 and under, include them in line 16. Line 17 should include only those expenditures not Line 17: In-Kind Contributions \$50 and under (not listed above) itemized above.

Enter on page 1, line 6 → | Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD

addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50

Date Incurred	To Whom Due	Address	Purpose	Amount
March 23, 2009	Charles D Surface	2 Little's Hill lane Georgetown, Ma 01833	Loan from Candidate	500
1				
- 177				
-				
190				
	Enter on page 1, line $7 \rightarrow 1$	Line 19: TOTAL OUTSTAND	ING LIABILITIES (ALL)	500

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
or listed above)	d Out-Of-Pocket Expenditures Over \$50 ized Out-Of-Pocket Expenditures \$50 and		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT-O	F-POCKET EXPENDITURES IN THE PERIOD	0:	← Enter on page 1, line 8  Page 8



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

Office of Campaign and Political Finance

Pursuant to M.G.L. Chapter 55: Type of Report: (Check One) Reporting Period: City or Town of: 8th day preceding preliminary/primary Beginning: ☐ 8th day preceding election etawon MMUDUXXXX 30th day following election (town or special) Ending: Please print or type all information except signatures. ☑ 20th day of January (Year-End report) (XXXX/QQ/WW) 12023

2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.

1. I certify that I am a candidate for or currently hold Municipal Office.

					he/61/1	2702	DATE	3. I certify tha
			Control		Hachel Liv Beneart	1/4/1/4/1/4/1/2015/	PRINT NAME	3. I certify that I do not have a political committee.
					a session	NOW US	SIGNATURE Signed under the penalties of perjury	
					iss Central Steet	16 CHESTUT ST.	RESIDENTIAL ADDRESS (Street and Number)	(
					Select Sent	CARRILLARIAS	OFFICE SOUGHT	, , , , , , , , , , , , , , , , , , ,



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

Office of Campaign and Political Finance

RECEIVED TOWN CLERKS OFFICE GEORGETOWN, MA

y or Town of:	Greorgetown	Please print or type all information, except signatures.
porting Period: Beginning:		Ending: 12/3//23
	(AXXX/CIC/MM)	/ (MM/DD/YYYY)
e of Report: (Check One)		
8th day preceding preliminary	8th day preceding preliminary/primary   8th day preceding election	☐ 30th day following election (town or special)
suant to M.G.L. Chapter 55:  1. I certify that I am a candida	nuant to M.G.L. Chapter 55:  1. I certify that I am a candidate for or currently hold Municipal Office.	The state of the s
<ol> <li>1 certify that I have not received any contribution</li> <li>I certify that I do not have a political committee.</li> </ol>	rived any contributions, made any expenditures political committee.	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.

						m 1 . Just C
						TOO DEWALL JX
						HUSCOSSOR



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

Office of Campaign and Political Finance

RECEIVED TOWN CLERKS OFFICE GEORGETOWN, MA

orting Period or Town of: De or getour 6 Pleas 9114 1 Cope to in home in except signatures. 2073

of Report: (Check One)			
h day preceding preliminary/primary 🔲 8th day preceding election	30th day followi	30th day following election (town or special)	📈 20th day of January (Year-End report)
ant 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.	res, or incurred any oblig	ations during this reporting period,	, and do not have a campaign fund in existenc
SIG: DATE PRINT NAME Signed under th	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	S OFFICE SOUGHT
· 31-23 Michael Anderson While	Will Orlens	5 Ambury st	BOA
		The state of the s	



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

Office of Campaign and Political Finance

TOWN CLERKS OFFICE GEORGETOWN, MA



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

Office of Campaign and Political Firance

RECEIVED
TOWN CLERKS OFFICE
GEORGETOWN, MA

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y or Town of:	GEORGE COUNT				2023 DEC 14	1023 DEC 14 AH 9: 09
porting Period:	Beginning:	00/00/00	Z	Ending:	\$2/00/20	
		(MM/DD/YYYY)	(XXX		, 7 ' (MM/I	DYYYYY)
e of Report: (Check One)	One)		:			
8th day preceding preliminary/primary	liminary/primary	☐ 8th day preceding election		30th day following election (town or special)		20th day of January (Year-End report)
suant to M.G.L. Chapter 55: 1. I certify that I am a candi 2. I certify that I have not re	ter 55: a candidate for or cur e not received any co	<ul> <li>nuant to M.G.L. Chapter 55:</li> <li>1. I certify that I am a candidate for or currently hold Municipal Office.</li> <li>2. I certify that I have not received any contributions, made any expend</li> </ul>	ce. nditures, or incu	nuant 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.	, period, εnd do not	have a campaign find in existence.
3. I certify that I do r	3. I certify that I do not have a political committee.	mm ttee.				

		3				12/6/23	DATE
						BRULE FRIED	PRINT NAME
						RIA	SIGNATURE Signed under the penalties of perjury
 Total Control of Contr						18 Lakericke De.	RESIDENTIAL ADDRESS (Street and Number)
	The state of the s					Phony BOARD	OFFICE SOUGHT



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

Office of Campaign and Political Finance

TOWN CLERKS OFFICE GEORGETOWN, MA

y or Town of: Georgetown	- Administra		2023 Offic artist of the fel Suprmation, except signatures.
porting Period: Beginning: 01012023	(MM/DD/YYYY)	Ending: 12312023	(MM/DD/YYYY)
e of Report: (Check One)			
8th day preceding preliminary/primary 8th day preceding election	preceding election	30th day following election (town or special)	20th day of January (Year-End report)
suant to M.G.L. Chapter 55:  1. I certify that I am a candidate for or currently hold Municipal Office.	Municipal Office.	or incurred any obligations during this reporting per	riod and do not have a campaion fund in existence.
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.	made any expenditures	, or incurred any obligations during this reporting per	riod, and do not have a campaign fund in existence.
	TOTAL	DECEMBER A PROPERTY AND PROPERT	

						46/2023	DATE
		en e			1 1	Peter Durkee	PRINT NAME
						Fet Durk	SIGNATURE Signed under the penalties of perjury
		Control of the Contro				10 Clark St.	RESIDENTIAL ADDRESS (Street and Number)
						Highway Surveyor	OFFICE SOUGHT



# Form CPF M 102: Campaign Fill 1020 DE (Report 11: 34 Municipal Form Office of Campaign and Political Finance

				File with: City or Town	Clerk or Elect	ion Commission
Fill in Reporting Period dates:	Beginning Date:		Ending D	Date: Dec 31, 20	023	
Type of Report: (Check one)						
_	8th day preceding election	☐ 30 day	after election	year-end repo	ort [] đị	ssolution
Harry LaCortiglia						
Candidate Full Name Pianning Board	(if applicable)			Committee Name		,
Office Sought au	d District	-}	Nan	ne of Committee Treasu	ırer	
144 Jewett St						
Residential A Imail: hlacortiqlia@qea	ddress orgetownma.gov	B-mail;	Co	mmittee Mailing Addre	53	
hone # (optional):	or derowrittier dos	11 -	optional):			
		I HOHO# (	optionaty.			
	SUMMARY BALANC	Œ INFO	RMATION:			202
Line 1: Ending Bala	ance from previous report				0	39
Line 2: Total receip	ts this period (page 3, line 11	)			0	2023 DEC -5
Line 3: Subtotal (lin	ae 1 plus line 2)				0	
Line 4: Total expen	ditures this period (page 5, lin	ne 14)			0	W 11: 31
Line 5: Ending Bala	ance (line 3 minus line 4)				0	င္ခ
Line 6: Total in-kin	d contributions this period (p	age 6)			0	
Line 7: Total (all) o	utstanding liabilities (page 7)				0	
Line 8:" Name of ba	nk(s) used: none					
Adavit of Committee Treasurer: ertify that I have examined this report includi- tivity, including all contributions, loans, receip ance activity of all persons acting under the au speed under the penalties of perjury:	ots, expenditures, disbursements, in-kind	contributions	and liabilities for this	reporting period and report M.G.L. c. 55.	presents the ca	
OR CANDIDATE FILINGS ONLY	/ • Affident of Condidator (charle the	or anisA		<u></u>		
Caudidate with Committee I certify that I have examined this report ine activity, of all persons acting under the authincurred any liabilities nor made any expension.	cluding attached schedules and it is, to th ority or on behalf of this committee in a	e best of my k	the requirements of	M.G.L. c. 55, Î have no		
Candidate without Committee 1 I certify that I have examined this report inc ifinance activity, including contributions, for campaign finance activity of all persons acti	luding attached schedules and it is, to th us, receipts, expenditures, disbursement	e best of my k s, in-kind cont	nowledge and belief, ributions and liabilitie	n true and complete state as for this reporting peri	od and represe . c. 55.	ats the
sued under the penalties of perjury:	My Klife		(Candidate's	Dat signature)	e: <u>Dec</u>	5, 2023
			··············			<u></u>



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

				File with: City or Town	Clerk or Election Commission
Fill in Reporting Period dates: Be	ginning Date:	05/08/2023	Ending I	Date: 12/31/	2023
Type of Report: (Check one)					
8th day preceding preliminary 8th da	y preceding election	☐ 30 day	after election	🔀 year-end repo	rt dissolution
David J. Twiss				44.4	
Candidate Full Name (if applicab	le)		<del></del>	Committee Name	
Georgetown Housing Authority		_			
Office Sought and District			Na	me of Committee Treasu	rer
19 Lakeshore Drive, Georgetown, MA 01833		_			**************************************
Residential Address			C	ommittee Mailing Addres	33
E-mail: dtwiss@georgetownma	i.gov	_     E-mail: _			
Phone # (optional):		Phone # (o	ptional):		
SUN	IMARY BALAN	ICE INFO	RMATION:		
Line 1: Ending Balance from	n previous report				TOWN R
Line 2: Total receipts this po	eriod (page 3, line 1	11)			CE C
Line 3: Subtotal (line 1 plus	line 2)		water the second		
Line 4: Total expenditures t	his period (page 5,	line 14)	:		OFFICE N. MA
Line 5: Ending Balance (lin	e 3 minus line 4)			A LANGE OF THE STATE OF THE STA	0
Line 6: Total in-kind contril	outions this period (	(page 6)			0
Line 7: Total (all) outstandi	ng liabilities (page	7)			0
Line 8: Name of bank(s) use	ed: 0				to deliberate property
Affidavit of Committee Treasurer: I certify that I have examined this report including attached activity, including all contributions, loans, receipts, expendifinance activity of all persons acting under the authority or	tures, disbursements, in-ki	ind contributions a	and liabilities for the ith the requirements	is reporting period and re s of M.G.L. c. 55.	presents the campaign
Signed under the penaltics of perjury:		<del></del>	( 1 reasurer	's signature)	
Candidate with Committee  I certify that I have examined this report including atta activity, of all persons acting under the authority or on incurred any liabilities nor made any expenditures on r	ched schedules and it is, to behalf of this committee i	o the best of my kin n accordance with	the requirements of	f M.G.L. c. 55. I have no	tement of all campaign finance of received any contributions,
Candidate without Committee  I certify that I have examined this report including atta finance activity, including contributions, loans, receipt campaign finance activity of all persons acting under the	s, expenditures, disbursem	ents, in-kind cont	ributions and liabili	ities for this reporting per	iod and represents the
Signed under the penalties of perjury:	2	<b></b>	(Candidate	e's signature)	te: 12/05/2023

2023 DEC -6 AM 8: 36



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

Georgetown			Prease print or t	spe all information, except signa
Beginning:	01/01/2023 (MM/DD/YYYY)	Ending:		
:k One)			My tree a manufacture processor on the same and the same	
preliminary/primary 🔲 8th d	ay preceding election	30th day following election (town	or special) 🔀 20th day o	f January (Year-End report)
im a candidate for or currently hol have not received any contribution	s, made any expenditures, or i			e a campaign fund in existenc
PRINT NAME				OFFICE SOUGHT
Daryle J. LaMonica	Daniel 1	To Plane 201	dway St	Board of Selectmen
and the second s				
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A Little was a file of the second of the sec				
	The state of the s			The state of the s
	Beginning:  :k One)  preliminary/primary	Beginning: 01/01/2023 (MM/DDAYYYY)  ik One)  preliminary/primary	Beginning: 01/01/2023 Ending:  (MM/DDYVY)  Ek One)  preliminary/primary	Beginning: 01/01/2023 Ending: 12/31/20 (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYY) (MM/DD/YYYYYY) (MM/DD/YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY



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

Office of Campaign and Political Finance

TOWN CLERKS OFFICE GEORGETOWN, MA

103 DEC 12 AM (8: 17)
Please print or type all information, except signatures.

City or Town of: CPOI & CTOWN  Reporting Period: Beginning: S/8/33 Ending: MM/DD/YYYY)  Pype of Report: (Check One)  Sth day preceding preliminary/primary Sth day preceding election Surgant 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 1 and 1 do not have a political committee.	itures, o	Ending:    AD AU   AU   AU   AU   AU   AU   AU   AU	MM/DD/YYYY)  (MM/DD/YYYY)  who or special)  20th day of January (Year-End report)  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
HARS Joanne Lout		304 North St	Planning Boars



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

Office of Campaign and Political Finance

RECEIVED TOWN CLERKS OFFICE GEORGETOWN, MA

2023 DEC 28 AM 8: 30

Please print or type all information, except signatures.

0	City or Town of:	SERGE TOWN	100		the man on afternoon sales suffer successions and the confine successions.
70	Reporting Period:	Beginning: //1/2023	3 MYNDDWYYYY	Ending: 12/31/23	(AAAA/CIGUNW)
7 [	THE STATE OF THE S		CHANGE TO SELECT		ANN X DI X E I I I
<u></u>	Type of Report (Check One)	eck One)			T
П	] 8th day precedin	8th day preceding preliminary/primary 3th day p	8th day preceding election 30th day following election (town	or special)	20th day of January (Year-End report)
של	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candi	uant to M.G.L. Chapter 55:  1. I certify that I am a candidate for or currently hold Municipal Office.	funicipal Office.		
	3. I certify that 1	2. I certify that I have not received any contributions, m 3. I certify that I do not have a political committee.	<ol> <li>I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this</li> <li>I certify that I do not have a political committee.</li> </ol>	gations during this reporting period, and do	reporting period, and do not have a campaign fund in existence.
T	DATE	PRINT NAME	SIGNATURE Signed grader the penalties of perjuy	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
	12/22/23	JEFF MCCLURE		6 HARRIS WAY	MATER COMMISSION
<u></u>					
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	10 10 10				
<del></del>					
-					



# Municipal Form Town CLERKS OFFICE Office of Campaign and Political Finance ORGETOWN, MA

of Massachusetts	2023 DEC 28 AM 6 30  File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	1:23 Ending Date: 12.31.23
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
NINA SHERWOOD	
Candidate Full Name (if applicable)	Committee Name
Georgetown Hausing auth. Tenant Rep. Office Sought and District  3 LAUREL LANE APT C  Georgetown Massidential Address 01833	Name of Committee Treasurer
3 LAUREL LANE APTC	
E-mail: NINOCHKA Z & YMail. COM	Committee Mailing Address E-mail:
Phone # (optional):	Phone # (optional):
CTIMBA ADV. DAT ANOT	E INFORMATION.
SUMMARY BALANC	E 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	e 14) - 0 -
Line 5: Ending Balance (line 3 minus line 4)	-0-
Line 6: Total in-kind contributions this period (page	ge 6) ~ ~ O ~
Line 7: Total (all) outstanding liabilities (page 7)	-0-
Line 8: Name of bank(s) used: NONE	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	conly)
activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the I finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	
Signed under the penalties of perjury: Miss a Sherward	(Candidate's signature) Date: 12.4.23



# Form CPF M 102-0: Campaign Finance Research VED Municipal Form GEORGETOWN, MA

Office of Campaign and Political Finance

2023 DEC 18 PM 12: 16

Please print or type all information, except signatures.

City or Town of:	Georgeraun		
Reporting Period: Beginning:	1/1/23 24/1/1	S Ending:	12/31/33
vne of Report: (Check One)			
2 F F ( +			
☐ 8th day preceding preliminary/primary ☐ 8th day preceding election	y	30th day following election (town or special)	20th day of January (Year-End report)
ursuant to M.G.L. Chapter 55:  1. I certify that I am a candidate for or currently hold Municipal Office	or currently hold Municipal Office		
<ol> <li>I certify that I have not received any contribution</li> <li>I certify that I do not have a political committee</li> </ol>	2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during the state of the process and trice of the state of the stat	ss, or incurred any obligations during this reporting per	this reporting period, and do not have a campaign fund in existence.
or a county man a do not have a pointe	761 COMMITTIESC.		

DATE PRINT NAME Signed under the penalties of perjury George V. Consular SIGNATURE RESIDENTIAL ADDRESS (Street and Number) OFFICE SOUGHT



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

Office of Campaign and Political Finance

RECEIVED
TOWN CLERKS OFFICE
GEORGETOWN, MA

yor Town of: GRORSelaw x	٤ )		2023 Dec 28 nt plane all information, except signatures
orting Period: Beginning:		Ending:	144 20 2024
	(MM/DD/YYYY)		(MM/DD/YYYY)
e of Report: (Check One)			
8th day preceding preliminary/primary 38th day preceding election	☐ 8th day preceding election	30th day following election (town or special)	exial) 20th day of January (Year-End report)
suant to M.G.L. Chapter 55:	The state of the s		)

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

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.

					127/23 Jahn J. Smolinsky	DATE PRINT NAME
					John & Shoul	SIGNATURE Signed under the penalties of perjury
					26 Wooden Rd. Cotty	RESIDENTIAL ADDRESS (Street and Number)
The state of the s					Light Commissioner	OFFICE SOUGHT