

Form CPF M 102: Campaign Finance Report

Municipal Form

RECEIVED
Office of Campaign and Political Finance GEORGETOWN, MA

of Massachuse	tts	2024 Math. Cov or flown-Clerk or Election Commission
Fill in Rep	porting Period dates: Beginning Date: Jan 1,	2022 Ending Date: May 1, 2022
Type of R	eport: (Check one)	
	preceding preliminary	30 day after election [] year-end report [] dissolution
- oil day	preceding premiumary S our day preceding election 1	30 day after election year-end report dissolution
Charles D.	Surface Candidate Full Name (if applicable)	The Surface Committee Committee Name
Town Mode		Joseph Rooney
	Office Sought and District	Name of Committee Treasurer
2 Littles Hil	Residential Address	2 Littles Hill Lane
E-mail:	Davsurface@gmail.com	Committee Mailing Address E-mail:
Phone #. (optio	na():	Phone # (optional):
	SUMMARY BALANCI	E 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	0 14)
	Line 5: Ending Balance (line 3 minus line 4)	11.80
	Line 6: Total in-kind contributions this period (page	ge 6) 0
	Line 7: Total (all) outstanding liabilities (page 7)	500.00
	Line 8: Name of bank(s) used: Salem Five	
I certify that I lactivity, includ- finance activity	ommittee Treasurer: have examined this report including attached schedules and it is, to the best of ling all contributions, loans, receipts, expenditures, disburgaments, in-kind or of all persons acting under the authority or on behalf of this committee in a the penalties of perjury:	of my knowledge and belief, a true and complete statement of all campaign finance outributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: May 1, 2022
FOR CANI	DIDATE FILINGS ONLY: Affidavit of Candidate: (officek 1 box	only)
1 certify the activity, or	the with Committee that I have examined this report including attached schedules and it is, to the fall persons acting under the authority or on behalf of this committee in acc my 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.
I certify th	tivity, including contributions, loans, receipts, expenditures, disbursements, finance activity of all persons acting under the authority of on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55.
Signed under	the penalties of perjury: Charles Duface	(Candidate's signature) Date: May 1, 2022

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 tall 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)
ine 9: Total Recei	ipts over \$50 (or listed above)	0	
10: Total Rece	cipts \$50 and under* (not listed above)	0	
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	0	← 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 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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Line 9: Total Rece	ipts over \$50 (or listed above)	0	
Line 10: Total Rece	eipts \$50 and under* (not listed above)	0	
\			1
Ime II: TOTAL	RECEIPTS IN THE PERIOD	l o	← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

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

Date Paid	To Whom Paid	mittee name and a page number on		4
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
1				
7 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
				the bire time at the polynomia beauty.
1		And the state of t		
\				
.	··			
		Line 12: Total Expenditures ove	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITUTE, include them in line 12. Line 13 she	IRES IN THE PERIOD	

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				7 AMOUNT
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			And a second	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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	·	Line 12: Expenditures over \$50	(or listed above)	
_		I ine 13: Evnenditures #50 - 1	32.46.1231.7.3	
		Line 13: Expenditures \$50 and u		
•	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDIT	IDECTATE DEDICA	

^{*} 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
	TOM WHOM RECEIVED	ACSIDENTIAL AGII CSS	Description of Controlation	vajue
·				
		Line 15: In-Kind Contributions	s 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 C	ONTRIBUTIONS	0

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

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.

e Incurred	To Whom Due	Address	Purpose	Amount
	Charles D Surface	2 Little's Hill Lane Georgetown, Ma 01833	Loan from Candidate	
Mar 23, 2009				500
7				
Approximate to the state of the				
T THE STATE OF THE				
After the second	ri menangan pangan pang			
		Line 18: TOTAL OUTSTAND		<u>L</u>



RECEIVED Form CPF M109: TOWN CLERKS OFFICE

Statement of Municipal Candidate GETOWN, MA Not Raising or Expending Campaign

Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk)

Peter Durkee	
Highway Surveyor	
10 Clark St.	
Georgetown	MA 01833
pdurkee@georgetownma.gov	978-352-5704
_	Highway Surveyor 10 Clark St. Georgetown

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.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature:



of Massachusetts

File with: Local Election Official (City or Town Clerk)

Form CPF M109:

RECEIVED TOWN CLERKS OFFICE GEORGETOWN, MA

Statement of Municipal Candidate Not Raising or Expending Campaign Funds 31 PM 1: 29

Office of Campaign and Political Finance

Candidate's Name:	Michael	Anderson			
Office Sought:	Board of	ASSESS OFS			
Residential Address:	5 Ambor	7 51			
City / State / Zip:	Georgetown	MA	0/833	· ·	
City / State / Zip: E-Mail Address: Cana	· · · · · · · · · · · · · · · · · · ·	1017-1 base 1617 MA. 42		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

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature: Date: 3-30-22



Form CPF M109. RECEIVED TOWN CLERKS OFFICE Statement of Municipal Gandidatevn, MA Not Raising or Expending Campaign Funds 2022 MAY -2 MIL: 23

Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk)

Candidate's Name:	SUSAN K. CLAY	
Office Sought:	LIBRARY TRUSTEE	
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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This form is valid through December 31 of the year in which it was signed.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature:

Date: 5/2/2022





Form CPF M109:

Statement of Municipal Candidate MAR 28 PH 12: 15 Not Raising or Expending Campaign Funds

Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk)

Candidate's Name:
Office Sought:

Residential Address:
City / State / Zip:

E-Mail Address:

Susan L. Clohecy

Georgetown Peabody Library Trustee

5 Monroe Street

Georgetown, MA 01833

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature:

M109 12/21



Form CPF M109:

RECEIVED TOWN CLERKS OFFICE GEORGETOWN, MA

Statement of Municipal Candidate Not Raising or Expending Campaign Funds - 2 PM 1: 07

Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk)

Candidate's Name:

Office Sought:

Residential Address:

City / State / Zip:

E-Mail Address:

Stephen M. King Jr.

Board of Water Commissioners

4 West Street

Georgetown

MA 01833

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:

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

SIGNED UNDER THE PENALTIES OF PERJURY:

te's signature:

rate: 0 / 2 / 2022



TOWN CLERKS OFFICE Form CPF M109EORGETOWN, MA

Statement of Municipal Candidate PH 12: 11 Not Raising or Expending Campaign Funds

Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk)

Candidate's Name:	Daryle J. LaMonica	
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:

i.	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.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature:

Date: 4-26-22



Form CPF M109:

RECEIVED TOWN CLERKS OFFICE

Statement of Municipal Candidate EORGETOWN, MA

Not Raising or Expending Campaign Funds

Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk)

Candidate's Name:	Nicholas Lawler	
Office Sought:	Electric Light Commission	
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

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Candidate's signature:

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Date: 5/2/2022



Form CPF M109: RECEIVED TOWN CLERKS OFFICE Statement of Municipal Canadiate NN, MA Not Raising or Expending Campaign Funds

Office of Campaign and Political Finance AN 10: 52

File with: Local Election Official (City or Town Clerk)

Candidate's Name:	KERRI A. MCMANUS	
Office Sought:	TOWN CLERK	
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

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature: Date: 4/28/20



RECEIVED Form CPF M109: TOWN CLERKS OFFICE

Form CPF M109: TOWN CLERKS OFFICE GEORGETOWN, MA

Not Raising or Expending Campaign Funds N 2: 13

Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk)

Candidate's Name:	Robert E Watts		
Office Sought:	Planning Board		
Residential Address:	9 West Street		
City / State / Zip:	Georgetown		MA 01833
E-Mail Address:	bobwatts01833@gmail.com	Phone Number:	978-314-4858
E-Man Address.		1 110110 140111001.	

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Date: February 10, 2022

M109 12/21



RECEIVED TOWN CLERKS OFFICE Form CPF M109 GEORGETOWN, MA

Statement of Municipal Randidate AM 10: 24 Not Raising or Expending Campaign Funds

Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk)

Candidate's Name:	Cheryl Lachendro	·
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:

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3. Subtotal	ZERO
4. Total Expenditures for reporting period	ZERO
5. Ending balance	ZERO

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SIGNED UNDER THE PENALTIES OF PERJURY:

hand Lachendro

M109 12/21