



Commonwealth
of Massachusetts

RECEIVED
Town Clerk-Dighton, MA

APR 16 2024

Form CPF M109:

Statement of Municipal Candidate
Not Raising or Expending Campaign Funds
Office of Campaign and Political Finance

Time: _____
By: _____

File with: Local Election Official (City or Town Clerk)

Candidate's Name:	<u>Shara Costa</u>		
Office Sought:	<u>Town Clerk</u>		
Residential Address:	<u>2431 Winthrop St.</u>		
City / State / Zip:	<u>N. Dighton, MA 02764</u>		
E-Mail Address:	<u>SCosta@dighton-MA.gov</u>	Phone Number:	<u>339 235 4606</u>

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, including expenditures of my own funds, or incur liabilities for any campaign-related purpose, nor do I currently have any outstanding liabilities for prior campaign-related activity. I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

1. Ending balance from previous report	ZERO
2. Total receipts for reporting period	ZERO
3. Subtotal	ZERO
4. Total Expenditures for reporting period	ZERO
5. Ending balance	ZERO

After filing this statement, if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, in the calendar year in which it is filed, required by Chapter 55 of the Massachusetts General Laws.

This form is valid through December 31 of the year in which it was signed.

SIGNED UNDER THE PENALTIES OF PERJURY:

Shara Costa

Candidate's signature:

Date: 4/16/24



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: 04/01/2024 Ending Date: 04/30/2024

Type of Report: (Check one)

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

NANCY J GOULLART Candidate Full Name (if applicable)
ASS'ESSOR Office Sought and District
631 Gray Ter, North Dighton 02764 Residential Address
E-mail: ngoullart@comcast.net
Phone #: (508) 823-6179

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

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 12)

0

Line 3: Subtotal (line 1 plus line 2)

0

Line 4: Total expenditures this period (page 5, line 15)

0

Line 5: Ending Balance (line 3 minus line 4)

0

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

0

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

0

Line 9: 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:

4/19

(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:

Nancy J. Goullart

(Candidate's signature)

Date: 11/28/2024



Commonwealth
of Massachusetts

CPF ID #:

(For Office Use Only)

**Form CPF 101 WTC: STATEMENT OF ORGANIZATION
ELECTED CITY, WARD, TOWN POLITICAL COMMITTEE REPORT**

NAME OF CITY/TOWN: Dighton WARD (if applicable): _____

PARTY: Dighton Republican Town Committee DATE OF REPORT: May 2, 2024

INDICATE THE PURPOSE OF THIS REPORT BY CHECKING THE APPROPRIATE BOX BELOW:

STATEMENT OF ORGANIZATION CHANGE OF OFFICER(S) MEMBERSHIP UPDATE

Submit this report to the four offices listed below. File the original with the Office of Campaign and Political Finance, and file copies of this report with the other three offices listed. City Ward Committee Secretaries must also file this report with the Chairperson of the city committee of the political party which it represents.

1) Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300 / (800) 462-OCPF (toll free in MA) ocpf@mass.gov / https://www.ocpf.us	1) Secretary of the Commonwealth, William Francis Galvin Elections Division One Ashburton Place, Room 1705 Boston, MA 02108 (617) 727-2828 / (800) 462-VOTE (toll free in MA) elections@sec.state.ma.us / https://www.sec.state.ma.us/elections
2) State Party Committee Headquarters	2) City Clerk/ Town Clerk or Election Commission

PLEASE LIST BELOW THE NAME, RESIDENTIAL ADDRESS AND ZIP CODE OF THE OFFICERS OF THIS COMMITTEE:

Chairperson: <u>WILLIAM F MOORE</u>	Secretary: <u>RAFAEL ROBERT DELFIN</u>
Residential Address: <u>1835 Smith Street</u>	Residential Address: <u>420 Lincoln Avenue</u>
City / State / Zip: <u>Dighton, MA 02715</u>	City / State/ Zip: <u>N. Dighton, MA 02764</u>
Email: <u>williamfmoore@yahoo.com</u>	Email: _____
Phone #: <u>508-269-8485</u>	Phone#: _____
Treasurer*: <u>AIMEE MCGURN</u>	*A public employee may not serve as treasurer of any political committee.
Residential Address: <u>911 Middle Street</u>	M.G.L.c. 55, s. 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.
City / State/ Zip: <u>N. Dighton MA 02764</u>	
Email: _____	Phone #: _____

On behalf of the above-referenced committee, I hereby submit this list of officers, members, and associate members of the committee with their addresses to the Secretary of the Commonwealth, the Director of the Office of Campaign and Political Finance, the City or Town Clerk or Election Commission of our municipality, the Secretary of our State Party Committee, and, in the case of ward committees, the Chairperson of our party's City Committee in our municipality, in accordance with M.G.L Ch. 52, Sec. 5.

Rafael Robert Delfin

Date: 5/2/2024

Secretary'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; and 2) if after my acceptance of this office I become an appointed public employee, I must resign and notify OCPF of my resignation.

SIGNED UNDERTAKING COPY OF PERTINENT:

Marc Costa

Aimee M

Date 5/2/2024

Treasurer's signature

NAME OF CITY / TOWN / WARD: _____

LIST OTHER OFFICERS' NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:

Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

MEMBERS:

Member: <u>Paul Reynolds</u> Residential Address: <u>725 Main Street</u> City / State / Zip: <u>Dighton, MA 02715</u>	Member: <u>Timandra Alys Vincent</u> Residential Address: <u>2709 Wellington Street</u> City / State / Zip: <u>N. Dighton, MA 02764</u>
Member: <u>Alison Larsson</u> Residential Address: <u>2106 Williams Street</u> City / State / Zip: <u>Dighton, MA 02715</u>	Member: <u>Melissa St. Laurent</u> Residential Address: <u>366 School Lane</u> City / State / Zip: <u>Dighton, MA 02715</u>
Member: <u>Roy Larsson</u> Residential Address: <u>2106 Williams Street</u> City / State / Zip: <u>Dighton, MA 02715</u>	Member: <u>Thomas Gallucci</u> Residential Address: <u>2086 Palmer Street</u> City / State / Zip: <u>Dighton, MA 02715</u>
Member: <u>Nicole Mello</u> Residential Address: <u>1693 Wellington Street</u> City / State / Zip: <u>Dighton, MA 02715</u>	Member: <u>David Rosa</u> Residential Address: <u>323 Lincoln Avenue</u> City / State / Zip: <u>N. Dighton, MA 02764</u>
Member: <u>Robbie Lepage</u> Residential Address: <u>670 Main Street</u> City / State / Zip: <u>Dighton, MA 02715</u>	Member: <u>Donna Berdas</u> Residential Address: <u>2396 Pleasant Street</u> City / State / Zip: <u>Dighton, MA 02715</u>
Member: <u>Jeanne Oliveira</u> Residential Address: <u>2188 Cedar Street</u> City / State / Zip: <u>Dighton, MA 02715</u>	Member: <u>David Berdas</u> Residential Address: <u>2396 Pleasant Street</u> City / State / Zip: <u>Dighton, MA 02715</u>
Member: <u>William F. Moore</u> Residential Address: <u>1835 Smith Street</u> City / State / Zip: <u>Dighton, MA 02715</u>	Member: <u>Susan Gray Britchford</u> Residential Address: <u>319 Tremont Street</u> City / State / Zip: <u>N. Dighton, MA 02764</u>

ASSOCIATE MEMBERS:

Associate Member: <u>Peter Caron</u> Residential Address: <u>2580 Maple Swamp Road</u> City / State / Zip: <u>N. Dighton, MA 02764</u>	Associate Member: <u>James Ceven</u> Residential Address: <u>675 Main Street</u> City / State / Zip: <u>Dighton, MA 02715</u>
Associate Member: <u>Allan Greenston</u> Residential Address: <u>88 Stoddard Avenue</u> City / State / Zip: <u>N. Dighton, MA 02764</u>	Associate Member: <u>Carrie-Anne Miller</u> Residential Address: <u>12 Summer Street</u> City / State / Zip: <u>N. Dighton, MA 02764</u>
Associate Member: <u>Brand Cedrone</u> Residential Address: <u>246 Lincoln Avenue</u> City / State / Zip: <u>N. Dighton, MA 02764</u>	Associate Member: <u>James Watson</u> Residential Address: <u>12 Summer Street</u> City / State / Zip: <u>N. Dighton, MA 02764</u>

(Attach an additional page, if necessary, with other officers, members and associate members.)



Commonwealth
of Massachusetts

CPFID#:

(For Office Use Only)

**Form CPF 101 WTC: STATEMENT OF ORGANIZATION
ELECTED CITY, WARD, TOWN POLITICAL COMMITTEE REPORT**

NAME OF CITY/TOWN: Dighton

WARD (if applicable): _____

PARTY: REPUBLICAN

DATE OF REPORT: 4/9/24

INDICATE THE PURPOSE OF THIS REPORT BY CHECKING THE APPROPRIATE BOX BELOW:

STATEMENT OF ORGANIZATION

CHANGE OF OFFICER(S)

MEMBERSHIP UPDATE

Submit this report to the four offices listed below. File the original with the Office of Campaign and Political Finance, and file copies of this report with the other three offices listed. City Ward Committee Secretaries must also file this report with the Chairperson of the city committee of the political party which it represents.

1) Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300 / (800) 462-OCPF (toll free in MA) ocpf@mass.gov / https://www.ocpf.us	1) Secretary of the Commonwealth, William Francis Galvin Elections Division One Ashburton Place, Room 1705 Boston, MA 02108 (617) 727-2828 / (800) 462-VOTE (toll free in MA) elections@sec.state.ma.us / https://www.sec.state.ma.us/elections
2) State Party Committee Headquarters	2) City Clerk/ Town Clerk or Election Commission

PLEASE LIST BELOW THE NAME, RESIDENTIAL ADDRESS AND ZIP CODE OF THE OFFICERS OF THIS COMMITTEE:

Chairperson: WILLIAM F. MOORE

Secretary: RAFAEL R. DELFIN

Residential Address: 1835 SMITH ST.

Residential Address: 400 LINCOLN AVE.

City/State/Zip: Dighton MA 02715

City/State/Zip: Dighton MA 02764

Email: WILLIAMFMOORE@YAHOO.COM Phone #: 508-269-8485

Email: rafadelfin@gmail.com Phone #: 774-761-2928

Treasurer*: JAMES LEVINE

*A public employee may not serve as treasurer of any political committee.

Residential Address: 675 MAIN STREET

M.G.L.c. 55, s. 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.

City / State/Zip: Dighton MA 02715

Email: STEVEN_77@MSA.CM Phone #: 508-828-0160

On behalf of the above-referenced committee, I hereby submit this list of officers, members, and associate members of the committee with their addresses to the Secretary of the Commonwealth, the Director of the Office of Campaign and Political Finance, the City or Town Clerk or Election Commission of our municipality, the Secretary of our State Party Committee, and, in the case of ward committees, the Chairperson of our party's City Committee in our municipality, in accordance with M.G.L Ch. 52, Sec. 5.

Rafael Delfin

Date: 4/9/2024

Secretary'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; and 2) if after my acceptance of this office I become an appointed public employee, I must resign and notify OCPF of my resignation.

SIGNED UNDER THE PENALTIES OF PERJURY:

Jan V. Lee

Treasurer's signature

Date: 4/9/24

LIST OTHER OFFICERS' & MEMBERS' NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES ON THE REVERSE

NAME OF CITY / TOWN / WARD: D 1GHTON

LIST OTHER OFFICERS NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:

Other Officer/Title: <u>PAUL E. REYNOLDS III, ASSISTANT CLERK</u>	Other Officer/Title: _____
Residential Address: <u>725 MAIN ST.</u>	Residential Address: _____
City / State / Zip: <u>DIGHTON, MA. 02715</u>	City / State / Zip: _____
Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

MEMBERS:

Member: <u>ROY DAVID LARSSON</u>	Member: <u>TIMANDRA Alys VINCENT</u>
Residential Address: <u>2106 WILLIAMS ST.</u>	Residential Address: <u>2709 WELLINGTON ST.</u>
City / State / Zip: <u>DIGHTON, MA 02715</u>	City / State / Zip: <u>DIGHTON, MA. 02764</u>
Member: <u>ALISON LARSSON</u>	Member: <u>AIMEE McGURR</u>
Residential Address: <u>2106 WILLIAMS ST.</u>	Residential Address: <u>941 MIDDLE ST</u>
City / State / Zip: <u>DIGHTON, MA. 02715</u>	City / State / Zip: <u>DIGHTON, MA. 02764</u>
Member: <u>SUSAN GRAY PRIECHARD</u>	Member: <u>BRIAN McGURR</u>
Residential Address: <u>319 TREMONT ST.</u>	Residential Address: <u>941 MIDDLE ST</u>
City / State / Zip: <u>DIGHTON, MA. 02764</u>	City / State / Zip: <u>DIGHTON MA 02715</u>
Member: <u>DAVID ROSA</u>	Member: <u>PETER CARON</u>
Residential Address: <u>323 LINCOLN AVE</u>	Residential Address: <u>2580 MAPLE SWAMP ROAD</u>
City / State / Zip: <u>DIGHTON, MA 02764</u>	City / State / Zip: <u>NORTH DIGHTON, MA 02764</u>
Member: <u>MELISSA S. LAURENT</u>	Member: <u>NICOLE MELLO</u>
Residential Address: <u>366 SCHOOL LANE</u>	Residential Address: <u>1693 WELLINGTON ST</u>
City / State / Zip: <u>DIGHTON, MA 02715</u>	City / State / Zip: <u>DIGHTON, MA 02764</u>
Member: <u>DONNA BERDOS</u>	Member: <u>ROBERT LEPAGE</u>
Residential Address: <u>2396 PLEASANT ST</u>	Residential Address: <u>670 MAIN STREET</u>
City / State / Zip: <u>DIGHTON, MA 02715</u>	City / State / Zip: <u>DIGHTON, MA 02715</u>
Member: <u>DAVID P. BERDOS</u>	Member: <u>JEFFREY CLOONAN</u>
Residential Address: <u>2396 PLEASANT ST.</u>	Residential Address: <u>1780 MILK ST</u>
City / State / Zip: <u>DIGHTON, MA 02715</u>	City / State / Zip: <u>DIGHTON, MA 02715</u>

ASSOCIATE MEMBERS:

Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

(Attach an additional page, if necessary, with other officers, members and associate members.)

NAME OF CITY / TOWN / WARD D 1 941712 10

LIST OTHER OFFICERS' NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:

Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:

MEMBERS:

Member: <u>BRAND CEDRONE</u>	Member: <u>BRUCE ATWOOD</u>
Residential Address: <u>246 LINCOLN AVE</u>	Residential Address: <u>1276 SOMERSET AVE</u>
City / State / Zip: <u>DIGTION MA 02715</u>	City / State / Zip: <u>DIGTION, MA 02715</u>
Member: <u>THOMAS GALLUCCI</u>	Member:
Residential Address: <u>2086 PALMER ST.</u>	Residential Address:
City / State / Zip: <u>DIGTION MA 02715</u>	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:

ASSOCIATE MEMBERS:

Associate Member:	Associate Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Associate Member:	Associate Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Associate Member:	Associate Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:

(Attach an additional page, if necessary, with other officers, members and associate members.)



Commonwealth
of Massachusetts

CPFID#:

(For Office Use Only)

**Form CPF 101 WTC: STATEMENT OF ORGANIZATION
ELECTED CITY, WARD, TOWN POLITICAL COMMITTEE REPORT**

NAME OF CITY/TOWN: Dighton WARD (if applicable): _____

PARTY: REPUBLICAN DATE OF REPORT: 4/9/24

INDICATE THE PURPOSE OF THIS REPORT BY CHECKING THE APPROPRIATE BOX BELOW:

STATEMENT OF ORGANIZATION CHANGE OF OFFICER(S) MEMBERSHIP UPDATE

Submit this report to the four offices listed below. File the original with the Office of Campaign and Political Finance, and file copies of this report with the other three offices listed. City Ward Committee Secretaries must also file this report with the Chairperson of the city committee of the political party which it represents.

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2) State Party Committee Headquarters	2) City Clerk/ Town Clerk or Election Commission

PLEASE LIST BELOW THE NAME, RESIDENTIAL ADDRESS AND ZIP CODE OF THE OFFICERS OF THIS COMMITTEE:

Chairperson: <u>WILLIAM F. MOORE</u>	Secretary: <u>RAFAEL R. DELFIN</u>
Residential Address: <u>1835 S M ST. KS.</u>	Residential Address: <u>400 LINCOLN AVE.</u>
City/State/Zip: <u>Dighton MA 02715</u>	City/State/Zip: <u>Dighton MA 02764</u>
Email: <u>WILLIAMFMOORE@YAHOO.COM</u> Phone #: <u>508-269-8485</u>	Email: <u>rafadelfin@gmail.com</u> Phone #: <u>774-766-2928</u>

Treasurer*: <u>JAMES CEVEN</u>	*A public employee may not serve as treasurer of any political committee.
Residential Address: <u>675 MAIN STREET</u>	M.G.L.c. 55, s. 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.
City/State/Zip: <u>Dighton MA 02715</u>	
Email: <u>JCEVEN_77@MSN.COM</u> Phone #: <u>508-828-0160</u>	

On behalf of the above-referenced committee, I hereby submit this list of officers, members, and associate members of the committee with their addresses to the Secretary of the Commonwealth, the Director of the Office of Campaign and Political Finance, the City or Town Clerk or Election Commission of our municipality, the Secretary of our State Party Committee, and, in the case of ward committees, the Chairperson of our party's City Committee in our municipality, in accordance with MGL Ch. 52, Sec. 5.

Rafael Delfin

Secretary's signature

Date: 4/9/2024

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; and 2) if after my acceptance of this office I become an appointed public employee, I must resign and notify OCPF of my resignation.

SIGNED UNDER THE PENALTIES OF PERJURY:

Shane Costa

Treasurer's signature

Date: 4/9/24

LIST OTHER OFFICERS' & MEMBERS' NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES ON THE REVERSE
TOWN CLERK

NAME OF CITY/TOWN/WARD: D (GHTON)

LIST OTHER OFFICERS' NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:

Other Officer/Title: <u>PAUL E. REYNOLDS III / ASST. T. A. CLERK</u>	Other Officer/Title: _____
Residential Address: <u>725 MAIN ST.</u>	Residential Address: _____
City / State / Zip: <u>DIGHTON, MA. 02715</u>	City / State / Zip: _____
Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

MEMBERS:

Member: <u>ROD DAVID LARSSON</u>	Member: <u>IMANDRA ALYS VINCENT</u>
Residential Address: <u>2106 WILLIAMS ST.</u>	Residential Address: <u>2709 WELLINGTON ST.</u>
City / State / Zip: <u>DIGHTON, MA 02715</u>	City / State / Zip: <u>DIGHTON, MA. 02764</u>
Member: <u>ALISON LARSSON</u>	Member: <u>AIMEE MCGURN</u>
Residential Address: <u>2106 WILLIAMS ST.</u>	Residential Address: <u>941 MIDDLE ST</u>
City / State / Zip: <u>DIGHTON, MA. 02715</u>	City / State / Zip: <u>DIGHTON, MA. 02764</u>
Member: <u>SUSAN GRAY Pritchard</u>	Member: <u>BRIAN McGURN</u>
Residential Address: <u>319 T. REMONT ST.</u>	Residential Address: <u>941 MIDDLE ST</u>
City / State / Zip: <u>DIGHTON, MA. 02764</u>	City / State / Zip: <u>DIGHTON MA 02715</u>
Member: <u>DAVID ROSA</u>	Member: <u>PETER CARON</u>
Residential Address: <u>323 LINCOLN AVE</u>	Residential Address: <u>2580 MAPLE SWAMP ROAD</u>
City / State / Zip: <u>DIGHTON, MA 02764</u>	City / State / Zip: <u>NORTH DIGHTON, MA 02764</u>
Member: <u>MELISSA ST. LAURENT</u>	Member: <u>NICOLE MELLO</u>
Residential Address: <u>366 SCHOOL LANE</u>	Residential Address: <u>1693 WELLINGTON ST</u>
City / State / Zip: <u>DIGHTON, MA 02715</u>	City / State / Zip: <u>DIGHTON, MA 02764</u>
Member: <u>DONNA BERDOS</u>	Member: <u>ROBERT LEPAGE</u>
Residential Address: <u>2396 PLEASANT ST</u>	Residential Address: <u>670 MAIN STREET</u>
City / State / Zip: <u>DIGHTON, MA 02715</u>	City / State / Zip: <u>DIGHTON, MA 02715</u>
Member: <u>DAVID P. BERDOS</u>	Member: <u>JEFFREY CLOONAN</u>
Residential Address: <u>2396 PLEASANT ST.</u>	Residential Address: <u>1780 MILK ST</u>
City / State / Zip: <u>DIGHTON, MA 02715</u>	City / State / Zip: <u>DIGHTON, MA 02715</u>

ASSOCIATE MEMBERS:

Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____
Associate Member: <u>A TRUE COPY ATTEST</u>	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: <u>Shane Costa</u>	City / State / Zip: _____
Associate Member: _____	Associate Member: _____
Residential Address: <u>TOWN CLERK</u>	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

(Attach an additional page, if necessary, with other officers, members and associate members.)

NAME OF CITY/ TOWN/ WARD D 1341102 W

LIST OTHER OFFICERS' NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:

Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:

MEMBERS:

Member: <u>BRAND CEDRONE</u>	Member: <u>BRUCE ATWOOD</u>
Residential Address: <u>246 LINCOLN AVE</u>	Residential Address: <u>1076 SOMERSET AVE</u>
City / State / Zip: <u>DIGITON MA 02764</u>	City / State / Zip: <u>DIGITON, MA 02715</u>
Member: <u>THOMAS GALLUCCI</u>	Member:
Residential Address: <u>2086 PALMER ST.</u>	Residential Address:
City / State / Zip: <u>DIGITON MA 02715</u>	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:

ASSOCIATE MEMBERS:

Associate Member:	Associate Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Associate Member: <u>ATRUE COPY ATTEST</u>	Associate Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Associate Member: <u>Shara Costa</u>	Associate Member:
Residential Address:	Residential Address:
City / State / Zip: <u>TOWN CLERK</u>	City / State / Zip:

(Attach an additional page, if necessary, with other officers, members and associate members.)



Commonwealth
of Massachusetts

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

Office of Campaign and Political Finance

File with: City/ Town Clerk or Election Commission

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

CANDIDATE:	Full Name: <u>Mark Pacheco</u>
Residential Address:	<u>2530 Maple Swamp Rd</u>
City /State /Zip:	<u>North Dighton</u> MA <u>02764</u>
E-Mail Address:	<u>Mark.Pacheco20@gmail.com</u>
Party Affiliation:	<u></u>
Phone #:	<u>508/813/8823</u>
(If applicable)	

OFFICE SOUGHT/PURPOSE:

Title: Board of Selectmen District:

Candidate without committee (check if applicable). If checked, do not complete committee or officer sections: sign as candidate, date and file with clerk or local election official.

COMMITTEE: Name of Committee:

(The name of the committee must include the candidate's last name)

Committee Mailing Address:

City/ State/ Zip:

Phone #:

OFFICERS:

Chairperson:

Treasurer*:

Residential Address:

Residential Address:

City / State/ Zip:

City / State / Zip:

Phone#:

Phone#:

Email:

*A public employee may not serve as treasurer of any political committee (see reverse).

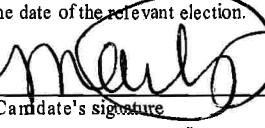
Additional officers may be listed on page two.

Check applicable box before signing:

Candidate with committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) 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; and 4) may not serve as treasurer of a political committee organized on my behalf.

Candidate without committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) acknowledge if I become a public employee I must organize a committee and may not serve as treasurer; and 4) 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.

SIGNED UNDER THE PENALTIES OF PERJURY:


Candidate's signature

Date: 2/26/24

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 their behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature

Date:

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairperson's signature

Date:

RECEIVED
Town Clerk-Dighton, MA

MAR 14 2024

Time: 7:39 AM
By: (Signature)