



# The Commonwealth of Massachusetts

## ELECTED CITY, WARD AND TOWN POLITICAL COMMITTEE REPORT

RECEIVED

NAME OF CITY/TOWN: Springfield WARD (if applicable): 4 2016 APR -6 A 11: 33  
PARTY: Republican DATE OF REPORT: 4/1/2016 CITY OF SPRINGFIELD, MA ELECTION COMMISSION

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<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:

Chairperson: <u>Ellen Wade</u>	Secretary: <u>David P. Gaby</u>
Residential Address: <u>49 Greene Street</u>	Residential Address: <u>1105 Worthington St.</u>
City / State / Zip: <u>Springfield MA 01109</u>	City / State / Zip: <u>Springfield MA 01109</u>
Email: <u>nell4902@aol.com</u> Phone #: <u>413-739-5165</u>	Email: <u>dgaby@mac.com</u> Phone #: <u>413 734 6084</u>
Treasurer*: <u>Thomas S. Balcom Jr</u>	*A public employee may not serve as treasurer of any political committee. 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.
Residential Address: <u>201 Dunmoreland Street Springfield</u>	
City / State / Zip: <u>SPRINGFIELD MA 01109</u>	
Email: <u>TSBalcom16@gmail.com</u> Phone #: <u>413.310.3383</u>	

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.

David P. Gaby  
Secretary's signature Date: 4/1/2016

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:

Thomas S. Balcom Jr  
Treasurer's signature Date: 4.1.2016

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

NAME OF CITY / TOWN / WARD: Springfield Ward 5

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

Other Officer/Title: <u>Jeanette Wilhite</u>	Other Officer/Title: _____
Residential Address: <u>53 Preston St</u>	Residential Address: _____
City / State / Zip: <u>Springfield MA</u>	City / State / Zip: _____
Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	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.)*