The Commonwealth of Massachusetts
ELECTED CITY, WARD AND TOWN POLITICAL COMMITTEE REPORT

RECEIVED DEC -2 P 12:07 CITY CLERK ELECTION COMMISSION

NAME OF CITY/TOWN SPRINGFIELD **WARD** (If applicable) 3

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

- [x] STATEMENT OF ORGANIZATION
- [ ] CHANGE OF OFFICER(S)
- [ ] MEMBERSHIP UPDATE

PARTY Republican

DATE OF REPORT 11-29-13

Submit this report to the four offices listed below. File the original report 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)727-8352

2. Secretary of the Commonwealth, William Francis Galvin
   Elections Division
   One Ashburton Place, Room 1705
   Boston, MA 02108
   (617)727-2828

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 PRINT OR TYPE BELOW THE NAME, RESIDENTIAL ADDRESS AND ZIP CODE OF THE OFFICERS OF THIS COMMITTEE:

CHAIRPERSON: Salvatore Circosta (Name) 24 Burlington St. (Street address) Spfld. MA 01108 (City/Town/Zip)

SECRETARY: William Dusty (Name) 161 Adams Street (Street address) Spfld, MA 01105 (City/Town/Zip)

TREASURER: Salvatore Circosta (Name) 24 Burlington St. (Street address) Spfld. MA 01108 (City/Town/Zip)

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 Mass. General Laws.

SECRETARY PLEASE SIGN HERE _____ DATE 11/29/13

I hereby accept the office of Treasurer of this committee. I understand that I am subject to certain duties and liabilities under Ch.55, including timely filing of campaign finance reports. I am aware that an appointed public employee may not serve as treasurer of a political committee. This acceptance is required to be filed with the Office of Campaign and Political Finance as provided in Ch.55, Sec.5 of the Mass. General Laws.

TREASURER PLEASE SIGN HERE _____ DATE 11/29/13

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

*Use reverse side of this form to list remaining membership of this committee.

NAME OF CITY/TOWN/WARD Springfield Ward 3

PLEASE PRINT OR TYPE OFFICERS' NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:

Salvatore Circosta Chair/Treasurer 24 Burlington St Springfield MA 01108
William Dusty Secretary 61 Adams St Springfield MA 01105
William Lessard 115 Avon Place Springfield MA 01105

ASSOCIATE MEMEBERS