



Commonwealth
of Massachusetts

Form CPF M 102-0: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

Please print or type all information, except signatures.

City or Town of: LAKEVILLE

Reporting Period: Beginning: 03/30/2021 Ending: 05/05/2021 (MM/DD/YYYY) (MM/DD/YYYY)

Type of Report: (Check One)

☐ 8th day preceding preliminary/primary ☐ 8th day preceding election ☒ 30th day following election (town or special) ☐ 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

- 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.

DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1-5-21	Derek L. Maxson	Derek L. Maxson	43 Vaughan Street	BOH
9/5/21	Kenneth W. Upmason	Kenneth W. Upmason	4 Pinckney Ln	Cemetery Commission
1/5/21	John Flynn	John Flynn	35 Country Club Lane	Plan Bet
1/10/21	Sherrill F. Barnd	Sherrill F. Barnd	Cassam Circle	FLRSC
1-6-21	Joan M. Morton	Joan M. Morton	72 Highland Road	Cemetery Commission
1/8/2021	STEPHEN M. OWEN	Stephen M. Owen	48 Montecito St.	FLRSC
1/12/21	Lawrence E. Kopsa	Lawrence E. Kopsa	45 Freeman St	FLC
1/20/21	KATHRYN AGOSTINELLI	Kathryn Agostinelli	19 Settlers Dr.	Modena Park
2/10/21	PATRICK W. MARSHALL	Patrick W. Marshall	18 Bridge St	Library Trustee



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Received

Municipal Form

Office of Campaign and Political Finance

MAY -7 2021

Lakeville Town Clerk

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:	Beginning Date: 4/5/2021	Ending Date: 5/5/2021
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Type of Report: (Check one)

☐ 8th day preceding preliminary
 ☐ 8th day preceding election
 ☒ 30 day after election
 ☐ year-end report
 ☒ dissolution

NORA F CLINE _____ Candidate Full Name (if applicable) SELECTMAN _____ Office Sought and District 25 VAUGHAN ST _____ Residential Address E-mail: nfcline1@gmail.com _____ Phone # (optional): (774) 213-9343	WRITE IN NORA CLINE FOR SELECTMAN _____ Committee Name MAIRE PAULSEN _____ Name of Committee Treasurer 25 VAUGHAN ST - LAKEVILLE, MA 02347 _____ Committee Mailing Address E-mail: noraclineforselectman@gmail.com _____ Phone # (optional): (774) 213-9343
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SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,155
Line 2: Total receipts this period (page 3, line 11)	1,155
Line 3: Subtotal (line 1 plus line 2)	2,466.41
Line 4: Total expenditures this period (page 5, line 14)	-1,311.41
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: 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: [Signature] (Treasurer's signature) Date: 5/4/21

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 perjury: [Signature] (Candidate's signature) Date: 5/5/21

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)
2/25/2021	EDWARD CLINE DAYTON, OH	150.00	
2/26/2021	KAREN SCOTT BRENNAN RD BELLEFONTAINE, OH 43311	150.00	
2/25/2021	KELLER WILLIAM REALTY 27 VAUGHAN ST LAKEVILLE, MA 02347	100.00	
2/26/2021	MARY LUCAS WASHINGTON AVE BELLEFONTAINE, OH 43311	150.00	
2/20/2021	MARIE PAULSON 27 VAUGHAN ST LAKEVILLE, MA 02347	100.00	
3/2/2021	MICHELLE SORA PHOENIX, ARIZONA	30.00	
3/15/2021	SUSAN DONOVAN 25 VAUGHAN ST LAKEVILLE, MA 02347	150.00	
Line 9: Total Receipts over \$50 (or listed above)		830.00	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		325.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1155.00	

* 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
3/4/2021	CLEAR CHANNEL	STONEHAM, MA	BILLBOARD	1150.00
2/27/2021	STANDISH ENTERPRISE	LAKEVILLE, MA 02347	SIGNS AND BUTTONS	921.42
3/12/2021	STAPLES	RAYNHAM, MA 02767	POST CARDS, BROCHURES, POSTERS	169.99
3/12/2021	MISC UNDER 50.00	MISC UNDER \$50.00	FOOD	225.00
Line 12: Total Expenditures over \$50 (or listed above)				2241.4
Line 13: Total Expenditures \$50 and under* (not listed above)				225.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2466.41

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Received
MAY 17 2021
Lakeville Town Clerk

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: March 29, 2021 Ending Date: May 5, 2021

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

Lorraine A. Carboni

Candidate Full Name (if applicable)

Lakeville Board of Selectman, Lakeville, MA

Office Sought and District

34 Pickens Street, Lakeville, MA 02347

Residential Address

E-mail: lacarboni@comcast.net

Phone # (optional): 508-965-8312

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>170.28</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>-170.28</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u></u>

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: _____ (Treasurer's signature)

Date: _____

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 perjury: Lorraine A. Carboni (Candidate's signature)

Date: May 16, 2021

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)
Line 9: Total Receipts over \$50 (or listed above)		0	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		0	

* 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 Receipts over \$50 (or listed above)		0	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL 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 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
03/29/2021	Standish Enterprise 33 Bridge Street Lakeville, MA 02347	Standish Enterprise 33 Bridge Street Lakeville, MA 02347	Election Postcards	26.56
03/30/2021	United States Post Office	United States Post Office	Stamps	72
04/07/2021	Between the Roses Florist 330 Bedford Street Lakeville, MA 02347	Between the Roses Florist 330 Bedford Street Lakeville, MA 02347	Balloons for Election Day	47.81
05/11/2021	Standish Enterprise 33 Bridge Street Lakeville, MA 02347	Standish Enterprise 33 Bridge Street Lakeville, MA 02347	Election Business Cards	23.91
Line 12: Total Expenditures over \$50 (or listed above)				170.28
Line 13: Total Expenditures \$50 and under* (not listed above)				
<div style="display: flex; justify-content: space-between;"> Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD </div>				170.28

* 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)[illegible]

* 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)	<div>0</div>	
		Line 16: In-Kind Contributions \$50 & under (not listed above)	<div>0</div>	
Enter on page 1, line 6 →		Line 17: TOTAL IN-KIND CONTRIBUTIONS	<div>0</div>	

* 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
<div style="display: flex; justify-content: space-between; align-items: center;"> Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) </div>				0