



# LATE Response

## Town of Dighton, Massachusetts

### TOWN CLERK

979 Somerset Avenue, Dighton, MA 02715  
Telephone - 508-669-5411 -- Fax - 508-669-5932  
www.dighton-ma.gov

8 Days Prior Due 4/4/2022

Board of Assessors 3 YR *returned 4/13/22*  
Carol Beauregard 472 Estherbrook Ave. Dighton MA 02715\*  
\*Currently appointed to position

✓ William F. Moore 1835 Smith Street, Dighton MA 02715 *returned 4/1/22*

✓ Town Clerk 3 YR *returned 3.30.22*  
Mark L. Pacheco 2530 Maple Swamp Rd. North Dighton MA 02764\*  
\*Currently appointed to position

✓ Public Library Trustee 3 YR *returned 4.11.22*  
Ann E. Meitzen 3091 Hunters Hill Dr.  
Dighton MA 02715

✓ DR School Dist. Comm. 3 YR *returned 3.30.22*  
Peter Latour 193 Forest St. North Dighton MA 02764

✓ Moderator 1 Yr *returned 4.14.22*  
G. Scott Dingus 1780 Smith Street, Dighton MA 02715 INCUMBENT

✓ William F. Moore 1835 Smith St, Dighton MA 02715 *returned 4.11.22*

✓ Planning Board 5 Yr Term *returned 4.14.22*  
Joseph Figueiredo 400 Country Hill Drive North Dighton MA 02764 INCUMBENT

✓ Town Treasurer 3 YR *returned 3.30.22*  
Paul Reynolds 725 Main Street, Dighton MA 02715

✓ Town Collector 3 YR *returned 3.30.22*  
Paul Reynolds 725 Main Street, Dighton MA 02715

✓ Sewer Commissioners 3 YR *returned 4.14.22*  
Paul Joly 707 Brook St. Dighton MA 02715 INCUMBENT

✓ Parks & Recreation *returned 4.11.22*  
Kerri Fontaine 488 Spring St North Dighton MA 02764  
Rachel Goulart 227 Summer St North Dighton MA 02764 *returned 4.14.22*

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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:

*Please print or type all information, except signatures.*

Reporting Period: Beginning: 1/1/22 (MM/DD/YYYY) Ending: 3/30/22 (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.





Commonwealth  
of Massachusetts

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

City or Town of:

*Please print or type all information, except signatures.*

Reporting Period: Beginning: Jan 1, 2022  
MM/DD/YYYY

Ending: Mar 30, 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.
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Form CPF M 102-0: Campaign Finance Report  
Municipal Form  
Office of Campaign and Political Finance

*Please print or type all information, except signatures.*

City or Town of:

Reporting Period: Beginning: 1/1/22  
(MM/DD/YYYY) Ending: 3/30/22  
(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 Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
4/14	G. Scott Dings		1780 Smith St	Moderator
			<b>RECEIVED</b>	





Commonwealth  
of Massachusetts

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

*Please print or type all information, except signatures.*

City or Town of:

Reporting Period: Beginning: 1/1/22 (MM/DD/YYYY) Ending: 3/30/22 (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.
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Commonwealth  
of Massachusetts

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

*Please print or type all information, except signatures.*

**City or Town of:**

Dighton

Reporting Period: Beginning: 1/1/02 (MM/DD/YYYY)

Ending: 3/30/22 (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.





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: 1/1/22 Ending Date: 3/31/22

Type of Report: (Check one)

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

<u>Kernilynn Fontaine</u>	Candidate Full Name (if applicable)
<u>Parks and Recreation Commissioner</u>	Office Sought and District
<u>4988 Spring St N Dighton MA 02764</u>	Residential Address
<u>Kgrandmom@gmail.com</u>	E-mail:
Phone # (optional):	

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

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

180.00

Line 2: Total receipts this period (page 3, line 11)

180.00

Line 3: Subtotal (line 1 plus line 2)

180.00

Line 4: Total expenditures this period (page 5, line 14)

180.00

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:

### 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: K. Fontaine (Candidate's signature) Date: 4/4/22

**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)
2/23/22	Kenfintane	180.00	

**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)**

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
2/23/22	Designs2 Signs	2465 Williams St Dighton MA 02718	Signs	180.00
Line 12: Total Expenditures over \$50 (or listed above)				180.00
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				180.00

\* 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 B: EXPENDITURES (continued)**

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

\* 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.*

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

Neil Fontaine  
508-246-8432



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:

01/01/2022

Ending Date:

3/30/2022

Type of Report: (Check one)

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

Rachel A Goulart

Candidate Full Name (if applicable)

Parks + Recreation Commissioner

Office Sought and District

227 Summer St

Residential Address

E-mail: Rgoulart13@hotmail.com

Phone # (optional): (508) 465-1100

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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2021 APR 14 PM 17

Line 2: Total receipts this period (page 3, line 11)

\$585.00

Line 3: Subtotal (line 1 plus line 2)

\$585.00

Line 4: Total expenditures this period (page 5, line 14)

\$585.00

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: Taunton Federal Credit Union

### 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: Rachel A Goulart

(Candidate's signature)

Date: 4-13-2022

**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)
4/29/22	Rachel Gouletart 227 Summer St	\$585.00	Bus Driver H+L Bloom
		</	

**Line 9: Total Receipts over \$50 (or listed above)**

585.00

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

2

**Line 11: TOTAL RECEIPTS IN THE PERIOD**

~~585.00~~

← 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)**

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
4/29/22	L+P Graphics	376 Peckham St Fall River MA	Signs	\$570.00
Line 12: Total Expenditures over \$50 (or listed above)				\$70.00
Line 13: Total Expenditures \$50 and under* (not listed above)				15.00
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$85.00

\* 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 B: EXPENDITURES (continued)**

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
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 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				S

\* 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.*

Enter on page 1, line 7 →

**Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**

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