

Office of Campaign and Political Finance

Received

ILIN 1 6 2020

Fill in Re	eporting Period dates:	Beginning Date: Marc	-h 20, 2000		City or Town Cleri	k or Election Commission
		Degining Date: Marc	ch 30, 2020	Ending Date:	June 8, 2020 V	ille Town Clerk
Type of I	Report: (Check one)					
8th day	preceding preliminary 8	th day preceding election	30 day after	election y	ear-end report	dissolution
	Adam Lynch FINANCE COMMI	TTEE		Comm	nittee Name	
	18 Southworth Street, I	akeville		. Name of Co	mmittee Treasurer	
Talank	Residential Address	-		Committee	Mailing Address	
relephone Ni	umber (optional):		Telephone Numb	er (optional):		
	S	SUMMARY BALANC	TE INFORMA	TION.		
	Line 1: Ending Balance			dion:		7 -
	Line 2: Total receipts thi	is period (page 3, line 11	)	8		1
	Line 3: Subtotal (line 1 p	olus line 2)		8	33	]
	Line 4: Total expenditures this period (page 5, line 14)					
	Line 5: Ending Balance			6		
	Line 6: Total in-kind con			6		
	Line 7: Total (all) outstar	74 WAY VENEZIY - 1990		Ø.		]
	Line 8: Name of bank(s)	used:				7
certify that I had including the certify that I had including the certification in the certif	ommittee Treasurer: nave examined this report including attacing all contributions, loans, receipts, expert of all persons acting under the authority the penalties of perjury:	hed schedules and it is, to the best enditures, disbursements, in-kind of or on behalf of this committee in	accordance with the re	equirements of M.G.L.	c. 55.	campaign finance s the campaign
FOR CAND	DIDATE FILINGS ONLY: Affi	idavit of Candidate: (check 1 be	y anlah	(Treasurer's signature)	Date:	
Candidate I certify the activity, of	e with Committee and no activity indep at I have examined this report including a fall persons acting under the authority or ny liabilities nor made any expenditures o	pendent of the committee attached schedules and it is, to the	best of my knowledge	e and belief, a true and tirements of M.G.L. c.	complete statement of	of all campaign finance red any contributions,
Candidate  I certify the finance act	e without Committee OR Candidate wi at I have examined this report including a rivity, including contributions, loans, rece finance activity of all persons acting under	th independent activity filing separtached schedules and it is, to the	parate report best of my knowledge	and belief, a true and	complete statement	of all compoien
	he penalties of perjury:	CHE		(Candidatala signatura)	Data: L.	1/.



Office of Campaign and Political Finance

Received

APR 16 2020

Fill in Donasti D. : 1.1	File with: City or Town Clerk or Election Commission		
Fill in Reporting Period dates: Beginning Date: Janua	ry 1, 2020 Ending Date: March 30, 2020 Own Clerk		
Type of Report: (Check*one)			
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution		
Scott W Holmes			
Candidate Full Name (if applicable)	Committee Name		
PARIL COMMISSIONER	The state of the s		
Office Sought and District	Name of Committee Treasurer		
LINGMAN ST			
Residential Address	Committee Mailing Address		
Telephone Number (optional): 508 - 946 -5356	Telephone Number (optional):		
SUMMARY BALANCE	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	14) 0		
Line 5: Ending Balance (line 3 minus line 4)	O		
Line 6: Total in-kind contributions this period (page	e 6) 6		
Line 7: Total (all) outstanding liabilities (page 7)	0		
Line 8: Name of bank(s) used:	NA		
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 confinance activity of all persons acting under the authority or on behalf of this committee in according under the penalties of perjury:	cordance with the requirements of M.G.L. c. 55.		
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box o	(Treasurer's signature) Date:		
Candidate with Committee and no activity independent of the 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 accor incurred any liabilities nor made any expenditures on my behalf during this reporting pe	est of my knowledge and belief, a true and complete statement of all campaign finance rdance with the requirements of M.G.L. c. 55. I have not received any contributions,		
Candidate without Committee OR Candidate with independent activity filing sepan I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this contributions.	rate report st of my knowledge and belief, a true and complete statement of all campaign		
igned under the penalties of perjury:	(Candidate's signature) Date: 3/28/21		



Office of Campaign and Political Finance

JUN 15 2020

of Massachusetts			F7 - 14	المالم لمالمال	kleeTown Clerk
Fill in Reporting Period dates:	Beginning Date:	March 30, 2020	Ending Date:	June 8, 2020	k or Election Commissio
Type of Report: (Check one)  ☐ 8th day preceding preliminary	⊗ 8th day preceding electrons	ction 30 day a	after election	/ear-end report	dissolution
Scott Ho PARK COMM 54 Kingman Stre	MISSION eet, Lakeville			mittee Name	
Residential	Address		Committee	: Mailing Address	
Telephone Number (optional):		Telephone N	Jumber (optional):		
	SUMMARY BAI	LANCE INFOR	MATION:		
Line 1: Ending Ba	alance from previous repo	ort		0	٦ :
Line 2: Total rece	ipts this period (page 3, li	ine 11)		0	
Line 3: Subtotal (l	ine 1 plus line 2)			0	
Line 4: Total expe	enditures this period (page	e 5, line 14)		0	
Line 5: Ending Ba	lance (line 3 minus line 4	4)		(A)	7
Line 6: Total in-ki	nd contributions this peri	od (page 6)		0	<b>1</b>
Line 7: Total (all)	outstanding liabilities (pa	age 7)		0	Ī
Line 8: Name of ba	ank(s) used:	NA			
Affidavit of Committee Treasurer:  certify that I have examined this report includ activity, including all contributions, loans, receivance activity of all persons acting under the signed under the penalties of perjury:	ing attached schedules and it is, to ipts, expenditures, disbursements, authority or on behalf of this comm	the best of my knowledg in-kind contributions and nittee in accordance with	e and belief, a true and con liabilities for this reporting the requirements of M.G.L	nplete statement of al g period and represen . c. 55.	I campaign finance ts the campaign
FOR CANDIDATE FILINGS ONL	V· Affidavit of G		(Treasurer's signature	Date:	
Candidate with Committee and no activ  I certify that I have examined this report in activity, of all persons acting under the aut incurred any liabilities nor made any exper	ity independent of the committee acluding attached schedules and it i hority or on behalf of this committee aditures on my behalf during this re	es, to the best of my know the in accordance with the eporting period.	rledge and belief, a true and requirements of M.G.L. c.	complete statement 55. I have not received	of all campaign finance ved any contributions,
Candidate without Committee OR Cand I certify that I have examined this report in finance activity, including contributions, lo campaign finance activity of all persons act	lidate with independent activity full	filing separate report s, to the best of my know	ledge and belief, a true and tions and liabilities for this cordance with the requirem	complete statement reporting period and nents of M.G.L. c. 55	of all campaign represents the

(Candidate's signature)

Date:



Chy or Town of:	f: Lakeville			Please print or type all information, except signatures.
Reporting Period:	od: Beginning:	CLACACOE/TO/TO	Ending:	03/20/2020 03/20/2020
Type of Report: (Check One)	(Check One)			
Sub day prec	8th day preceding preliminary/primary	⊗ 8th day preceding election	30th day following election (town or special)	ecial) 20th day of January (Year-End report)
Pursuant to M.G 1. I certify th 2. I certify th 3. I certify th	1. I certify that I have not received any contribution 3. I certify that I do not have a political committee.	I certify that I have not received any contributions, made any expenditures.  I certify that I have not received any contributions, made any expenditures.	or incurred any obligations during this repor	eriod, and
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	TURE RESIDENTIAL ADDRESS enalties of perjury (Street and Number)	ADDRESS OFFICE SOUGHT
3/30/2020	Jesse L Medford		47 Highland Rd.	Assessor
				SOSO H
				3338 31,711 06 9A
	*			
				FG:



Office of Campaign and Political Finance

Received

OI Wassacht			File with	City and Town Till Com
Fill in R	Reporting Period dates: Beginning Date: Marc	h 30, 2020	Ending Date:	June 8, 2020
Type of	Report: (Check one)			
8th da	ay preceding preliminary 🔀 8th day preceding election	30 day afte	er election y	ear-end report dissolution
	Jesse Medford		Comm	nittee Name
L	BOARD OF ASSESSORS			
	47 Highland Road, Lakeville	Name of Committee Treasurer		
	Residential Address	-		
Telephone N	Number (optional): 508-333-1979			Mailing Address
	5 0 8 - 3 73 - [4 14	Telephone Num	iber (optional):	
	SUMMARY BALANC	E INFORM	ATION:	
	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)		W.	
E.	Line 4: Total expenditures this period (page 5, line	e 14)	Ø	
	8- 6- 197	´ <u> </u>		
	Line 5: Ending Balance (line 3 minus line 4)		<b>Ø</b>	
	Line 6: Total in-kind contributions this period (page	ge 6)	Ø	
	Line 7: Total (all) outstanding liabilities (page 7)		Ø	
	Line 8: Name of bank(s) used:	NA		
Affidavit of C	Committee Treasurer:			
I certify that I activity, include	have examined this report including attached schedules and it is, to the best of ding all contributions, loans, receipts, expenditures, disbursements, in-kind or try of all persons acting under the authority or on behalf of this committee in a	of my knowledge ar	nd belief, a true and combilities for this reporting	plete statement of all campaign finance period and represents the campaign
	the penalties of perjury:	ccordance with the	requirements of M.G.L.	c. 55.
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)	(Treasurer's signature)	Date: 6-8-2020
Candidat I certify the activity, of incurred a	te with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to the tof all persons acting under the authority or on behalf of this committee in according to the schedules are proposed in the schedules.	best of my knowled ordance with the rec period.	ge and belief, a true and quirements of M.G.L. c.	complete statement of all campaign finance 55. I have not received any contributions,
Candidat I certify the finance ac	te without Committee OR Candidate with independent activity filing sep hat I have examined this report including attached schedules and it is, to the letivity, including contributions, loans, receipts, expenditures, disbursements, finance activity of all persons acting under the authority or on behalf of this	arate report cest of my knowled	ge and belief, a true and as and liabilities for this dance with the requireme	complete statement of all campaign reporting period and represents the ents of M.G.L. c. 55
	the penalties of perjury:			D 1 / C/ 1



Candidate with Committee and no activity to day

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

Fill in Reporting Period dates: Beginning Date: Janu	ary 1, 2020	Ending Date:	March 30, 20		cion Commission
Type of Report: (Check one)					
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day afte	er election y	ear-end report	☐ dis	ssolution
Michele T. MacEachem					
Candidate Full Name (if applicable)		Comn	nittee Name		
Pranning Board Office Sought and District					
99 County Street		Name of Con	mmittee Treasurer		
Residential Address		Committee	Mailing Address		
Telephone Number (optional): 774-222-0518	Telephone Number (optional):				
SUMMARY BALANC	E INFORM	ATION:			
Line 1: Ending Balance from previous report		0		Rec	eived
Line 2: Total receipts this period (page 3, line 11)		0		WAR :	3 0 2020
Line 3: Subtotal (line 1 plus line 2)		0	Lak	eville	Town Cler
Line 4: Total expenditures this period (page 5, lin	e 14)	0		<b>i</b>	.*
Line 5: Ending Balance (line 3 minus line 4)		0			
Line 6: Total in-kind contributions this period (pa	ge 6)			<del> </del>	
Line 7: Total (all) outstanding liabilities (page 7)		0		<b>=</b>	
Line 8: Name of bank(s) used:				7	
ffidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best tivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in a	of my knowledge a	nd belief, a true and com	plete statement of a period and represer	Il campaig	n finance
igned under the penalties of perjury:	ccordance with the	requirements of M.G.L.  (Treasurer's signature)	c. 55.		



Office of Campaign and Political Finance

of Massach				File with	n: City or Town Clerk	or Election Co.
rill in R	Reporting Period dates:	Beginning Date:	March 30, 2020	Ending Date:	June 8, 2020	n Election Commissi
	Report: (Check one) ay preceding preliminary	8th day preceding ele	ction 30 day aft	er election \( \sum_{\subset} \)	ear-end report	dissolution
Telephone	Michele MacE PLANNING B 99 County Street,  Residential Add	OARD Lakeville		Name of Co	mittee Name  mmittee Treasurer  Mailing Address	
	779-	222-0518	Telephone Nu	mber (optional):		
		SUMMARY BAI	LANCE INFORM	IATION:		
	Line 1: Ending Balar				0	
	Line 2: Total receipts	s this period (page 3, 1	ine 11)		0	
Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line					0	
			e 5, line 14)		Ô	
	Line 5: Ending Balar	ce (line 3 minus line 4	4)		0	
	Line 6: Total in-kind	contributions this peri	od (page 6)		D	
	Line 7: Total (all) our	standing liabilities (pa	age 7)		0	
63	Line 8: Name of bank	x(s) used: N/	A			
certify that I ctivity, inclu- nance activit	Committee Treasurer: have examined this report including ding all contributions, loans, receipts, ty of all persons acting under the auth	attached schedules and it is, to expenditures, disbursements, ority or on behalf of this comm	the best of my knowledge a in-kind contributions and hi ittee in accordance with the	and belief, a true and com abilities for this reporting e requirements of M.G.L.	aplete statement of all c.	ampaign finance
ignen under	the penalties of perjury:  DIDATE FILINGS ONLY:			(Treasurer's signature		
Candida I certify to activity, of incurred a	te with Committee and no activity in that I have examined this report include of all persons acting under the authorian any liabilities nor made any expenditu	ndependent of the committee ling attached schedules and it it ty or on behalf of this committe tres on my behalf during this re	s, to the best of my knowle ee in accordance with the re	dge and belief, a true and equirements of M.G.L. c.	complete statement of 55. I have not received	all campaign finance
Candidate  I certify the finance as	te without Committee OR Candida hat I have examined this report include ctivity, including contributions, loans, a finance activity of all persons acting	te with independent activity in ling attached schedules and it is receipts, expenditures, disbur- under the authority or on beha	filing separate report s, to the best of my knowled	dge and belief, a true and	complete statement of	
gned under	the penalties of perjury:	cehis Mar &		7. P. C. L. S. Black C. M. 19	D	10/-

Date:



Office of Campaign and Political Finance

MAR 3 1 2020

Date: 3/30/2020

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: January 1	File with: City or Town Clerk or Election Commission  1, 2020 Ending Date: March 30, 2020
Type of Report: (Check-one)	
Sth day preceding proliminant	30 day after election year-end report dissolution
Christopher D. Spratt Candidate Full Name (Fapplicable)	
Bourd of Health number	Committee Name
Office Sought and District	Name of Committee Treasurer
132 Howland Rd. Lakeville, MA 02347	of Committee Header
Residential Address	Committee Mailing Address
Telephone Number (optional): 518-728-5928	elephone Number (optional):
SUMMARY BALANCE II	NFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	D
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best of my activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in accordance.	knowledge and belief, a true and complete statement of all campaign finance utions and liabilities for this reporting period and represents the campaign ance with the requirements of M.G.L. c. 55.
organic under the penalties of perjury:	(Treasurer's signature) Date:
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to the best of activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period.	f my knowledge and belief, a true and complete statement of all campaign finance ce with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-king campaign finance activity of all persons acting under the authority or on behalf of this commi igned under the penalties of perjury:	my knowledge and belief, a true and complete statement of all campaign



Type of Report: (Check one)  Sth day preceding preliminary   Sth day preceding election   Christopher D. Spratt  BOARD OF HEALTH  132 Howland Road, Lakeville	Date: June 8, 2020  O day after election  year-end report  dissol	lutior
8th day preceding preliminary 8th day preceding election 30  Christopher D. Spratt  BOARD OF HEALTH		lutior
Christopher D. Spratt BOARD OF HEALTH		lution
BOARD OF HEALTH	Committee Name	
BOARD OF HEALTH	Committee Name	
132 Howland Road, Lakeville	081/16	
	Dace	
	Name of Committee Treasurer	7
Residential Address	Committee Mailing Address whone Number (optional):	CV
elephone Number (optional):	Committee Mailing Address  phone Number (optional):	
SUMMARY BALANCE INF	FORMATION:	
Line 1: Ending Balance from previous report	0	
Line 2: Total receipts this period (page 3, line 11)	0	
Line 3: Subtotal (line 1 plus line 2)	0	
Line 4: Total expenditures this period (page 5, line 14)	9	
Line 5: Ending Balance (line 3 minus line 4)		
Line 6: Total in-kind contributions this period (page 6)	0	
Line 7: Total (all) outstanding liabilities (page 7)	0	
Line 8: Name of bank(s) used:		
davit of Committee Treasurer:  tify that I have examined this report including attached schedules and it is, to the best of my knowity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribution accordance activity of all persons acting under the authority or on behalf of this committee in accordance.	owledge and belief, a true and complete statement of all campaign fin	nance
ned under the penalties of perjury:	with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:	100
R 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, to the best of my activity, of all persons acting under the authority or on behalf of this committee in accordance we incurred any liabilities nor made any expenditures on my behalf during this reporting period.	y knowledge and belief, a true and complete statement of all campaig with the requirements of M.G.L. c. 55. I have not received any contri	gn fina ibution
Candidate without Committee OR Candidate with independent activity filing separate rep. I certify that I have examined this report including attached schedules and it is, to the best of my finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind or campaign finance activity of all persons acting under the authority or on behalf of this committee.	y knowledge and belief, a true and complete statement of all campaig	gn e



Commonwealth of Massachusetts

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

File with: Director Office of Campaign and Political Finance One Ashburton Place Rm. 411 Boston, MA 02108 (617) 979-8300

CPF ID# 17375

Reporting Period: Beginning: 1/1/2020 Ending: 3/30/2020	
Type of Report: 2020 Pre-election Report	
Day, Brian Alan  Full Name of Candidate  Municipal, Local Filer  Office Sought/ District  8 Elders Pond Drive	Committee Name  Name of Committee Treasurer
Lakeville, MA 02347-1735  Residential Address	Committee Address

SUMMARY BALANCE INFORMATION	
Ending balance from previous report:	
Cotal receipts this period:	\$1,187.49
Subtotal:	\$0.00
otal expenditures this period:	\$1,187.49
inding Balance:	\$0.00
Newscare	\$1,187.49
otal inkind contributions this period:	\$0.00
otal out of pocket spending this period:	30,000
otal outstanding liabilities:	\$0.00
ame of Bank Used:	\$2,490.00

#### 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, inkind 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 (in int), candidate	only.
	Date

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, and 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.

Candidate without Committee OR candidate with independent activity filing separate report.

f certify that I have examined this report and 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,

disbursements, inkind 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.E. CEIVED Signed under the penalties of perjury:

3/36/2020



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

RECEIVED

CPF ID#812825

LAKEVILLE TOWN CLERK

File with: Director Office of Campaign and Political Finance One Ashburton Place Rm. 411 Boston, MA 02108 (517) 979-8300

Reporting Period:	Beginning:	3/31/2020	Ending:	6/8/2020	
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Type of Report: 2020 Pre-election Report

Day, Brian Alan

Full Name of Candidate

Municipal, Local Filer

Office Sought/ District

8 Elders Pond Drive Lakeville, MA 02347-1735

Residential Address

Committee Name

Name of Committee Treasurer

Committee Address

SUMMARY BALANCE INFORMATION Ending balance from previous report: \$1,187,49 Total receipts this period: \$0.00 Subtotal: \$1,187.49 Total expenditures this period: \$913.32 Ending Balance: \$274.17 Total inkind contributions this period: \$0.00 Total out of pocket spending this period: \$0.00 Total outstanding liabilities: \$2,000.00 Name of Bank 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, inkind 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:

Not applicable,	can di dete	only.		
The state of the s		16	Date	

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, and 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. Candidate without Committee OR candidate with independent activity filing separate report.

I certify that I have examined this report and 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, disbursements,

inkind 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:

Candidate's signature (in ink)



Till: T		File with: City	T. Cl. 1
Fill in Reporting Period dates: Beginning Date:	invary 1	Ending Date	Town Clerk or Election Commiss
Type of Report: (Check one)			
8th day preceding preliminary 8th day preceding election	☐ 30 day	after election year-end	l report dissolution
PIACL	7		
Candidate Full Name (if applicable)		NIA	
Selectman		Committee Na	me
Office Sought and District	-	8	
102 Main Street Lakeville, MA 02347		Name of Committee	Treasurer
E-mail: Ritagarbittegmail.com	E-mail:	Committee Mailing	Received
Phone # (optional): 774-766-8376	Phone # (o)	ptional):	c 2020
			MAR 2 6 2020
SUMMARY BALANC	CE INFOR	PMATION.	Lakeville Town Ch
1		dimilion.	Lakeville
Line 1: Ending Balance from previous report		-0-	
Line 2: Total receipts this period (page 3, line 11)	) [	\$200,93	
Line 3: Subtotal (line 1 plus line 2)		\$200 93	
Line 4: Total expenditures this period (page 5, line	e 14)	\$200.93	
Line 5: Ending Balance (line 3 minus line 4)		-0-	
Line 6: Total in-kind contributions this period (pag	ge 6)	-0-	
Line 7: Total (all) outstanding liabilities (page 7)		-0-	
Line 8: Name of bank(s) used: Eastern B	bank		
affidavit of Committee Treasurer:			
certify that I have examined this report including attached schedules and it is, to the best of civity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contains a civity of all persons acting under the authority or on behalf of this committee in action of the committee in action of	of my knowledg	ge and belief, a true and complete state	ment of all campaign finance d represents the campaign
igned under the penalties of perjury:			Date:
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 beactivity, of all persons acting under the authority or on behalf of this committee in acconnected any liabilities nor made any expenditures on my behalf during this reporting persons.	pest of my know ordance with the period that are n	rledge and belief, a true and complete e requirements of M.G.L. c. 55. I have of otherwise disclosed in this report.	statement of all campaign finance not received any contributions,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this contributions.	est of my know	rledge and belief, a true and complete :	statement of all campaign period and represents the
gned under the penalties of perjury: Atta a. Garles	H acc	cordance with the requirements of M.C	Oate: 3/25/19



Fill in Re	porting Period dates: Beginning Date: Man	rch 30, 20:	File with: City or Town Clerk or Election Comm  20 Ending Date: June 8, 2020
Type of R	deport: (Check one)		
☐ 8th day	preceding preliminary Sth day preceding election	☐ 30 d	ay after election year-end report dissolution
Rita A. Gar	bitt		
Selectman	Candidate Full Name (if applicable)	-	Committee Name
102 Main St	Office Sought and District reet, akeville, MA 02347	-	Name of Committee Treasurer
E-mail:	Residential Address Ritagarbitt@gmail.com	E-mail:	Committee Mailing Address 2020
Phone # (option	nal): 774-766-8376	-	(optional): Lakeville Town Cler
	SUMMARY BALANC	CE INFO	DRMATION:
	Line 1: Ending Balance from previous report		-0-
	Line 2: Total receipts this period (page 3, line 11)	)	\$200.93
	Line 3: Subtotal (line 1 plus line 2)		\$200.93
	Line 4: Total expenditures this period (page 5, lin	e 14)	#200.93
	Line 5: Ending Balance (line 3 minus line 4)		-0-
	Line 6: Total in-kind contributions this period (pa	ge 6)	-0-
	Line 7: Total (all) outstanding liabilities (page 7)		-0-
L	Line 8: Name of bank(s) used:		
rtify that I have vity, including nce activity of ned under the	mittee Treasurer: e examined this report including attached schedules and it is, to the best of all contributions, loans, receipts, expenditures, disbursements, in-kind or all persons acting under the authority or on behalf of this committee in a penalties of perjury:	ccordance w	edge and belief, a true and complete statement of all campaign finance and liabilities for this reporting period and represents the campaign ith the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date:
	DATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)	
I certify that I activity, of all incurred any li Candidate wi	ith Committee have examined this report including attached schedules and it is, to the b persons acting under the authority or on behalf of this committee in acco iabilities nor made any expenditures on my behalf during this reporting p thout Committee	eriod that are	e not otherwise disclosed in this report.
I certify that I finance activity campaign finar	have examined this report including attached schedules and it is, to the by, including contributions, loans, receipts, expenditures, disbursements, ince activity of all persons acting under the authority or on behalf of this content of the penalties of perjury:	est of my kno n-kind contri candidate in a	accordance with the requirements of M.G.L. c. 55.
	July Company	1x	(Candidate's signature) Date: 6/8/10



## Form CPF M 102: Campaign Finance Report EIVED Municipal Form MAR 3 1 2020

Office of Campaign and Political Finance

LAKEVILLE TOWN CLERK

or industrial	22 11 21
Fill in Reporting Period dates: Beginning Date: Januar	ry 1, 2020 Ending Date: March 30, 2020
Type of Report: (Check*one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
JOSEPH M, FLEMMING	
Candidate Full Name (if applicable)	Committee Name
BOARD OF SELECTMAN JOWNOZ	Committee Name
Office Sought and District	Name of Co. 111 m
11 COLLEED DRIVE	Name of Committee Treasurer
Residential Address	0. 30 36 36
Telephone Number (optional): SOS 947 1875	Committee Mailing Address
1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Telephone Number (optional):
SUMMARY BALANCE	EINFORMATION:
2000	THI ORNIATION.
Line 1: Ending Balance from previous report	$\swarrow$
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)	Ø
Line 6: Total in-kind contributions this period (page	e 6) Ø
Line 7: Total (all) outstanding liabilities (page 7)	P
Line 8: Name of bank(s) used:	
Affidavit of Committee Treasurer:	
certify that I have examined this report including attached schedules and it is, to the best of ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind continuous activity of all persons acting under the authority or on behalf of this committee in account of the committee i	my knowledge and belief, a true and complete statement of all campaign finance attributions and liabilities for this reporting period and represents the campaign
igned under the penalties of perjury:	cordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	
Candidate with Committee and no activity independent of the 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 according incurred any liabilities nor made any expenditures on my behalf during this reporting pe	est of my knowledge and belief, a true and complete statement of all campaign finance rdance with the requirements of M.G.L. c. 55. I have not received any contributions,
andidate without Committee OR Candidate with independent activity filing sepail certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this contributions.	rate report st of my knowledge and belief, a true and complete statement of all campaign
igned under the penalties of perjury:	D



Office of Campaign and Political Finance

Received

Fill in Reporting Period dates:  Beginning Date: March	File with: City or Town Clerk or Election Commissio
5 Mary Date.	30, 2020 Ending Date: June 8, 2020 Clerk  Lakeville Town Clerk
Type of Report: (Check one)	Lakevino
8th day preceding preliminary 8th day preceding election	
5 Est day preceding election	30 day after election year-end report dissolution
Joseph Flemming	
- OAIW OF CELECOS	Committee Name
11 Colleen Drive, Lakeville	
Lakeville	Name of Committee Treasurer
	. Troasurer
Residential Address	
Telephone Number (optional): 508-947-1875	Committee Mailing Address
3-03-1-1815	Telephone Number (optional):
CTIMMADY	
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	4
	9
Line 2: Total receipts this period (page 3, line 11)	ch
	4
Line 3: Subtotal (line 1 plus line 2)	(C)
Line 4: Total expenditures this period (page 5, line 1	
total experientities this period (page 5, line )	(4)
Line 5: Ending Balance (line 3 minus line 4)	
	$\bigcirc$
Line 6: Total in-kind contributions this period (page	6)
	$\varphi$
Line 7: Total (all) outstanding liabilities (page 7)	B
Line 8: Name of bank(s) used:	T
Traine of bank(s) used:	(A)
ffidavit of Committee Treasurer:	
pertify that I have examined this report including attached schedules and it is, to the best of n	DV knowledge and ballof a transit
tivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribution ance activity of all persons acting under the authority or on behalf of this committee in accogned under the penalties of perjury.	ributions and liabilities for this reporting period and represents the campaign
gned under the penalties of perjury:	The final of W.O.D. C. 55.
The state of the s	(Treasurer's signature) Date:
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box on	ly)
Candidate with Committee and no activity independent of the committee	
I certify that I have examined this report including attached schedules and it is, to the best activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period.	of my knowledge and belief, a true and complete statement of all campaign finance with the requirements of MCC and
I made any expenditures on my behalf during this reporting period	od
Candidate without Committee OR Candidate with independent activity filing separa  I certify that I have examined this report including attached selectivity filing separa	te report
finance activity including contributions leave and it is, to the best	of my knowledge and belief a true and complete statement of the
campaign finance activity of all persons acting under the authority or on behalf of this con	amittee in accordance with the requirements of M.G.L. c. 55
ned under the penalties of perjury:	



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

	5	E	7.		
1.	M	AR	E	VA	· A.
AKE	VILLE	3,	2020	The A	
		1041	CIA	_	

Fill in dates: Month	Please print or type all info			
Demanting D. 1 1 D. 1 1	Day Year		<b>Day</b> 30: 3030	Year
Type of Report: (Check One)  8th day preceding 8th preliminary/primary	h day preceding election	30th day following election (Town or Special)	□ 20th da	ly of January

stributions, 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 onder the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
31 20		11 Woodlyed Ridge Dr.	Arsisons
		•	
			9



Office of Campaign and Political Finance

RECEIVED

Fill in Reporting Period dates: Beginning Date: Marc	File with: City or Town Clerk or Election Commission
Marc Marc Marc Marc Marc Marc Marc Marc	th 30, 2020 Ending Date: June 8, 2020
Type of Report: (Check one)	LAKEVILLE TOWN CLERK
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
M. John Olivieri	Committee Name
BOARD OF ASSESSORS  11 Woodland Ridge Dr., Lakeville	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	- STEWNITTON.
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	e 14)
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	OS
Affidavit of Committee Treasurer:  certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind committee activity of all persons acting under the authority or on behalf of this committee in a	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
Signed under the penalties of perjury:	(Treasurer's signature)  (Treasurer's signature)  (Treasurer's signature)
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
incurred any liabilities nor made any expenditures on my behalf during this reporting	
Candidate without Committee OR Candidate with independent activity filing sep 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	parate report best of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury:	(Candidate's signature) Date: 6/4/20



## Form CPF M 102: Campaign Finance Report

**Municipal Form** Office of Campaign and Political Finance

2020 MAR 30 PM 1:32

Fill in R	eporting Period dates:	Beginning Date:	lanuar	ry 1, 2020	The same of the sa		rk or Election Commission
T. 6			- Indian	7 17 2020	Ending Date:	March 30, 20	20
August 1	Report: (Check one)				Total Second Sec		
8th day	y preceding preliminary 8th	day preceding elect	tion [	30 day after	er election	year-end report	dissolution
R	wth S. Gross			Г			
	Candidate Full Name (if appli	icable)			Cor	nmittee Name	
Laker	ille Library Board o	of Trusted	٥٥				
	Office Sought and Distric		-3		Name of (	Committee Treasurer	
2 M	ulein Hill Dr., Lake	ville MA 6	רוויגבו				
	Residential Address	110 11110	P3411		Committe	ee Mailing Address	
Telephone N	(umber (optional): 508-947	1256		Telephone Nur	mber (optional):		
	St	UMMARY BAL	ANCE	INFORM	IATION:		<u> </u>
	Line 1: Ending Balance fi	om previous repor	rt			Ø	7
	Line 2: Total receipts this	period (page 3, lin	ne 11)			0	<b></b>
	Line 3: Subtotal (line 1 pl	us line 2)			Contract of the Contract of th		-
	Line 4: Total expenditures		5 lina	14)		Ø	
				14)		<u></u>	
	Line 5: Ending Balance (1	ine 3 minus line 4	)			Ø	
	Line 6: Total in-kind cont	ributions this perio	od (page	e 6)		Ø	7
	Line 7: Total (all) outstand	ding liabilities (pa	ge 7)			8	7
	Line 8: Name of bank(s)	ised:					
A ffidavit of C	Committee Treasurer:						
I certify that I activity, include finance activition	have examined this report including attached ding all contributions, loans, receipts, experty of all persons acting under the authority of the penalties of perjury:	ed schedules and it is, to the ditures, disbursements, is on behalf of this comm	the best of n-kind con littee in acc	my knowledge a atributions and li- cordance with the	and belief, a true and co abilities for this reporti e requirements of M.G	omplete statement of a ing period and represent. L. c. 55.	all campaign finance nts the campaign
	50 NO NORTH ARREST				(Treasurer's signatu	ıre) Date:	
Candida I certify t	te with Committee and no activity independent I have examined this report including at of all persons acting under the authority or carny liabilities nor made any expenditures or	endent of the committee	s, to the be	st of my knowle	dge and belief, a true a equirements of M.G.L.	and complete statemen c. 55. I have not rece	it of all campaign finance
Candida I certify to finance ac campaign	te without Committee OR Candidate with hat I have examined this report including at ctivity, including contributions, loans, recei in finance activity of all persons acting under	h independent activity fi trached schedules and it is pts, expenditures, disburs the authority or on behal	filing separ s, to the be sements, in lf of this co	rate report st of my knowle kind contribution	ons and nabilities for the ordance with the require	nd complete statemen his reporting period an ements of M.G.L. c. 5	t of all campaign nd represents the 5.
signed under	the penalties of perjury:	Kut S	Ce	000	(Candidate's signatu	Date:	2/20/10



Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Office of Campaign and Political Finance

File with: City or Town Clerk of Election Commission

Fill in Reporting Period dates: Beginning Date: March 30, 2020 Ending Date: June 8, 2020 Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Committee Name Ruth S. Gross LIBRARY TRUSTEE 2 Mullein Hill Drive, Lakeville Name of Committee Treasurer Residential Address Committee Mailing Address Telephone Number (optional): 508.947.7256 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: 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) 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, 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. Candidate without Committee  $\overline{ ext{OR}}$  Candidate with independent activity filing separate report 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 committee in accordance with the requirements of M.G.L. c. 55.



# Form CPF M 102: Campaign Finance Report E/VED

Office of Campaign and Political Finance

MAR 3 1 2020

3-30-2000

Date:

of Massachusetts	13		LAKEVILLE :: City or Town Clerk	TOMA
Fill in Reporting Period dates: Beginning Date: January	ary 1, 2020	File with Ending Date:	March 30, 2020	or Election Commis
Type of Report: (Check-one)				
04. 1				
sth day preceding preliminary 8th day preceding election	30 day after	election y	ear-end report	dissolution
STEPHEN D. SYLVIA				
Candidate Full Name (if applicable)		Comm	nittee Name	
Regional School Connittes (careally)		Collin	mittee Name	
Office Sought and District		Name of Co.	mmittee Treasurer	
2 SATUCKET Trail - LAKEVILLE		rvanie of Col	minittee Treasurer	
Residential Address		Committee	Mailing Address	
elephone Number (optional): 774-766 -2436	Telephone Numb		Mailing Address	
	Telephone Numb	er (optional):		
SUMMARY BALANCI	E INFORMA	TION		
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	+1	
Line 4: Total expenditures this period (page 5, line	14)	(2)		
Line 5: Ending Balance (line 3 minus line 4)		0		
		0		
Line 6: Total in-kind contributions this period (page	e 6)	1		9
Line 7: Total (all) outstanding liabilities (page 7)		0		
		0		
Line 8: Name of bank(s) used:	10/	4		
davit of Committee Treasurer:				
tify that I have examined this report including attached at 1.1.	my knowledge and	belief a true and comp	lete statement of all as	
vity, including all contributions, loans, receipts, expenditures, disburgements, in-kind connec activity of all persons acting under the authority or on behalf of this committee in account and under the repulsive of a second under the repulsive of a seco	tributions and liabil	ities for this reporting	period and represents the	ne campaign
ned under the penalties of perjury:		(Treasurer's signature)		-30-2020
R CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of				
Candidate with Committee and no activity independent of the 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 according incurred any liabilities nor made any expenditures on my behalf during this reporting pe	est of my knowledge dance with the requ riod.	and belief, a true and or irements of M.G.L. c.	complete statement of a	all campaign finance
Candidate without Committee OR Candidate with independent activity filing separate certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this contributions.	rate report st of my knowledge	and belief, a true and o and liabilities for this r nce with the requireme	complete statement of a reporting period and reports of M.G.L. c. 55.	all campaign presents the
ned under the penalties of perjury:	and the second second	(C111-11-1		-30-2000



Office of Campaign and Political Finance

MAY - 8 2020

of Massachusetts	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: Marc	rch 30, 2020 Ending Date: June 8, 2020				
Type of Report: (Check one)  ☐ 8th day preceding preliminary	☐ 30 day after election ☐ year-end report ☐ dissolution				
Stephen Sylvia  F/L-REG. SCHOOL DISTRICT COMMITTEE  2 Satucket Trail, Lakeville	Committee Name  Name of Committee Treasurer				
Residential Address	Committee Mailing Address				
Telephone Number (optional):	Telephone Number (optional):				
SUMMARY BALANO	CE 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)	0				
Line 4: Total expenditures this period (page 5, lin	ine 14) O				
Line 5: Ending Balance (line 3 minus line 4)	0				
Line 6: Total in-kind contributions this period (p	page 6)				
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used:	7				
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	n accordance with the requirements of M.G.L. c. 55.				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be					
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period.				
Candidate without Committee OR Candidate with independent activity filing so Lectrify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ne best of my knowledge and belief, a true and complete statement of all campaign				
Signed under the penalties of perjury:	Condition Date: 0 7 C				



Office of Campaign and Political Finance

Kathryn A. Goodfellow Candidate Full Name (if applicable)  Moderator, Town of Lakeville, Office Sought and District	File with: City or Town Clerk or Election Comm  Ending Date: Mar 30, 2020 Clerk  after election year-end report dissolution  Committee Name
8th day preceding preliminary   8th day preceding election   30 day a  Kathryn A. Goodfellow  Candidate Full Name (if applicable)  Moderator, Town of Lakeville.  Office Sought and District	after election  year-end report dissolution  Committee Name
Kathryn A. Goodfellow Candidate Full Name (if applicable)  Moderator, Town of Lakeville Office Sought and District	Committee Name
Candidate Full Name (if applicable)  Moderator, Town of Lakeville  Office Sought and District	
Candidate Full Name (if applicable)  Moderator, Town of Lakeville.  Office Sought and District	
Office Sought and District	
19 Settlers Dr. La Vavilla 11A	Name of Committee Treasurer
19 Settlers Dr., Lakeville, MA Residential Address	Committee Mailing Address
elephone Number (optional): 508 - 946 - 1937 Telephone N	Number (optional):
SUMMARY BALANCE INFOR	RMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	(2)
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	0
	0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	
davit of Committee Treasurer	
tify that I have examined this report including attached schedules and it is, to the best of my knowledge rity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and nice activity of all persons acting under the authority or on behalf of this committee in accordance with	te and belief, a true and complete statement of all campaign finance liabilities for this reporting period and represents the campaign
ed under the penalties of perjury:	(Treasurer's signature) Date:
R 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, to the best of my know activity, of all persons acting under the authority or on behalf of this committee in accordance with the incurred any liabilities nor made any expenditures on my behalf during this reporting period.  Candidate without Committee OR Candidate with independent activity filing separate report.  I certify that I have examined this report including the committee of the commit	vledge and belief, a true and complete statement of all campaign finance requirements of M.G.L. c. 55. I have not received any contributions.

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 committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (



or Massachusetts		F21 - 141			
Fill in Reporting Period dates: Beginning Date: March 3	30, 2020	Ending Date:	June 8, 2020	k or Election Commission	
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	☐ 30 day afte	r election .	1		
		r election y	rear-end report	dissolution	
Kathryn Goodfellow			Rec	eived	
	Committee Name 2020				
19 Settlers Drive, Lakeville					
		Name of Co	mmittee Treasurer	le Town Clerk	
Residential Address					
Telephone Number (optional):		-	Mailing Address	, ·	
Сериона).	Telephone Num	ber (optional):			
SUMMARY BALANCE	INFORM	ATION			
Line 1: Ending Balance from previous report		211011.		_	
			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 1	14)		0		
Line 5: Ending Balance (line 3 minus line 4)				]	
			0		
Line 6: Total in-kind contributions this period (page	6)		0		
Line 7: Total (all) outstanding liabilities (page 7)			0	i	
Line 8: Nome of health				_	
Affidavit of Committee Treasurer:  I certify that I have examined this report including ettacked asked asked to be a likely and the second and the second are second asked to be a likely asked asked to be a likely asked asked to be a likely					
I certify that I have examined this report including attached schedules and it is, to the best of ractivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions acting under the authority or on behalf of this committee in accordance.	ny knowledge an ributions and liab	nd belief, a true and compilities for this reporting	plete statement of all	campaign finance	
finance activity of all persons acting under the authority or on behalf of this committee in according under the under the penalties of perjury:	ordance with the	requirements of M.O.L.	C. 33.	s the campaign	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box on		_(Treasurer's signature)	Date:		
Candidate with Committee and no activity independent of the committee	ıly)				
certify that I have examined this report including attached schedules and it is, to the best activity, of all persons acting under the authority or on behalf of this committee in accord incurred any liabilities nor made any expenditures on my behalf during this reporting periods.	t of my knowledg	ge and belief, a true and juirements of M.G.L. c.	complete statement of 55. I have not receive	of all campaign finance	
Candidate without Committee OR Candidate with independent activity filing separate of the carrier of the contributions loops received activity including contributions loops received.	ate report t of my knowleds	ge and belief, a true and	complete statement	of all compains	
campaign finance activity of all persons acting under the authority or on behalf of this consigned under the penalties of perjury:	ullo	dance with the requirement (Candidate's signature)	ents of M.G.L. c. 55.	7-2-2078)	



(Candidate's signature)

Date:

Office of Campaign and Political Finance

MAR 3 1 2020

of Massachusetts	File with: City or Town Clerk or Election Comments
Fill in Reporting Period dates: Beginning Date:	January 1, 2020 Ending Date: March 30, 2020
Type of Report: (Check one)  ☐ 8th day preceding preliminary  ☐ 8th day preceding election	n 30 day after election year-end report dissolution
Candidate Full Name (if applicable)	Committee Name
32 OLD POUNDER HOUST AD	Name of Committee Treasurer
Residential Address Telephone Number (optional):	Committee Mailing Address  Telephone Number (optional):
SUMMARY BALAI	NCE INFORMATION:
Line 1: Ending Balance from previous report	-0-
Line 2: Total receipts this period (page 3, line	11)
Line 3: Subtotal (line 1 plus line 2)	-0-
Line 4: Total expenditures this period (page 5,	line 14) /00.94
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (	
Line 7: Total (all) outstanding liabilities (page	7)
Line 8: Name of bank(s) used:	
acting under the authority or on behalf of this committee	pest of my knowledge and belief, a true and complete statement of all campaign finance and contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55
gned under the penalties of perjury:  OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1)	(Treasurer's signature) Date:
Candidate with Committee and no activity independent of the committee  I certify that I have examined this report including attached schedules and it is, to to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this reporti	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, tot inance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on beliaf of the	separate report the best of my knowledge and helief a true and complete statement of the
ned under the penalties of perjury:	D. 2/20/24



Fill in D	onortina D. 1.1.		File with	a: City or Town Clerk	or Election Commi		
1 111 111 100	eporting Period dates: Beginning Date: Marc	ch 30, 2020	Ending Date:	June 8, 2020	GI Election Commis		
	Report: (Check one)  y preceding preliminary   8th day preceding election	30 day afi	er election y	/ear-end report	dissolution		
Richard LaCamera BOARD OF SELECTMEN 32 Old Powder House Road, Lakeville  Residential Address  Telephone Number (optional):		Committee Name  Name of Committee Treasurer  Committee Mailing Address					
		Telephone Nu	mber (optional):	Rece			
	SUMMARY BALANC	E INFORM	IATION:	NUL	3 3050		
	Line 1: Ending Balance from previous report		- 0	Lakevill	Town Clerk		
	Line 2: Total receipts this period (page 3, line 11)		-0				
	Line 3: Subtotal (line 1 plus line 2)		_0	-			
	Line 4: Total expenditures this period (page 5, line 14)		14) //3.75				
	Line 5: Ending Balance (line 3 minus line 4)		0				
	Line 6: Total in-kind contributions this period (pa	ge 6)	,		-		
	Line 7: Total (all) outstanding liabilities (page 7)						
	Line 8: Name of bank(s) used:						
certify that I h tivity, includinance activity gned under t  Candidate I certify that activity, of	partitle Treasurer: have examined this report including attached schedules and it is, to the less of all contributions, loans, receipts, expenditures, disburgements, in find of all persons acting under the authority of pehalf of this committee in a the penalties of perjury:  DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box with Committee and no activity independent of the committee at I have examined this report including attached schedules and it is, to the left all persons acting under the authority or on behalf of this committee in according liabilities nor made any expenditures on my behalf during this reporting process.	ontributions and list accordance with the only)	(Treasurer's signature)	period and represents c. 55.	the campaign		
Candidate I certify tha finance acti campaign fi	without Committee OR Candidate with independent activity filing sep at I have examined this report including attached schedules and it is, to the bivity, including contributions, loans, receipts, expenditures, disbursements, inance activity of all persons acting under the authority or on behalf of this	arate report pest of my knowled	ige and belief a true and	Complete statement - 5			
ned under th	he penalties of perjury:		_(Candidate's signature)		6/4/20		