

## The Commonwealth of Massachusetts

A DD (For Office Use Only)

## ELECTED CITY, WARD AND TOWN POLITICAL COMMITTEE REPORT

NAME OF CITY/TOWN: Sprifeld, MA WARD (if applicable):		
PARTY: Democratic DATE OF REPORT: 41020		
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.		
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@cpf.state.ma.us / http://www.mass.gov/ocpf  2. 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 / http://www.sec.state.ma.us/ele/eleidx.htm		
3. State Party Committee Headquarters 4. City / Town Clerk or Election Commission		
City Ward Committee secretaries must also file a list of officers and members with the chairman of the city committee of the political party which it represents (Ch. 52, Sec. 5).		
PLEASE LIST BELOW THE NAME, RESIDENTIAL ADDRESS AND ZIP CODE OF THE OFFICERS OF THIS COMMITTEE:		
Chairperson:  Residential Address:  Schly State / Zip:  City / State / Zip:  Email: O( CMS y Uly Carl methods		
Treasurer*: Zada Gold *A public employee may not serve as treasurer of any political committee.		
Residential Address: 1942 Berking Aul.  City / State / Zip: [Nolian Orchard MA 01/5]  Email: Tuda Givan Cyulia. Without #3-38-2533 contact OCPF for further guidance.  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.		
I hereby submit this list of officers and members (including associate members) of the above-mentioned committee to the Secretary of the Commonwealth in accordance with Ch. 52, Sec. 5 of the Massachusetts General Laws.		
Secretary's signature  Date: 74   8   25		
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:		
Treasurer's signature  Date: 4/18/2020		

NAME OF CITY / TOWN / WARD: ) / MASTELL	( MIH.	
LIST OTHER OFFICER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:		
Other Officer/Title: Vue (Dran (Wester Days)	Other Officer/Title:	
Residential Address: (a la Kent Road	Residential Address:	
City/State/Zip: Sprincfield mA 01229	City / State / Zip:	
Other Officer/Title: Donka Bunn	Other Officer/Title:	
Residential Address: 96 Strick + St	Residential Address:	
City/State/Zip: Springfield mA D119	City / State / Zip:	
MEMBERS:		
Member: Lisa Thompson	Member:	
Residential Address:	Residential Address:	
City/State/Zip: Spansfuld mA	City / State / Zip:	
Member: DY ando Ranos	Member:	
Residential Address: 13 WOGGTOW St	Residential Address:	
City/State/Zip: Springfold mA	City / State / Zip:	
Member: TO & Edductor	Member:	
Residential Address:	Residential Address:	
City/State/Zip: Spna Ald ma	City / State / Zip:	
Momber: Nick Corelock	Member:	
Residential Address:	Residential Address:	
City/State/Zip: Sprugted my	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:	

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