



# The Commonwealth of Massachusetts

## ELECTED CITY, WARD AND TOWN POLITICAL COMMITTEE REPORT

CPF ID #: \_\_\_\_\_  
(For Office Use Only)

NAME OF CITY/TOWN: Springfield WARD (if applicable): City Committee  
 PARTY: Democratic DATE OF REPORT: May 8, 2023

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.

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| 1. Office of Campaign and Political Finance<br>One Ashburton Place, Room 411<br>Boston, MA 02108<br>(617) 979-8300 / (800) 462-OCPF (toll free in MA)<br>ocpf@cpf.state.ma.us / http://www.mass.gov/ocpf | 2. Secretary of the Commonwealth, William Francis Galvin<br>Elections Division<br>One Ashburton Place, Room 1705<br>Boston, MA 02108<br>(617) 727-2828 / (800) 462-VOTE (toll free in MA)<br>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:**

<b>Chairperson:</b> <u>Jesse L. Lederman</u> Residential Address: <u>1090 Worthington Street</u> City / State / Zip: <u>Springfield</u> <u>MA</u> <u>01109</u> Email: _____ Phone #: _____	<b>Secretary:</b> <u>Karen Lee</u> Residential Address: <u>18 Lawn Street</u> City / State / Zip: <u>Springfield</u> <u>MA</u> <u>01108</u> Email: _____ Phone #: _____
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<b>Treasurer*:</b> <u>Devin Street</u> Residential Address: <u>187 Bowdoin Street</u> City / State / Zip: <u>Springfield</u> <u>MA</u> <u>01109</u> Email: _____ Phone #: _____	<p><i>*A public employee may not serve as treasurer of any political committee.</i></p> <p><i>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></p>
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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.

Karen F. Lee Date: 5-8-2024  
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: Devin Street Date: 5-8-24  
Treasurer's signature

LIST OTHER OFFICER'S & MEMBER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES ON THE REVERSE



NAME OF CITY / TOWN / WARD: Springfield Democratic City Committee

**LIST OTHER OFFICER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:**

Other Officer/Title: <u>Shanique Rodriguez / Vice Chair</u>	Other Officer/Title: <u>Joesiah Gonzalez / Vice Chair</u>
Residential Address: <u>48 Benton Street</u>	Residential Address: <u>122 Massasoit Street</u>
City / State / Zip: <u>Springfield MA 01109</u>	City / State / Zip: <u>Springfield MA 01107</u>
Other Officer/Title: <u>Linda Matys O'Connell / Outreach Director</u>	Other Officer/Title: _____
Residential Address: <u>235 State Street Apt 116</u>	Residential Address: _____
City / State / Zip: <u>Springfield MA 01103</u>	City / State / Zip: _____

**MEMBERS:**

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: _____
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.)*