



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/07/2023 Ending Date: 11/22/2023

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

E-mail:

Phone # (optional):

Tri-County Municipal Ballot Committee

Committee Name

Jeffrey Schweitzer

Name of Committee Treasurer

667 South Street Wrentham MA 02093

Committee Mailing Address

E-mail: TriCountyMBC@gmail.com

Phone # (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	5.00
Line 2: Total receipts this period (page 3, line 11)	1930.00
Line 3: Subtotal (line 1 plus line 2)	1935.00
Line 4: Total expenditures this period (page 5, line 14)	1935.00
Line 5: Ending Balance (line 3 minus line 4)	0.00
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used: Wrentham Cooperative 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: 11/22/2023

### 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)
10/23/2023	Elizabeth McCurdy 10 Jasmine Road Medway MA 02053	50.00	
10/16/2023	Gerald LaFleur Jr 8 Bittersweet Drive Seekonk MA 02771	20.00	
10/19/2023	Jack Rose 459 Main Street Medfield MA 02052	20.00	
10/23/2023	Jane Hardin 3 Tuckerdale Way Millis MA 02054	40.00	
10/16/2023	Jeffrey Mushnick 37 Broad Street Medway MA 02053	500.00	Owner Medway Oil & Propane
10/16/2023	Jeffrey Schweitzer 180 West Street Wrentham MA 02093	100.00	
10/16/2023	Joann LaFleur 81 Haig Avenue Seekonk MA 02771	20.00	
10/07/2023	John Genereux 20 Fisher Road Wrentham MA 02093	200.00	Executive Hamilton Scale
10/19/2023	John Lee 235 Lincoln Road Walpole MA 02081	100.00	
10/07/2023	John Solari 25 Jayar Road Medway MA 02053	50.00	
10/18/2023	Julie Garland 555 West Street Wrentham MA 02093	50.00	
10/18/2023	Kevin Layton 28 Granite Street Medway MA 02053	50.00	
Line 9: Total Receipts over \$50 (or listed above)		1200.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1930.00</b>	← 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)
10/18/2023	Leo Immonen 650 East Street Wrentham MA 02093	100.00	
10/23/2023	Lisa Hardin 56 Walnut Street Millis MA 02054	20.00	
10/16/2023	Sherry Widak 108 W. Main Street Norton MA 02766	200.00	Excavation Sher-Corp Ltd
10/23/2023	Steven Sullivan 18 Metacomet Street Walpole MA 02081	300.00	CEO Michael J Connolly & Sons
10/17/2023	Teresa Fernald 75 Fruit Street Norfolk MA 02056	25.00	
10/07/2023	Tracy Stewart 21 Lovering Street Medway MA 02053	35.00	
	William Blenkhorn 15 High Street Medway MA 02053	50.00	
Line 9: Total Receipts over \$50 (or listed above)		730.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1930.00</b>	← 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
11/09/2023	Brian Mushnick	1 Fredrickson Road Norfolk MA 02056	Purchase of Lawn Signs	1935.00
		Line 12: Total Expenditures over \$50 (or listed above)		0.00
		Line 13: Total Expenditures \$50 and under* (not listed above)		0.00
Enter on page 1, line 4 →		Line 14: TOTAL EXPENDITURES IN THE PERIOD		0.00

\* 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)**[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.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	0.00