

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

Office of Campaign and Political Finance

City or Town of:	LAKEVILLE						
		Please print	or type all inform	nation, except s	signatures.		
Fill in dates: Reporting Period B	Month eginning JAN.	, Day 1,	Year 2019	Ending_	MARCH	25,	2619
Type of Report: (C	Check One)						
			20th day of January (Year-End Report)				

Pursuant to M.G.L., Chapter 55:

- 1. I certify that I am a candidate for or hold Municipal Office.
- 2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- 3. I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/2/19	All	3 BAKERLEY 2	Assessor.
1/2/19	Th.	8 Pruscilla	BOH
1/7/19	nuncy a francon La Jan	e 401 Bedford St.	Library Trustee
1/7/19	A DO	10 Pine Ridge Drive	F-L Regional School Comm.
1/4/19	Lea Diane	11 Apple House Rd	Town clerk
1/1-119	Jan M. Morton	72 (Fighland Road	Cemetery Commission
1-24.19	Offer.	17 ALBERTA LANE	PARK COMMISSION
1/24/9	Usbeli King	18 Clark Rd	Treasure/Collector
2/7/19	Lattyre Goodfello	-19 SETTLERS DR.	MODERATOR
2/7/19	123	19 Setturs Drive	Finance
3/18/19	AB.	2 Strucker TR	Per fection SC
3/25/19	Ulabra a Binning	18 Clark Rd	Treas Collector
3/26/19	Joratha J. Pil	34 LAKESIGE AV.	ASSESSONS
			11/97



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

Office of Campaign and Political Finance

2019 MAR 22 AM 11: 06

<u></u>				File with	: City or Town Cler	k or Electi	on Commission
Fill in Reporting Period dates	Beginning Date:	January 1	, 2019	Ending Date:	March 25, 20	19	]
Type of Report: (Check one)							
8th day preceding preliminary	⊗ 8th day preceding electrons	ction 3	30 day after	election	ear-end report	diss	solution
Mark J	Knox						
Candidate Full N	ame (if applicable)			Com	mittee Name		
	ard						
000	ht and District			Name of Co	ommittee Treasurer		
8 / Merce	ial Address			2			
Telephone Number (optional):	۷. ۷		Jouleans M		Mailing Address		
	Pierce Ave		repnone Num	ber (optional):			
	SUMMARY BA	LANCE I	NFORM	ATION:			
Line 1: Ending I	Balance from previous repo	ort		L	I/A		
Line 2: Total rec	Line 2: Total receipts this period (page 3, line 11)				\$0		
Line 3: Subtotal	Line 3: Subtotal (line 1 plus line 2)				\$0		
Line 4: Total ex	Line 4: Total expenditures this period (page 5, line				\$0.		
Line 5: Ending I	Balance (line 3 minus line	4)			\$0		
Line 6: Total in-	kind contributions this per	riod (page 6	)		\$0		
	l) outstanding liabilities (p	age 7)			\$0.		
Line 8: Name of	bank(s) used:			N	A		
Affidavit of Committee Treasurer: I certify that I have examined this report inc activity, including all contributions, loans, re finance activity of all persons acting under the Signed under the penalties of perjury:	he authority or on behalf of this com	mittee in accord	dance with the	nd belief, a true and co bilities for this reportin requirements of M.G.I (Treasurer's signatur	g period and represe L. c. 55.	all campaig	gn finance npaign
Candidate with Committee and no activity, of all persons acting under the incurred any liabilities nor made any excandidate without Committee OR Com	ctivity independent of the committee t including attached schedules and it authority or on behalf of this commit expenditures on my behalf during this	ee t is, to the best of ittee in accordant reporting period	of my knowled ace with the red	quirements of M.G.L.	c. 55. I have not rec	eived any o	contributions,
I certify that I have examined this repor finance activity, including contributions campaign finance activity of all persons	including attached schedules and it i, loans, receipts, expenditures, disbu- s acting under the authority or on bel	t is, to the best of irsements, in-kin half of this comi	of my knowled and contribution mittee in accor	ge and belief, a true an ns and liabilities for the dance with the require	d complete statements reporting period and ments of M.G.L. c. 5	nt of all can nd represen 55.	npaign ats the
Signed under the penalties of perjury:	WIN			(Candidate's signatur	Date: [7	Mark	77 70

(Candidate's signature)



Signed under the penalties of perjury:

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

Office of Campaign and Political Finance

2019 MAR 25 PM 5: 59

Date: 3-25-1

(Candidate's signature)

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	anuary 1, 2019 Ending Date: March 25, 2019
Type of Report: (Check one)	
☐ 8th day preceding preliminary	n 30 day after election year-end report dissolution
JOSEPH M. FLEMMING	
Candidate Full Name (if applicable)	Committee Name
TREASURED COLLECTOR TOWN OF	€
Office Sought and District	Name of Committee Treasurer
11 COLLEGE DRING PARENIUE, ME	547
Residential Address	Committee Mailing Address
Telephone Number (optional): 508 947 1875	Telephone Number (optional):
SUMMARY BALA	NCE INFORMATION:
Line 1: Ending Balance from previous report	Ø
Line 2: Total receipts this period (page 3, line	11) Ø
Line 3: Subtotal (line 1 plus line 2)	Ø
Line 4: Total expenditures this period (page 5,	line 14) 253.54
Line 5: Ending Balance (line 3 minus line 4)	-253.54
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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-k finance activity of all persons acting under the authority or on behalf of this committe Signed under the penalties of perjury:	best of my knowledge and belief, a true and complete statement of all campaign finance cind contributions and liabilities for this reporting period and represents the campaign see in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	1 box only)
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is a	o the best of my knowledge and belief, a true and complete statement of all campaign finance
Candidate without Committee OR Candidate with independent activity filin	og separate report o the best of my knowledge and belief, a true and complete statement of all campaign



Signed under the penalties of perjury:

## Form CPF M 102: Campaign Finance Report

Office of Campaign and Political Finance

MAR 26 2019

of Massach	T A c
Fill in R	eporting Period dates: Beginning Date: January 1, 2019 Ending Date: March 25, 2019
See all course a	Report: (Check one)  y preceding preliminary   8th day preceding election 30 day after election year-end report dissolution
E	Candidate Full Name (if applicable)  Committee Name
	Office Sought and District  Name of Committee Treasurer
Telephone	Residential Address  Committee Mailing Address  Telephone Number (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 (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:
I certify that activity, incl finance activ	Committee Treasurer: 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 ding all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign by of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
	the penalties of perjury:(Treasurer's signature) Date:
Candid  I certify activity,	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)  te with Committee and no activity independent of the committee  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 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,  any liabilities nor made any expenditures on my behalf during this reporting period.
Candid I certify finance	te without Committee OR Candidate with independent activity filing separate report 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 ctivity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the infinance 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.

(Candidate's signature)