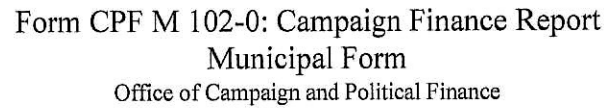


By Town Clerk at 1:30 pm, Jan 18, 2023



Please print or type all information, except signatures.

Type of Report: (Check One)

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.

[illegible]



Office of Campaign and Political Finance

JAN 03 2023

Maynard, MA 01754

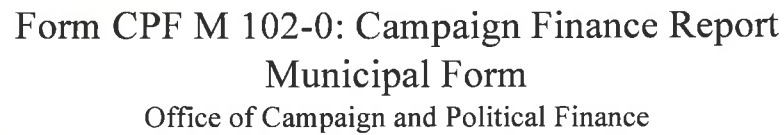
Please print or type all information, except signatures.

Reporting Period: Beginning: _____ Ending: 12/31/2022
(MM/DD/YYYY) (MM/DD/YYYY)

☐ 8th day preceding preliminary/primary ☐ 8th day preceding election ☐ 30th day following election (town or special) ☒ 20th day of January (Year-End report)

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.

[illegible]



Please print or type all information, except signatures.

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.

[illegible]



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: MAYNARD

Reporting Period: Beginning: (MM/DD/YYYY) Ending: 12/31/2022 (MM/DD/YYYY)

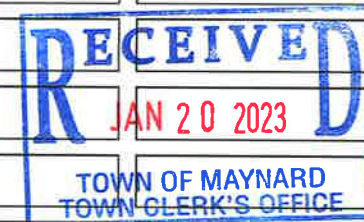
Type of Report: (Check One)

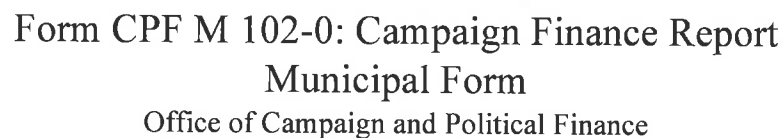
☐ 8th day preceding preliminary/primary ☐ 8th day preceding election ☐ 30th day following election (town or special) ☒ 20th day of January (Year-End report)

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 Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1/12/23	Maro Hogan	Maro L. Hogan	50 Thompson St.	School Committee





Please print or type all information, except signatures.

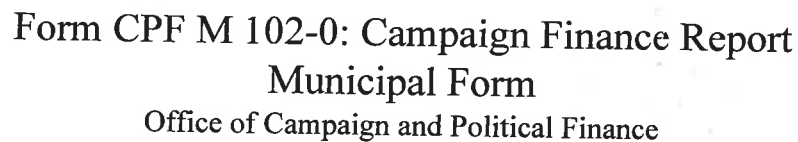
Type of Report: (Check One)

☐ 8th day preceding preliminary/primary ☐ 8th day preceding election ☐ 30th day following election (town or special) ☒ 20th day of January (Year-End report)

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 <small>Signed under the penalties of perjury</small>	RESIDENTIAL ADDRESS <small>(Street and Number)</small>	OFFICE SOUGHT
1/17/23	Peter Reed	[Signature]	23 Nick Ln	Library Trustee

A blue rectangular stamp with the word "RECEIVED" at the top, the date "JAN 17 2023" in red in the center, and "TOWN OF MAYNARD TOWN CLERK'S OFFICE" at the bottom.



Please print or type all information, except signatures.

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:

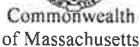
1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political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

DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1-20-2023	FAMEZA REINIGER	<i>[Signature]</i>	13 DAWSON AVE	AV SC

RECEIVED

JAN 19 2023

TOWN OF MAYNARD
TOWN CLERK'S OFFICE



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

RECEIVED

JAN 10 2023

City or Town of: MAYNARD

Town Clerk's Office
Please print or type all information, except signatures.
Maynard, MA 01754

Reporting Period:	Beginning: <u>1/1/22</u> (MM/DD/YYYY)	Ending: <u>12/31/2022</u> (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.

[illegible]

RECEIVED

By Town Clerk at 11:41 am, Dec 29, 2022

Commonwealth
of Massachusetts

Form CPP 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: Jan 1, 2022 Ending Date: Dec 31, 2022

Type of Report: (Check one)

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

Hilary Griffiths

Candidate Full Name (if applicable)

Maynard School Committee

Office Sought and District

14 Maybury St, Maynard, MA 01754

Residential Address

E-mail: hilarygriffiths@gmail.com

Phone # (optional): _____

Hilary Griffiths for School Committee

Committee Name

Jessica Teague

Name of Committee Treasurer

2 Whitney Ave, Maynard, MA 01754

Committee Mailing Address

E-mail: jessicaeteague@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>461.36</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>461.36</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>38</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>423.36</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>Citizens 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: Dec 31, 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: 12/29/2022

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.)

[illegible]

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.

SCHEDULE A: RECEIPTS (continued)[illegible]

* 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 31, 2022	Citizens Bank	PO Box 7000 Providence, RI 02940	Bank Charges	3
May 31, 2022	Citizens Bank	PO Box 7000 Providence, RI 02940	Bank Charges	10
Jun 30, 2022	Citizens Bank	PO Box 7000 Providence, RI 02940	Bank Charges	5
Jul 29, 2022	Citizens Bank	PO Box 7000 Providence, RI 02940	Bank Charges	5
Aug 31, 2022	Citizens Bank	PO Box 7000 Providence, RI 02940	Bank Charges	5
Sep 30, 2022	Citizens Bank	PO Box 7000 Providence, RI 02940	Bank Charges	5
Oct 31, 2022	Citizens Bank	PO Box 7000 Providence, RI 02940	Bank Charges	5
Line 12: Total Expenditures over \$50 (or listed above)				38
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				38

* 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.

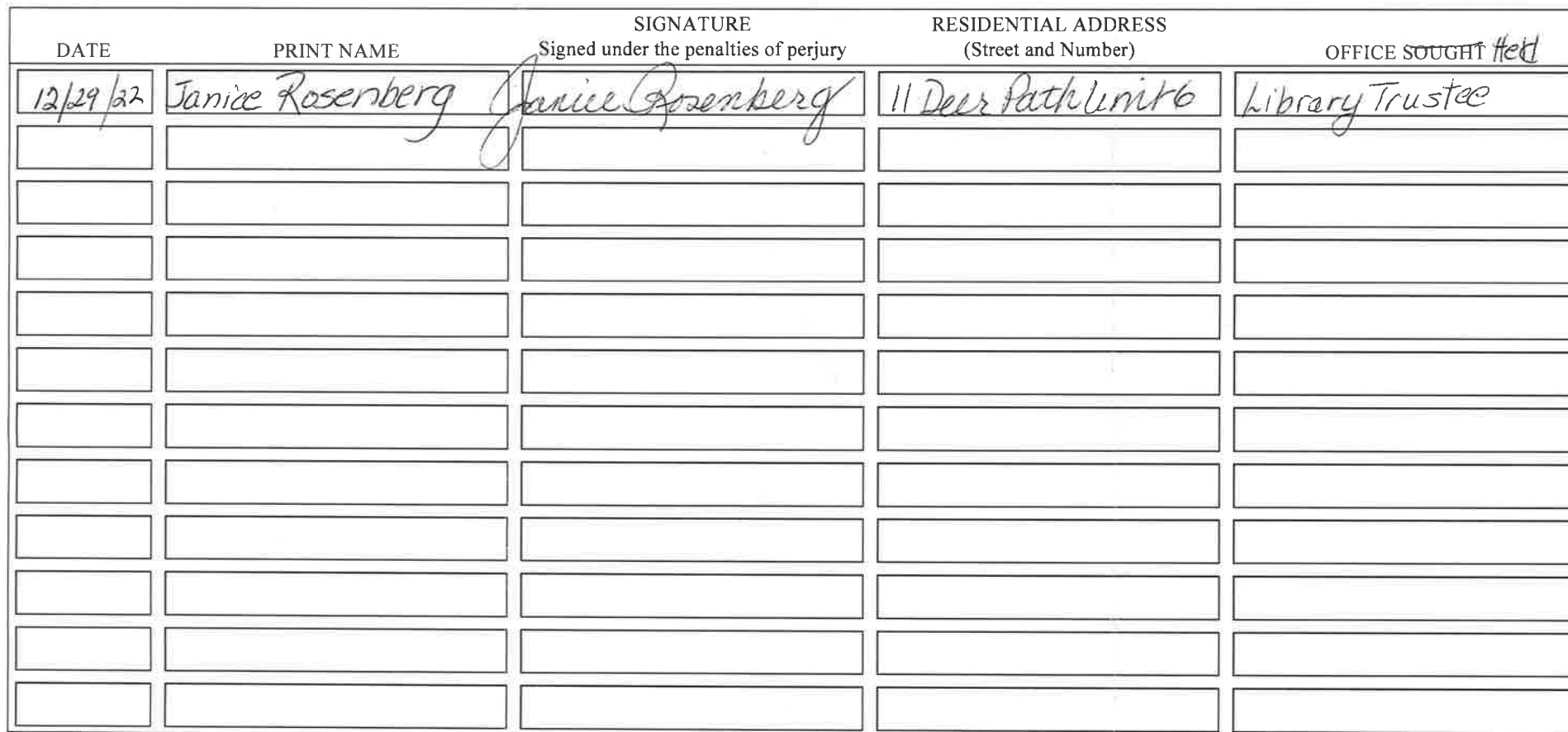
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-Kind Contributions over \$50 (or listed above)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Line 17: TOTAL IN-KIND CONTRIBUTIONS				0

* 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



File with: City or Town Clerk of Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/22 Ending Date: 12/31/22

Type of Report: (Check one)

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

Jeffrey Swanberg

Candidate Full Name (if applicable)

Select Board, Maynard

Office Sought and District

96 Acton St Maynard MA

Residential Address

E-mail: swanbergjr@gmail.com

Phone # (optional):

Select Swanberg Committee

Committee Name

Jenna Dargie

Name of Committee Treasurer

33 Crane Ave Maynard MA

Committee Mailing Address

E-mail: jenna.dargie@gmail.com

Phone # (optional): 603.493.3697

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

731.00

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

0

Line 3: Subtotal (line 1 plus line 2)

731.00

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

45.00

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

~~686.00~~ 686.00

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: Citizens 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: 1/12/23

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: 1/20/23

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)		0	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		0	

* 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)[illegible]

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.)

[illegible]

* 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)[illegible]

* 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.

[illegible]

* 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

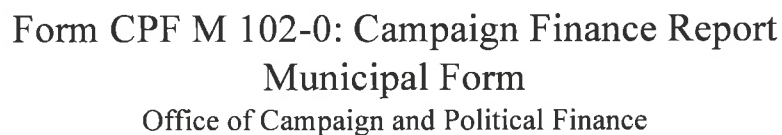
M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

Page 7



City or Town of: MAYNARD

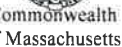
Type of Report: (Check One)

☐ 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.

RECEIVED
JAN 26 2023
TOWN OF MAYNARD
TOWN CLERK'S OFFICE



Office of Campaign and Political Finance

City or Town of: MAYNARD

Please print or type all information, except signatures.

Reporting Period: Beginning: 11/1/2022 Ending: 12/31/2022
(MM/DD/YYYY) (MM/DD/YYYY)

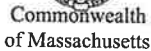
Type of Report: (Check One)

☐ 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.

[illegible]



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



City or Town of: MAYNARD

Please print or type all information, except signatures.

Reporting Period: Beginning: 01/01/2022

Ending: 12/31/2022

(MM/DD/YYYY)

(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:

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[illegible]