CPF ID#



The Commonwealth of Massachusetts

(For Office Use Only)

ELECTED CITY, WARD AND TOWN POLITICAL COMMITTEE REPORT

NAME OF CITY/TOWN: Springfield				WARD (if a	pplicable): 2		
PARTY:	Democratic			DATE OF REPORT: April 13, 2024			
INDICATE TH	E PURPOSE OF THIS REI	PORT BY CHE	ECKING THE A	PPROPRIATE BOX	BELOW:		
STATEME	NT OF ORGANIZATION	_ C	HANGE OF OF	FICER(S)	☐ MEN	MBERSHIP UPDATE	
Submit this report other three offices	to the four offices listed bel listed	low. File the or	riginal with the C	Office of Campaign a	nd Political Financ	ce, and file copies of th	nis report with the
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 State Party Committee Headquarters				 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 City / Town Clerk or Election Commission 			
	e secretaries must also file a lu	st of officers and	members with the o	chairman of the city co	mmittee of the politice	al party which it represer	nts (Ch. 52, Sec. 5).
	BELOW THE NAME, R						
Chairperson:	Marilyn Felix	ESIDENTIA	L ADDRESS A	Secretary:	James Ryan	ERS OF THIS CO.	
	idential Address 69 Suzanne Street			Residential Address: 206 Prentice Street			
City / State / Zip:	Springfield	MA	01104	City / State / Zip:	Springfield	MA	01104
Email		Phone #:		Email:		Phone #	
Treasurer*:	Sean Patrick Mullan			*A public employee	may not serve as tree	asurer of any political co	mmittee.
Residential Address	82 Green Lane	Green Lane M.G.L. c. 55, s. 13 states that a person who is employed for comp					
City / State / Zip	Springfield	МА	01104	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.			
Email:		Phone #:					
hereby accept the hat: 1) I am subject and records of all capecome an appoints	s list of officers and member. 52, Sec. 5 of the Massach office of Treasurer of the at to certain duties and liabil ampaign finance activity for public employee, I must THE PENALTIES OF PER	bove-named co ities under M.C r a period of siz resign and noti	Secretary's sign ommittee. I affirm G.L. c. 55, include x years from the	ature In that I am not a publing the timely filing date of the relevant	olic employee as de	Date of the desired by M.G.L. c. 55 need reports and keeping after my acceptance of	e: 4/17/24 , s. 13. I understand g detailed accounts

LIST OTHER OFFICER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW: Other Officer/Title Other Officer/Title Residential Address Residential Address: City / State / Zip: City / State / Zip. Other Officer/Title: Other Officer/Title: Residential Address: Residential Address City / State / Zip: City / State / Zip: MEMBERS: Member Sean F. Curran Member Michael A. Fenton Residential Address 470 Carew Street Residential Address: 63 Atwater Terrace City / State / Zip Springfield 01104 City / State / Zip: Springfield 01104 Member: Ann marie Shields Member: Matthew F. Sullivan Residential Address 93 Governor Street Residential Address: 19 Bedford Road City / State / Zip. Springfield MA 01104 City / State / Zip: Springfield MA 01104 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

(Attach an additional page, if necessary, with other officers, members and associate members.)

Residential Address

City / State / Zip:

Residential Address City / State / Zip