

2021 APR -2 PM 5: 18
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TOWH OF BEDFORD
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Commonwealth of Massachusetts

Form CPF M 102-0: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

City or Town of: BEDFORD

Reporting Period: Beginning: 11/1/2021

(MM/DD/YYYY)

Ending: 3/1/2022

(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:

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

DATE	PRINT NAME	SIGNATURE	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
3/2/21	DANIEL H. BRASCO	<i>[Signature]</i>	57 LOOMIS ST.	SCHOOL COMMITTEE

Please print or type all information, except signatures.

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TOWN OF BEDFORD
TOWN CLERK

2021 MAR -2 PM 2:20

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Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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TOWN OF BEDFORD
TOWN CLERK

2021 MAR -2 PM 2:42

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

Type of Report: (Check one)

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="\$1548.30"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="\$2445.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="\$3993.30"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="\$919.02"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="\$3074.28"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="\$1140.00"/>
Line 8: Name of bank(s) used:	<input type="text" value="Cambridge Savings Bank"/>

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 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 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.

Signed under the penalties of perjury: (Candidate's signature) Date:

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)
Jan. 12, 2021	Blackman, Sarah 2 Notre Dame Road Bedford, MA 01730	\$250.00	None
Feb. 16, 2021	Chung, Marybeth 60 Temple Road Wellesley, MA 02482	\$100.00	
Feb. 17, 2021	Clifford, Barbara 28 Page Road Bedford, MA 01730	\$100.00	
Jan. 4, 2021	DerMarderosian, Jennifer 21 Gould Road Bedford, MA 01730	\$200.00	Therapist, Town of Arlington
Feb. 18, 2021	Fleischman, Carol 146 Simpson Road Ardmore, PA 19003	\$180.00	
Feb. 4, 2021	Forde, Katherine 9 Schirmer Road West Roxbury, MA 02132	\$100.00	
Feb. 10, 2021	Funkhouser, Elmer 266 Main Street Concord, MA 01742	\$250.00	None
Feb. 15, 2021	Hughes, Diane 120 Page Road Bedford, MA 01730	\$100.00	
Feb. 6, 2021	Kind, Gretchen 11 Sweeney Ridge Road Bedford, MA 01730	\$100.00	
Jan. 24, 2021	Mitchell, Emily 4 Heritage Drive Bedford, MA 01730	\$100.00	
Feb. 8, 2021	Ryder, Marie 110 Badger Terrace Bedford, MA 01730	\$100.00	
Feb. 16, 2021	Smith-Galvin, Julie 28 Grafton Street Wakefield, MA 01880	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		See page 3	
Line 10: Total Receipts \$50 and under* (not listed above)		See page 3	
Line 11: TOTAL RECEIPTS IN THE PERIOD		See page 3	← 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
Jan. 14, 2021	Connolly Printing	178 Gill Street Woburn, MA 01801	Campaign bumper stickers	\$414.38
Feb. 10, 2021	Connolly Printing	178 Gill Street Woburn, MA 01801	"Dear friend" postcards	\$244.38
Feb. 8, 2021	Fleischman, Margot	145 Page Road Bedford, MA 01730	Reimbursement for postage for "dear friend" postcards	\$180.00
Line 12: Total Expenditures over \$50 (or listed above)				\$838.76
Line 13: Total Expenditures \$50 and under* (not listed above)				\$80.26
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$919.02

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. Page 4

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
Jan. 18, 2012	Margot Fleischman	145 Page Road Bedford, MA 01730	Loan to campaign	\$40.00
Jan. 30, 2012	Margot Fleischman	145 Page Road Bedford, MA 01730	Loan to campaign	\$1000.00
Feb. 11, 2012	Margot Fleischman	145 Page Road Bedford, MA 01730	Loan to campaign	\$100.00
Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			\$1140.00



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

2021 APR -6 PM 1:40

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

Type of Report: (Check one)

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="\$3074.28"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="\$860.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="\$3934.28"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="\$1481.23"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="\$2453.05"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="\$195.68"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="\$1140.00"/>
Line 8: Name of bank(s) used: <input type="text" value="Cambridge Savings Bank"/>	

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 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 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.

Signed under the penalties of perjury: (Candidate's signature) Date:

2021 APR - 6 PM 1:40

TOWN CLERK
TOWN OF BEDFORD
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Franklin County Commission Finance Director

Municipal Form



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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)
March 5, 2021	Fleischman, Phyllis 2747 Morris Road Ardmore, PA 19003	\$250.00	Retired
March 18, 2021	Hammar, Sam 12 Bartlett Street Melrose, MA 02176	\$25.00	
March 3, 2021	McDonald, Sharon 4 Hunt Road Bedford, MA 01730	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		\$375.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$485.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$860.00	← 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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and 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
Feb. 24, 2021	Connolly Printing	178 Gill Street Medford, MA 01801	Campaign mailer, printing and postage	\$1119.66
March 3, 2021	Connolly Printing	178 Gill Street Medford, MA 01801	Palm cards, printing	\$340.00
Line 12: Total Expenditures over \$50 (or listed above)				\$1459.66
Line 13: Total Expenditures \$50 and under* (not listed above)				\$21.57
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$1481.23

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			Line 12: Expenditures over \$50 (or listed above)	
			Line 13: Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	

* 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
March 3, 2021	Margot Fleischman	145 Page Road Bedford, MA 01730	Office supplies	\$39.26
March 4, 2021	Margot Fleischman	145 Page Road Bedford, MA 01730	Postage stamps	\$55.00
March 11, 2021	Margot Fleischman	145 Page Road Bedford, MA 01730	Snacks for campaign volunteers	\$10.87
March 13, 2021	William Knox	145 Page Road Bedford, MA 01730	Lunch for campaign volunteers	\$62.73
Line 15: In-Kind Contributions over \$50 (or listed above)				\$167.86
Line 16: In-Kind Contributions \$50 & under (not listed above)				\$27.82
Line 17: TOTAL IN-KIND CONTRIBUTIONS				\$195.68

Enter on page 1, line 6 →

* 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
Jan. 18, 2012	Margot Fleischman	145 Page Road Bedford, MA 01730	Loan to campaign	\$40.00
Jan. 30, 2012	Margot Fleischman	145 Page Road Bedford, MA 01730	Loan to campaign	\$1000.00
Feb. 11, 2012	Margot Fleischman	145 Page Road Bedford, MA 01730	Loan to campaign	\$100.00
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$1140.00



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Received
Jan. 21 2022
RSSA

Fill in Reporting Period dates: Beginning Date: April 3, 2021 Ending Date: December 31, 2021 File with: City or Town Clerk or Election Commission

Type of Report: (Check one)

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

Margot Rafaella Fleischman
Candidate Full Name (if applicable)

Select Board member, Bedford
Office Sought and District

145 Page Road, Bedford, MA 01730
Residential Address

Telephone Number (optional): _____

Committee to Elect Margot Fleischman
Committee Name

William Rae Knox, Jr.
Name of Committee Treasurer

145 Page Road, Bedford, MA 01730
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$2453.05
Line 2: Total receipts this period (page 3, line 11)	\$25.00
Line 3: Subtotal (line 1 plus line 2)	\$2478.05
Line 4: Total expenditures this period (page 5, line 14)	\$0.99
Line 5: Ending Balance (line 3 minus line 4)	\$2477.06
Line 6: Total in-kind contributions this period (page 6)	\$40.00
Line 7: Total (all) outstanding liabilities (page 7)	\$1140.00
Line 8: Name of bank(s) used: <u>Cambridge Savings Bank</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: January 20, 2022

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 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.

Signed under the penalties of perjury: _____

(Candidate's signature)

Date: January 20, 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 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)			
Line 10: Total Receipts \$50 and under* (not listed above)		\$25.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$25.00	← 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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and 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
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				\$0.99
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$0.99

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.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES IN THE PERIOD			

* 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
Oct. 31, 2021	Margot Fleischman	145 Page Road Bedford, MA 01730	Payment to Earthlink for domain name registration fee	\$40.00
			Line 15: In-Kind Contributions 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 CONTRIBUTIONS	

* 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
Jan. 18, 2012	Margot Fleischman	145 Page Road Bedford, MA 01730	Loan to campaign	\$40.00
Jan. 30, 2012	Margot Fleischman	145 Page Road Bedford, MA 01730	Loan to campaign	\$1000.00
Feb. 11, 2012	Margot Fleischman	145 Page Road Bedford, MA 01730	Loan to campaign	\$100.00
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$1140.00



Commonwealth of Massachusetts

Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

Office of Campaign and Political Finance

2021 FEB -9 AM 11:36

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE: Full Name: Christopher M. Gittins
 Residential Address: 8 Brooksbie Rd
 City / State / Zip: Bedford MA 01730
 E-Mail Address: cmgitt@aol.com Phone #: 774-309-5179
 Party Affiliation: n/a (If applicable)

OFFICE SOUGHT/PURPOSE:
 Title: Planning Board
 District: Town of Bedford

COMMITTEE: Name of Committee: Committee to Elect Christopher Gittins to Planning Board
 (The name of the committee must include the candidate's last name)
 Committee Mailing Address: 8 Brooksbie Rd
 City / State / Zip: Bedford MA 01730 Phone #: 781-275-6424

OFFICERS:

Chair: <u>Christopher M. Gittins</u> Residential Address: <u>8 Brooksbie Rd</u> City / State / Zip: <u>Bedford</u> MA <u>01730</u> Phone #: <u>774-309-5179</u>	Treasurer*: <u>Stacy K. Chandler</u> Residential Address: <u>8 Brooksbie Rd</u> City / State / Zip: <u>Bedford</u> MA <u>01730</u> Phone #: <u>781-275-6424</u> Email: <u>skchan71@yahoo.com</u>
Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____	*A public employee may not serve as treasurer of any political committee (see reverse). Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Christopher M. Gittins
Candidate's signature

Date: Feb 9, 2021

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Stacy K. Chandler
Treasurer's signature

Date: Feb 9, 2021

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Christopher M. Gittins
Chair's signature

Date: Feb 9, 2021



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN OF BEDFORD
TOWN CLERK

2021 MAR -8 PM 1:44

Fill in Reporting Period dates: Beginning Date: 2/9/2021 Ending Date: 3/5/2021 File with: City or Town Clerk or Election Commission

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Christopher M. Gittins
Candidate Full Name (if applicable)
Planning Board Town of Bedford
Office Sought and District
8 Brooksbie Rd Bedford MA 01730
Residential Address
E-mail: cmgitt@aol.com
Phone # (optional): 774 309 5179

Committee to Elect Christopher Gittins to Planning Board
Committee Name
Stacy K Chandler
Name of Committee Treasurer
8 Brooksbie Rd Bedford MA 01730
Committee Mailing Address
E-mail: skchan71@yahoo.com
Phone # (optional): 781 275 6424

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	744.01
Line 3: Subtotal (line 1 plus line 2)	744.01
Line 4: Total expenditures this period (page 5, line 14)	634.75
Line 5: Ending Balance (line 3 minus line 4)	109.26
Line 6: Total in-kind contributions this period (page 6)	25.20
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	TD BANK

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: 3/5/2021

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: 3/5/2021

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)
3/1/2021	Christopher Gittins 8 Brooksbie Rd Bedford MA	500. ⁰⁰	LOAN / Scientist Physical Sciences Inc
3/4/2021	Christopher Gittins 8 Brooksbie Rd Bedford MA	200. ⁰⁰	LOAN / Scientist Physical Sciences Inc

Line 9: Total Receipts over \$50 (or listed above)	700. ⁰⁰
Line 10: Total Receipts \$50 and under* (not listed above)	44. ⁰¹
Line 11: TOTAL RECEIPTS IN THE PERIOD	744.⁰¹

← 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
3/5/21	Christopher Gittins	8 Brooksbie Rd Bedford MA 01730	Reimbursement for postage + printing SEE R1 attached	634.75

Line 12: Total Expenditures over \$50 (or listed above)	634.75
Line 13: Total Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	634.75

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.

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)	0
			Line 16: In-Kind Contributions \$50 & under (not listed above)	25.20
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	25.20

* 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.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: 3/5/2021
Name of Individual Being Reimbursed:	Christopher Gittins
Committee Name:	Committee to Elect Christopher Gittins to Planning Board
CPF ID Number (if applicable):	 Telephone Number (optional): 781 275 6424

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/16/21	Connolly Printing	17B Gill St Woburn MA 01801	Printing stickers + postcards	454.75
2/27/21	USPS	168 Great Rd Ste 7 Bedford MA 01736	Postcard stamps	180.00

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	634.75
	Line 2: Expenditures \$50 or under (not itemized):	
	Line 3: TOTAL AMOUNT REIMBURSED:	634.75

Signed under the penalties of perjury:	
<hr style="width: 80%; margin: 0 auto;"/> Signature of Candidate / Treasurer	Date: 3/5/2021

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

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TOWN OF BEDFORD
TOWN CLERK

2021 APR -7 AM 10:29

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/6/2021 Ending Date: 4/5/2021

Type of Report: (Check one)

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

Christopher M. Gittins
Candidate Full Name (if applicable)
Planning Board Town of Bedford
Office Sought and District
8 Brooksbie Rd Bedford MA 01730
Residential Address
E-mail: cmgitt@aol.com
Phone # (optional): 774 309 5179

Committee to Elect Christopher Gittins to Planning Board
Committee Name
Stacy K Chandler
Name of Committee Treasurer
8 Brooksbie Rd Bedford MA 01730
Committee Mailing Address
E-mail: skchan71@yahoo.com
Phone # (optional): 781 275 6424

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>109.26</u>
Line 2: Total receipts this period (page 3, line 11)	<u>112.03</u>
Line 3: Subtotal (line 1 plus line 2)	<u>221.29</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>221.29</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>TD BANK</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: [Signature] (Treasurer's signature) Date: 4/5/2021

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: 4/5/2021

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TOWN OF BEDFORD
TOWN CLERK
2021 APR - 7 AM 10: 29

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[Faint, illegible text, likely bleed-through from the reverse side of the page]

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)			
Line 10: Total Receipts \$50 and under* (not listed above)		112.03	
Line 11: TOTAL RECEIPTS IN THE PERIOD		112.03	← 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

Line 12: Total Expenditures over \$50 (or listed above)	0
Line 13: Total Expenditures \$50 and under* (not listed above)	0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD	0

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



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

2022 JAN 20 AM 9:37

Fill in Reporting Period dates: Beginning Date: 04/06/2021 Ending Date: 12/31/2021 File with: City or Town Clerk or Election Commission

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Christopher M Gittins
Candidate Full Name (if applicable)
Planning Board, Town of Bedford
Office Sought and District
8 Brooksbie Rd, Bedford MA 01730
Residential Address
E-mail cmgitt@aol.com
Phone # (optional) (774) 309-5179

Committee to Elect Christopher Gittins to Planning Board
Committee Name
Stacy K Chandler
Name of Committee Treasurer
8 Brooksbie Rd, Bedford MA 01730
Committee Mailing Address
E-mail skchan71@yahoo.com
Phone # (optional) (781) 275-6424

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	221.29
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	221.29
Line 4: Total expenditures this period (page 5, line 14)	5
Line 5: Ending Balance (line 3 minus line 4)	216.29
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: <u>TD Bank</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: [Signature] (Treasurer's signature) Date: 01/19/2021

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: 1/19/2021

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

Line 12: Total Expenditures over \$50 (or listed above)	
Line 13: Total Expenditures \$50 and under* (not listed above)	5
Line 14: TOTAL EXPENDITURES IN THE PERIOD	5

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.

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

2022 JAN 19 AM 9:48



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2021 Ending Date: 12/31/2021

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Shawn Hanegan
Candidate Full Name (if applicable)
Select Board Bedford MA
Office Sought and District
5 Hunt Road Bedford MA 01730
Residential Address
E-mail: shawnforbedford@gmail.com
Phone # (optional): 781-271-0321

Hanegan
Shawn for Select Board
Committee Name
Chris Gittins
Name of Committee Treasurer
5 Hunt Road Bedford MA 01730
Committee Mailing Address
E-mail: shawnforbedford@gmail.com
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	100
Line 3: Subtotal (line 1 plus line 2)	100
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	100
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:	Enterprise Bank

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: 1/19/2022

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: 1/19/2022

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 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)
12/24/2021	Susan McDonough 167 Bourque Road Lynnfield MA 01940	100	
Line 9: Total Receipts over \$50 (or listed above)		100	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		100	← 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)

Line 9: Total Receipts over \$50 (or listed above)	
Line 10: Total Receipts \$50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	

← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and 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
Line 12: Total Expenditures over \$50 (or listed above)			0	
Line 13: Total Expenditures \$50 and under* (not listed above)			0	
Line 14: TOTAL EXPENDITURES IN THE PERIOD			0	

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.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				0
Line 13: Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				0

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.

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)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Line 17: TOTAL IN-KIND CONTRIBUTIONS				0

Enter on page 1, line 6 →

* 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
0				
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				0

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

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

2021 MAR -2 PM 3:02

City or Town of: Bedford

Reporting Period: Beginning: 01/01/2021

(MM/DD/YYYY)

Ending: 03/02/2021

(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	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
3/2/21	Bryan Paul Dean	<i>Bryan Paul Dean</i>	23 Evergreen Ave	Planning Board

Please print or type all information, except signatures.

8801 APR -5 AM 8:43
JOAN CLERK
LOAN DE BEDFORD
RECEIVED

10 01 AM APR 13 2001

TOWN CLERK
TOWN OF BEDFORD
RECEIVED



Commonwealth of Massachusetts

Form CPF M T101: CHANGE OF TREASURER; ACCEPTANCE OF OFFICE BY TREASURER MUNICIPAL FORM

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

Office of Campaign and Political Finance

2021 MAY 12 PM 12: 02

File with: City / Town Clerk or Election Commission

1. Committee Name: Committee to Elect Bopha Malone
2. New Treasurer*: Kalyanbabu Rajen
* A public employee may not serve as treasurer of any political committee (see below).
- 2a. Treasurer's Address: 8 Ledgewood Drive
City / State / Zip: Bedford MA 01730 Phone #: 408-386-7205 E-mail: KB@CHILLXTRIPS.COM
3. Committee Mailing Address: 8 Ledgewood Drive
City / State / Zip: Bedford MA 01730 Phone #: 408-386-7205

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate or elected official may not serve as treasurer of a political action committee except as authorized by M.G.L. c. 55, s. 5A nor for the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Kalyan Babu Rajen
Treasurer's signature Date: 05/12/2021

FOR CANDIDATE COMMITTEES ONLY

I hereby consent to the appointment of the new treasurer of this committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Bopha Malone
Candidate's signature Date: 05/12/21

DEFINITION OF A PUBLIC EMPLOYEE

M.G.L. Chapter 55, Section 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.

SELECTED EXTRACTS FROM M.G.L. C. 55

Section 3 requires the director to:

"assess a civil penalty for any [late filed] report ... of twenty-five dollars (\$25) per day ... [up to \$5,000 per report]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate; and in all other instances, the civil penalty shall be assessed against the treasurer of a political committee

Section 5 outlines statements of organization of political committees:

... Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid, or while the name and address of any of its officers or members, as originally or subsequently chosen, is not filed in accordance with the provisions of this section or chapter 52, as the case may be.

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election

No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/21 Ending Date: 4/8/21

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Bogha T Malone
Candidate Full Name (if applicable)
N/A
Office Sought and District
195 Carlisle Road
Residential Address
E-mail: Bogha.Malone@gmail.com
Phone # (optional):

Committee to Elect Bogha Malone
Committee Name
Max Haviland
Name of Committee Treasurer
27 Hartford Street, Bedford, MA 01730
Committee Mailing Address
E-mail: maxhavi@gmail.com
Phone # (optional): 617 803 9208

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$2,428.51</u>	(Adjusted for previous month error)
Line 2: Total receipts this period (page 3, line 11)	<u>\$57.40</u>	
Line 3: Subtotal (line 1 plus line 2)	<u>\$2,479.51</u>	
Line 4: Total expenditures this period (page 5, line 14)	<u>\$40.00</u>	
Line 5: Ending Balance (line 3 minus line 4)	<u>\$2,439.51</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>Enterprise Bank (Billerica)</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: [Signature] (Treasurer's signature) Date: 4/8/2021

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: _____ (Candidate's signature) Date: _____

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)
0	0	0	0
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
2	2	2	2
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.

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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
2/14	Dyhan Malone	195 Carlisle Rd	Administrative New America Leaders	\$450
			Training Program	
Line 12: Total Expenditures over \$50 (or listed above)				—
Line 13: Total Expenditures \$50 and under* (not listed above)				\$45.00
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$45.00

* 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
NA	NA	NA	NA	0
Line 15: In-Kind Contributions over \$50 (or listed above)				\$0
Line 16: In-Kind Contributions \$50 & under (not listed above)				\$0
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				\$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.

SCHEDULE D: LIABILITIES

M.G. 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
NA	NA	NA	NA	NA
L				
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				\$ 0



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

2022 JAN 18 PM 12:32

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 04/08/2021 Ending Date: 12/31/21

Type of Report: (Check one)

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

Bopha T. Malone
Candidate Full Name (if applicable)

N/A
Office Sought and District

195 Carlisle Road Bedford, MA 01730
Residential Address

E-mail: Bopha.Malone@gmail.com

Phone # (optional): 781-913-4976

Committee to Elect Bopha Malone
Committee Name

Kalyanbabu Rajen
Name of Committee Treasurer

8 Ledgewood Drive Bedford, MA 01730
Committee Mailing Address

E-mail: kb@chillxtrips.com

Phone # (optional): 781-275-3291

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2,439.51
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	2,439.51
Line 4: Total expenditures this period (page 5, line 14)	224.22
Line 5: Ending Balance (line 3 minus line 4)	2,215.29
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: <u>Enterprise Bank</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: Jayyan Cebra (Treasurer's signature) Date: 01/14/22

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: _____ (Candidate's signature) Date: _____

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)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

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

SCHEDULE 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)

Line 10: Total Receipts \$50 and under* (not listed above)

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
05/24/21	Enterprise Bank	674 Boston Road Billerica, MA 01821	Order of new checks	104.22
11/28/21	Tom Malone	195 Carlisle Road Bedford, MA 01730	Action Network November Fee	10
12/30/21	Tom Malone	195 Carlisle Road Bedford, MA 01730	Action Network Monthly Fee from January through December minus November	110
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				224.22

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.

SCHEDULE B: EXPENDITURES (continued)

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

Line 12: Expenditures over \$50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	

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.

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

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

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

0



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

2022 JAN 13 AM 10:01

File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Jan 1, 2021 Ending Date: Dec 31, 2021

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Emily J. Mitchell
Candidate Full Name (if applicable)
Select Board Member, Town of Bedford
Office Sought and District
4 Heritage Drive, Bedford, MA 01730
Residential Address
E-mail: emily@emilymitchellforbedford.org
Phone # (optional): (781) 275-6449

Committee to Elect Emily Mitchell
Committee Name
John C. Mitchell
Name of Committee Treasurer
4 Heritage Drive, Bedford, MA 01730
Committee Mailing Address
E-mail: treasurer@emilymitchellforbedford.org
Phone # (optional): (781) 275-6449

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	337.38
Line 2: Total receipts this period (page 3, line 11)	1,530
Line 3: Subtotal (line 1 plus line 2)	1,867.38
Line 4: Total expenditures this period (page 5, line 14)	511.08
Line 5: Ending Balance (line 3 minus line 4)	<u>(rw) \$1356.30</u> 1,355.6
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:	CAMBRIDGE SAVINGS BANK

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: Jan 9, 2022

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: Jan 9, 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 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)
Nov 4, 2021	MATTHEW BESTER 4945 KILMURRY CT DUBLIN, OH 43017	50	
Dec 3, 2021	MARGOT FLEISCHMAN 145 PAGE ROAD BEDFORD, MA 01730	100	
Nov 4, 2021	EMILY KUO 7007 BERTNER AVE HOUSTON, TX 77030	100	
Nov 4, 2021	ALEX LEWIN 10 ST PAUL ST CAMBRIDGE, MA 02139	50	
Nov 23, 2021	JOHN MITCHELL 1 LOVELL ROAD HAMPTON BAYS, NY 11946	250	RETIRED
Dec 1, 2021	SARITA PILLAI 134 OLD BILLERICA ROAD BEDFORD, MA 01730	100	
Dec 13, 2021	LOUISA SALADINO-KUHL 9 REVOLUTIONARY RIDGE RD BEDFORD, MA 01730	100	
Nov 17, 2021	SIMA SEYMOURIAN 116 CONCORD RD BEDFORD, MA 01730	100	
Dec 11, 2021	SUSAN SWANSON 45 SHAWSHEEN RD, UNIT 32 BEDFORD, MA 01730	50	
Dec 6, 2021	DAVID WOOD 5701 SHERIDAN RD #9K CHICAGO, IL 60660	500	RETIRED
Line 9: Total Receipts over \$50 (or listed above)		1,400	
Line 10: Total Receipts \$50 and under* (not listed above)		130	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,530	← 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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and 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
Dec 31, 2021	ACTBLUE TECHNICAL SERVICES	366 SOMERVILLE ST. 02144-3132	SERVICE FEE FOR FUNDRAISING	56.52
Nov 24, 2021	UNITED STATES POSTAL SERVICE	168 GREAT ROAD BEDFORD, MA 01730	POSTAGE FOR CAMPAIGN MAILINGS	145
Nov 5, 2021	UPRINTING	8000 HASKELL AVE VAN NUYS, CA 91406	CAMPAIGN MAILINGS	66.27
Nov 13, 2021	UPRINTING	8000 HASKELL AVE VAN NUYS, CA 91406	CAMPAIGN MAILINGS	207.04
Line 12: Total Expenditures over \$50 (or listed above)				474.83
Line 13: Total Expenditures \$50 and under* (not listed above)				36.25
Line 14: TOTAL EXPENDITURES IN THE PERIOD				511.78

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.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			Line 12: Expenditures over \$50 (or listed above)	
			Line 13: Expenditures \$50 and under* (not listed above)	
			Line 14: TOTAL EXPENDITURES IN THE PERIOD	

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.

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)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				

Enter on page 1, line 6 →

* 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



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

2021 MAR -8 PM 1:40

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2021 Ending Date: 3/5/2021

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Alison O'Connell
Candidate Full Name (if applicable)
Board of Health
Office Sought and District
15 Fitchdale Avenue
Residential Address
E-mail: AlisonTheresaOConnell@gmail.com
Phone # (optional): (617) 283-2752

N/A
Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail:
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	242.19
Line 5: Ending Balance (line 3 minus line 4)	-242.19
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:	<u>N/A- American Express</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: Alison O'Connell (Candidate's signature) Date: 3/5/2021

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

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

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and 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
3/1/2021	FedEx	54 Middlesex Turnpike, Burlington, MA 01803	Campaign signs for yards	80.73
3/5/2021	FedEx	54 Middlesex Turnpike, Burlington, MA 01803	Campaign signs for yards	161.46
Line 12: Total Expenditures over \$50 (or listed above)				242.19
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				242.19

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.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				

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.

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

* 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

5851 HAR 31 6M S: 51

JOAN CLERK
JOAN OF BEDFORD
RECEIVED



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date: 1/1/21

Ending Date: 3/29/21

Type of Report: (Check one)

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

Michael Anthony Pulizzi
Candidate Full Name (if applicable)

Library Trustee / Bedford
Office Sought and District

10 Evans Avenue
Residential Address

E-mail: mpulizzi15@gmail.com

Phone # (optional): 781-698-8447

Bedford Free Public Library
Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE 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)

- 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: None

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:

None

(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 or 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:

Michael Pulizzi

(Candidate's signature)

Date: 3/29/21



**Form CPF M101: STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM**

Office of Campaign and Political Finance

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

2021 JAN 26 AM 9:53

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE: Full Name: Maureen R. Richichi
 Residential Address: 7 Norma Road
 City / State / Zip: Bedford, MA 01730
 E-Mail Address: maureen.richichi@gmail.com Phone #: 781-775-3602
 Party Affiliation: _____ (If applicable)

OFFICE SOUGHT/PURPOSE:
 Title: Board of Health
 District: Bedford, MA

COMMITTEE: Name of Committee: Committee to Elect Maureen Richichi
 (The name of the committee must include the candidate's last name)
 Committee Mailing Address: 7 Norma Road
 City / State / Zip: Bedford, MA 01730 Phone #: _____

OFFICERS:

<p>Chair: <u>Maureen Richichi</u> Residential Address: <u>7 Norma Rd.</u> City / State / Zip: <u>Bedford, MA 01730</u> Phone #: <u>781-775-3602</u></p>	<p>Treasurer*: <u>Frank Richichi</u> Residential Address: <u>7 Norma Road</u> City / State / Zip: <u>Bedford MA 01730</u> Phone #: <u>617-710-9143</u> Email: <u>frank.richichi@gmail.com</u></p>
<p>Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____</p>	<p>*A public employee may not serve as treasurer of any political committee (see reverse). Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____</p>

(Complete and attach a Form CPF MA 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Maureen Richichi Date: 1/21/2021
 Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Frank Richichi Date: 1/21/2021
 Treasurer's signature

I hereby accept the office of Chairman of the above-named committee.
 SIGNED UNDER THE PENALTIES OF PERJURY:

Maureen Richichi Date: 1/21/2021
 Chair's signature



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

2021 MAR -2 AM 10: 14

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 28, 2021 Ending Date: Mar 5, 2021

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Maureen Richichi
Candidate Full Name (if applicable)
Board of Health Member
Office Sought and District
7 Norma Road, Bedford MA
Residential Address
E-mail:
Phone # (optional):

Maureen Richichi Election Committee
Committee Name
Frank Richichi
Name of Committee Treasurer
7 Norma Road
Committee Mailing Address
E-mail: frank.richichi@gmail.com
Phone # (optional): (617) 710-9143

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	975
Line 3: Subtotal (line 1 plus line 2)	975
Line 4: Total expenditures this period (page 5, line 14)	880.19
Line 5: Ending Balance (line 3 minus line 4)	94.81
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:	Brookline Bank

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: Frank Richichi (Treasurer's signature) Date: Mar 2, 2021

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: Maureen Richichi (Candidate's signature) Date: Mar 2, 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)
2/12/2021	Brendan Redmond 12 Otter Lane Groton, MA 01450	100	
2/14/2021	Christine Rabinowitz 9 Noreen Drive Bedford, MA 01730	75	
2/14/2021	Ann Kiessler 43 Concord Road Bedford, MA 01730	500	Scientist Self Employed
2/15/2021	Frank Richichi 7 Norma Road Bedford, ma 01730	300	Retired
Line 9: Total Receipts over \$50 (or listed above)		975	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		975	← 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.

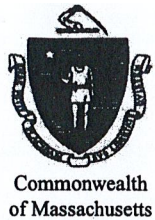
SCHEDULE B: EXPENDITURES

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
2/5/2021	US Postal Service	168 Great Road Bedford, MA 01730	Postage	36
2/6/2021	US Postal Service	168 Great Road Bedford, MA 01730	Postage	36
2/11/2021	US Postal Service	168 Great Road Bedford, MA 01730	Postage	36
2/17/2021	US Postal Service	168 Great Road Bedford, MA 01730	Postage	36
1/28/2021	Vistaprint	275 Wyman Street Waltham, MA 02451	Lawn signs, postcards	433.39
2/16/2021	Vistaprint	275 Wyman Street Waltham, MA 02451	Lawn signs	302.8
Line 12: Total Expenditures over \$50 (or listed above)				880.19
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				880.19

* 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
TOWN OF BEDFORD
TOWN CLERK

FINAL REPORT - SURPLUS FUNDS SENT TO FIRST PARISH BEDFORD UNITARIAN UNIVERSAL

2021 APR 7 11:20 09
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Mar 6, 2021 Ending Date: Apr 3, 2021

Type of Report: (Check one) *FINAL*

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

Maureen Richichi
Candidate Full Name (if applicable)

Board of Health Member
Office Sought and District

7 Norma Road, Bedford MA
Residential Address

E-mail: maureen.richichi@gmail.com

Phone # (optional): _____

Maureen Richichi Election Committee
Committee Name

Frank Richichi
Name of Committee Treasurer

7 Norma Road
Committee Mailing Address

E-mail: frank.richichi@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	94.81
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	94.81
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	94.81
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:	<u>Brookline Bank</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: Maureen Richichi (Candidate's signature) Date: Apr 3, 2021

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

2021 APR -7 PM 2:02

Item	Description	Amount
1
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31



Commonwealth of Massachusetts

Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

Office of Campaign and Political Finance

2021 FEB -8 AM 8:31

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE: Full Name: Catherine Van Praagh
 Residential Address: 69 South Rd
 City / State / Zip: Bedford MA 01730
 E-Mail Address: cvgawvanpraagh@gmail.com Phone #: 781-354-7418
 Party Affiliation: Independant (If applicable)

OFFICE SOUGHT/PURPOSE:
 Title: Board of Health
 District: _____

COMMITTEE: Name of Committee: Committee to Elect Catherine Van Praagh
(The name of the committee must include the candidate's last name)
 Committee Mailing Address: 69 South Rd
 City / State / Zip: Bedford MA 01730 Phone #: 781-354-7418

OFFICERS:

Chair: <u>Andrew Van Praagh</u> Residential Address: <u>69 South Rd</u> City / State / Zip: <u>Bedford MA 01730</u> Phone #: <u>781-698-7644</u>	Treasurer*: <u>Victoria Gaw</u> Residential Address: <u>51 GARRISON RD</u> City / State / Zip: <u>FALMOUTH MA 02540</u> Phone #: <u>508-873-1409</u> Email: <u>OMI.GAW@COMCAST.NET</u> <small>*A public employee may not serve as treasurer of any political committee (see reverse).</small>
Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____	Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Catherine Van Praagh
Candidate's signature

Date: 2/4/21

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Victoria P. Gaw
Treasurer's signature

Date: 2/4/21

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Andrew Van Praagh
Chair's signature

Date: 2/4/21

DEFINITION OF A PUBLIC EMPLOYEE

M.G.L. Chapter 55, Section 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.

SELECTED EXTRACTS FROM M.G.L.C. 55

Section 1 defines a candidate's committee:

"Candidate's committee", the political committee organized on behalf of a candidate The term "candidate's committee" shall also apply to the campaign fund of a candidate who has not organized a political committee for the purpose of carrying out the election campaign of such candidate or who receives contributions or makes expenditures independently of said committee.

Section 2 requires candidates to keep certain records:

Every candidate shall keep detailed accounts of all contributions received by him, or by a person acting on his behalf and of all expenditures made by him, or by a person acting on his behalf. Said accounts may be kept by an agent duly authorized thereto, but the candidate shall be responsible for said accounts, which shall be kept separate and distinct from all other accounts and shall include contributions made by the candidate The candidate shall preserve all receipted bills and accounts relative to all contributions received, expenditures made and any other campaign finance activity. ...The candidate shall preserve said receipted bills and accounts for six years from the date of the relevant election....

Section 3 requires the director to:

"assess a civil penalty for any [late filed] report ... of twenty-five dollars (\$25) per day [up to \$5,000 per report]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate

Section 5 outlines statements of organization of political committees:

Each political committee shall organize by filing with the director or, if organized for the purpose of a city or town election only, with the city or town clerk, a statement of organization.

The statement of organization shall include: (1) the full name of the political committee, which, if organized on behalf of a candidate, shall include the name of the candidate in said name; (2) the address of the political committee; (3) a statement of the purpose for which the political committee is organized (4) the name and residential address of the chair and the treasurer; (5) the name, residential address, and position of other principal officers, including officers and members of the finance committee, if any, and; (6) the name and address, if known, and party affiliation of each candidate the political committee is supporting; provided, however, that if a candidate is nominated without reference to a political party, the name of his political party shall not be required

Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election

No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chair or treasurer, or their designated agents

All funds of a political committee shall be kept separate from any personal funds of officers, members or associates of such committee

IMPORTANT: M.G.L. c. 55, s. 5 requires that any changes in the information provided on this form shall be filed within ten (10) days of said change. Further information can be obtained from OCPF by phone at (617) 979-8300, via e-mail at ocpf@cpf.state.ma.us or on the web at <http://www.mass.gov/ocpf>.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

2021 MAR 12 PM 12:58

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Feb 5, 2021 Ending Date: Mar 12, 2021

Type of Report: (Check one)

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

Korben E. Whitt Leitner
Candidate Full Name (if applicable)

Select person

Office Sought and District

111 Springs Road, Bedford, MA 01730
Residential Address

E-mail: vonleitner@outlook.com

Phone # (optional): (781) 999-4431

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE 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)	0
Line 6: Total in-kind contributions this period (page 6)	1,994.36
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	N/A

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.

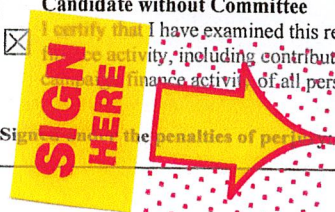
Signed under the penalties of perjury: _____ (Treasurer's signature) Date: _____

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 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.

Sign _____ (Candidate's signature) Date: Mar 12, 2021



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
Feb 25, 2021	Joseph A. DiPietro	39 Lily Pond Rd., Boxford, MA 01921	Signage/T-Shirts/Buttons	995.37
Feb 25, 2021	Anna postova DiPietro	39 Lily Pond Rd., Boxford, MA 01921	Signage/T-Shirts/Buttons	998.99
Line 15: In-Kind Contributions over \$50 (or listed above)				1,994.36
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Line 17: TOTAL IN-KIND CONTRIBUTIONS				1,994.36

Enter on page 1, line 6 →

* 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
				0
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	



your brand, everywhere
 40 Gill Street, Woburn MA 01801
 P: 781.937.0333 | F: 781.937.9997

SOLD TO: Joseph A. DiPietro
 39 Lily Pond Road
 Boxford, MA 01921

Date	3/4/21
Number	135211A
Your PO	DiPietro
Ship Date	3/3/21
Carrier	UPS
Rep	Todd Adcock
Terms	Net 30

Quantity	Unit	Item	Description	Unit Price	Extension
1	LT		Signage/Tees/Buttons	995.37	995.37

DELIVERED TO:

SUB TOTAL	995.37
TAX	
FREIGHT	
TOTAL DUE	995.37

Thank You! Your Business Is Truly Appreciated! Let Printex Help You With Promotional Items, Custom Logo Sportswear, Fulfillment Services, And Anything You Put YOUR Name On!

Taxpayer ID: 04-3249319



your brand, everywhere

40 Gill Street, Woburn MA 01801
P: 781.937.0333 | F: 781.937.9997

SOLD TO: Anna Postova DiPietro
39 Lily Pond Road
Boxford, MA 01921

Date	3/4/21
Number	135211B
Your PO	DiPietro
Ship Date	3/3/21
Carrier	UPS
Rep	Todd Adcock
Terms	Net 30

Quantity	Unit	Item	Description	Unit Price	Extension
1	LT		Signage/Tees/Buttons	998.99	998.99

DELIVERED TO:

SUB TOTAL	998.99
TAX	
FREIGHT	
TOTAL DUE	998.99

Thank You! Your Business Is Truly Appreciated! Let Printex Help You With Promotional Items, Custom Logo Sportswear, Fulfillment Services, And Anything You Put YOUR Name On!

Taxpayer ID: 04-3249319



Commonwealth of Massachusetts

Form CPF M101: STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

Office of Campaign and Political Finance

2021 FEB 19 PM 12:21

File with City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE:

Full Name: Armen Zildjian

Residential Address: 9 Hartwell Road

City / State / Zip: Bedford MA 01730

E-Mail Address: armen@armenforbedford.com Phone #: (617) 543-9832

Party Affiliation: Not Applicable (If applicable)

OFFICE SOUGHT/PURPOSE:

Title: Planning Board

District: Bedford

COMMITTEE:

Name of Committee: Bedford for Armen Zildjian
(The name of the committee must include the candidate's last name)

Committee Mailing Address: 9 Hartwell Road

City / State / Zip: Bedford MA 01730 Phone #: (617) 543-9832

OFFICERS:

<p>Chair: <u>Peter Ricci</u></p> <p>Residential Address: <u>10 Franklin Road</u></p> <p>City / State / Zip: <u>Bedford</u> MA <u>01730</u></p> <p>Phone #: <u>(781) 838-1253</u></p>	<p>Treasurer*: <u>Allan Coady</u></p> <p>Residential Address: <u>320 Concord Rd</u></p> <p>City / State / Zip: <u>Bedford</u> MA <u>01730</u></p> <p>Phone #: <u>(781) 439-2156</u> Email: <u>Allan.Coady@rtx.com</u></p> <p><small>*A public employee may not serve as treasurer of any political committee (see reverse)</small></p>
<p>Other Officer/Title: <u>Sybil Zildjian</u></p> <p>Residential Address: <u>9 Hartwell Road</u></p> <p>City / State / Zip: <u>Bedford</u> MA <u>01730</u></p> <p>Phone #: <u>(781) 248-6604</u></p>	<p>Other Officer/Title: <u>Desiree Girifalco</u></p> <p>Residential Address: <u>289 Concord Road</u></p> <p>City / State / Zip: <u>Bedford</u> MA <u>01730</u></p> <p>Phone #: <u>(781) 275-5055</u></p>

(Complete and attach a Form CPF MA 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature

Date: 2/13/21

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature

Date: 2/17/21

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Chair's signature

Date: 2/13/21



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN OF BEDFORD
TOWN CLERK

2021 MAR -8 AM 8:28

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Feb 15, 2021 Ending Date: Mar 5, 2021

Type of Report: (Check one)

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

Armen Matthew Zildjian
Candidate Full Name (if applicable)

Planning Board

Office Sought and District

9 Hartwell Road
Residential Address

E-mail armen@armenforbedford.com

Phone # (optional) (617) 543-9832

Bedford for Armen Zildjian
Committee Name

Allan Coady
Name of Committee Treasurer

9 Hartwell Road
Committee Mailing Address

E-mail allan.coady@rtx.com

Phone # (optional) (781) 275-5055

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	630
Line 3: Subtotal (line 1 plus line 2)	630
Line 4: Total expenditures this period (page 5, line 14)	22.7
Line 5: Ending Balance (line 3 minus line 4)	607.3
Line 6: Total in-kind contributions this period (page 6)	35
Line 7: Total (all) outstanding liabilities (page 7)	1,391.16
Line 8: Name of bank(s) used:	<u>TD Bank</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: Allan Coady (Treasurer's signature) Date: Mar 5, 2021

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: Armen Zildjian (Candidate's signature) Date: March 5, 2021



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

2021 MAR -8 AM 8:28

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Feb 15, 2021 Ending Date: Mar 5, 2021

Type of Report: (Check one)

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

Armen Matthew Zildjian
Candidate Full Name (if applicable)

Planning Board
Office Sought and District

9 Hartwell Road
Residential Address

E-mail: armen@armenforbedford.com

Phone # (optional): (617) 543-9832

Bedford for Armen Zildjian
Committee Name

Allan Coady
Name of Committee Treasurer

9 Hartwell Road
Committee Mailing Address

E-mail: allan.coady@rtx.com

Phone # (optional): (781) 275-5055

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	630
Line 3: Subtotal (line 1 plus line 2)	630
Line 4: Total expenditures this period (page 5, line 14)	22.7
Line 5: Ending Balance (line 3 minus line 4)	607.3
Line 6: Total in-kind contributions this period (page 6)	35
Line 7: Total (all) outstanding liabilities (page 7)	1,391.16
Line 8: Name of bank(s) used: <u>TD Bank</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: Allan Coady (Treasurer's signature) Date: Mar 5, 2021

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: _____ (Candidate's signature) Date: _____

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)
Feb 27, 2021	Armen Zildjian 9 Hartwell Road Bedford, MA 01730	100	N/A
Mar 3, 2021	Jon O'Connor 54 Notre Dame Road Bedford, MA 01730	100	N/A
Mar 3, 2021	Janet Zildjian 12 Adams Ave. Watertown, MA 02472	100	N/A
Mar 4, 2021	Lisa Harrell 26 Concord Road Bedford, MA 01730	100	N/A
Mar 4, 2021	Allan Coady 320 Concord Road Bedford, MA	200	Program Management Raytheon, CO.
Mar 5, 2021	Lisa Hurley 32 Robinson Drive Bedford, MA 01730	30	N/A
Line 9: Total Receipts over \$50 (or listed above)		630	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		630	← 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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

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

SCHEDULE 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
Feb 15, 2021	Belmont Printing Co	46 Brighton Street Belmont, MA 02478	Yard Signs	1,265.69
Feb 23, 2021	Belmont Printing Co	46 Brighton Street Belmont, MA 02478	Banner	125.47
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	1,391.16



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF BEDFORD
TOWN CLERK

2021 APR 15 AM 9:07

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Mar 6, 2021 Ending Date: Apr 13, 2021

Type of Report: (Check one)

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

Armen Matthew Zildjian
Candidate Full Name (if applicable)

Planning Board

Office Sought and District

9 Hartwell Road, Bedford, MA 01730
Residential Address

E-mail: armen@armenforbedford.com

Phone # (optional): (617) 543-9832

Bedford for Armen Zildjian
Committee Name

Allan Coady
Name of Committee Treasurer

9 Hartwell Road, Bedford, MA 01730
Committee Mailing Address

E-mail: armen@armenforbedford.com

Phone # (optional): (781) 275-5055

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	607.3
Line 2: Total receipts this period (page 3, line 11)	950
Line 3: Subtotal (line 1 plus line 2)	1,557.3
Line 4: Total expenditures this period (page 5, line 14)	1,444.78
Line 5: Ending Balance (line 3 minus line 4)	112.52
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:	<u>TD Bank</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: Allan Coady (Treasurer's signature) Date: Apr 13, 2021

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: Armen Zildjian (Candidate's signature) Date: Apr 13, 2021

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
Mar 21, 2021	Belmont Printing	46 Brighton St. Belmont, MA 02478	Sign & Banner printing Invoices 84612 & 84651	1,391.16
Mar 21, 2021	Peter Ricci	10 Franklin Rd. Bedford, MA 01730	Election day supplies	47.02
Line 12: Total Expenditures over \$50 (or listed above)				1,438.18
Line 13: Total Expenditures \$50 and under* (not listed above)				6.6
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,444.78

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.

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

