

Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

| City or Town of: | | | PA | and print or love of Sal |
|---------------------|--------------------------------|--|--|--|
| Reporting Period | Beginning: 06/12/2020 | | | and faring or type all information, except signal |
| | | 199005000 | Ending 07/29/2020 4 12/2 | 1/2020) |
| ype of Report (Ch | rick One) | | | THE STORY OF THE S |
| 🛛 8th day precedin | g preliminary/primary [] 8th d | ay preceding election 30th day follow | | |
| arsuant to M.G.L. | Chapter 55: | The state of the s | wing election (terms or special) | 20th day of January (Year-End report) |
| I. I certify that I | am a confidence for the same | d Municipal Office | | |
| 3. I comity that i | do not have a expense | d Municipal Office. S. made any expenditures, or incurred any obli | cabons during this resources and a | |
| | www.aute.aparmk_arteomorphice | | and the same of th | do not have a campaign fund in existence |
| DATE | PRINT NAME | Signed under the penalties of persons | RESIDENTIAL ADDRESS | |
| 8/2/20 | Anne Ogilvie | The same of killing | (Street and Number) | OFFICE SOUGHT |
| 7.75 | anne ugilvie | 16.78 | 4 Turner In January | 4 Library Trustre |
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Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

| City or Town of: | Lancaster | | E | Please print or type all information, except signatures. |
|-------------------|------------------------------------|--|---|--|
| Reporting Perio | d: Beginning: 06/12/202 | | Ending: 12/31/2020 | |
| | | (MM/DD/YYYY) | | (MM/DD/YYYY) |
| Type of Report: (| Check One) | | | |
| 8th day prece | ding preliminary/primary | 8th day preceding election 🔀 30th day follo | wing election (town or special) | 20th day of January (Year-End report) |
| 2. I certify th | at I am a candidate for or current | outions, made any expenditures, or incurred any ob | ligations during this reporting period, | and do not have a campaign fund in existence. |
| DATE | PRINT NAME | SIGNATURE Signed under the penalties of perjury | RESIDENTIAL ADDRESS (Street and Number) | OFFICE SOUGHT |
| 072420 | William E. O'Neil, Jr. | Will 2 Olely | 43 Woodland Meadow Drive | Moderator |
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Form CPF M 102: Campaign Finance Report Municipal Form

| Fill in Reporting Period dates: Beginning Date: 01/0 | File with: City or Town Clerk or Election Commission 1/2020 Ending Date: 07/01/2020 | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election | ✓ 30 day after election year-end report dissolution | | | | | | | |
| Jason Allison Candidate Full Name (if applicable) | Committee Name | | | | | | | |
| Board of Selectmen | Committee 14ane | | | | | | | |
| Office Sought and District | Name of Committee Treasurer | | | | | | | |
| 343 Brockelman Rd, Lancaster MA 01523 | | | | | | | | |
| Residential Address | Committee Mailing Address | | | | | | | |
| E-mail: jason.a.allison@gmail.com | E-mail: | | | | | | | |
| Phone # (optional): | Phone # (optional): | | | | | | | |
| SUMMARY BALANC | CE INFORMATION: | | | | | | | |
| Line 1: Ending Balance from previous report | -683.71 | | | | | | | |
| Line 2: Total receipts this period (page 3, line 11) | 2194.98 | | | | | | | |
| Line 3: Subtotal (line 1 plus line 2) | 1511.27 | | | | | | | |
| Line 4: Total expenditures this period (page 5, lin | ne 14) 1511.27 | | | | | | | |
| Line 5: Ending Balance (line 3 minus line 4) | 0 | | | | | | | |
| Line 6: Total in-kind contributions this period (pa | age 6) | | | | | | | |
| Line 7: Total (all) outstanding liabilities (page 7) | | | | | | | | |
| Line 8: Name of bank(s) used: | | | | | | | | |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Characteristics of a reliable to the contributions. Date: | | | | | | | | |
| Signed under the penalties of perjury: | (Treasurer's signature) | | | | | | | |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report. | | | | | | | | |
| Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55. | | | | | | | | |
| Signed under the penalties of perjury: | (Candidate's signature) Date: 07/17/2020 | | | | | | | |

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

| D. (. D | Name and Residential Address | A 4 | Occupation & Employer |
|---------------------|---|---------|--|
| Date Received | (alphabetical listing required) | Amount | (for contributions of \$200 or more) |
| 07/01/2020 | Jason Allison 343 Brockelman Rd Lancaster, MA 01523 | 2194.98 | Director, Software Engineering Doble Engineering 123 Felton St Marlboro, MA 01752 |
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| Line 9: Total Recei | pts over \$50 (or listed above) | 2194.98 | |
| Line 10: Total Rece | ipts \$50 and under* (not listed above) | | |
| ine 11: TOTAL I | RECEIPTS IN THE PERIOD | 2194.98 | ← Enter on page 1, line 2 |

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|------------|-------------------------------------|---|------------------------------------|---------|
| DuteTute | Clinton Offset | 472 High St | EDDM Mailer and Roadside signs | |
| 06/17/2020 | | Clinton, MA 01510 | | 852.5 |
| 06/22/2020 | Lancaster USPS | 771 Main St Lancaster, MA 01523 | EDDM Mailer | 503.8 |
| 00/22/2020 | | | | 303.0 |
| 06/23/2020 | South Lancaster USPS | 93 Sawyer St South Lancaster, MA 01561 | EDDM Mailer | 76.2 |
| 06/23/2020 | Clinton Offset | 472 High St Clinton, MA 01510 | EDDM Mailer | 78.6 |
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| | | Line 12: Total Expenditures | over \$50 (or listed shove) | 1511.27 |
| | | | \$50 and under* (not listed above) | 1511.21 |
| | Enter on page 1, line 4 → | | OITURES IN THE PERIOD | 1511.27 |

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4



Form CPF M 102-0: Campaign Finance Report Municipal Form

| City or Town | of: LANCASTER | | 1 (6 | ase print or type an information, except signature | |
|--|--|--|--|--|--|
| Reporting Period: Beginning: 06/12/2020 | | | Ending: 07/29/2020 or 12/31/2020 | | |
| | | (MM/DD/YYYY) | | (MM/DD/YYYY) | |
| Type of Report | t: (Check One) | | | | |
| 8th day pre | eceding preliminary/primary 38th da | y preceding election 🔀 30th day follow | ing election (town or special) | 20th day of January (Year-End report) | |
| I certify I certify | G.L. Chapter 55: that I am a candidate for or currently holo that I have not received any contributions that I do not have a political committee. | l Municipal Office. , made any expenditures, or incurred any obli | gations during this reporting period, and | I do not have a campaign fund in existence. | |
| DATE | PRINT NAME | SIGNATURE Signed under the penalties of perjury | RESIDENTIAL ADDRESS (Street and Number) | OFFICE SOUGHT | |
| 7/30/2020 | STANLEY B. STARR JR. | Stanley OStan On. | 34 SQUIRE SHALER IANE | SELECTMAN | |
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Form CPF M 102: Campaign Finance Report Municipal Form

| Fill in Reporting Period dates: Beginning Date: 6/12 | /2020 Ending Date: 7/29/2020 | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election | ⊠ 30 day after election | | | | | | | |
| Russell W. Williston Candidate Full Name (if applicable) Committee Name | | | | | | | | |
| Planning Board Office Sought and District 4 Highfield Drive, Lancaster, MA Residential Address E-mail: russwilliston@gmail.com | N/A Name of Committee Treasurer N/A Committee Mailing Address E-mail: N/A | | | | | | | |
| Phone # (optional): not provided | Phone # (optional): N/A | | | | | | | |
| SUMMARY BALANC | CE INFORMATION: | | | | | | | |
| Line 1: Ending Balance from previous report | 0 | | | | | | | |
| Line 2: Total receipts this period (page 3, line 11) | 79.79 | | | | | | | |
| Line 3: Subtotal (line 1 plus line 2) | 79.79 | | | | | | | |
| Line 4: Total expenditures this period (page 5, lin | ne 14) 79.79 | | | | | | | |
| Line 5: Ending Balance (line 3 minus line 4) | 9 | | | | | | | |
| Line 6: Total in-kind contributions this period (pa | | | | | | | | |
| Line 8: Name of bank(s) used: N/A | | | | | | | | |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: NO COMMITTEE, NO TREASURER (Treasurer's signature) Date: N/A FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report. Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55. | | | | | | | | |
| campaign finance activity of all persons acting under the authority of on behalf of this candidate in accordance with the requirements of W.G.D. c. 35. [Candidate's signature] [Candidate's signature] | | | | | | | | |

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

| D (D) | Name and Residential Address | | Occupation & Employer |
|---------------------|--|--------|--|
| Date Received | (alphabetical listing required) | Amount | (for contributions of \$200 or more) |
| 6/21/2020 | Russell W. Williston 4 Highfield Drive Lancaster, MA | 25 | Software Development Manager Community Brands Holdings, LLC |
| 6/25/2020 | Russell W. Williston 4 Highfield Drive Lancaster, MA | 25 | Software Development Manager Community Brands Holdings, LLC |
| 6/30/2020 | Russell W. Williston 4 Highfield Drive Lancaster, MA | 29.79 | Software Development Manager Community Brands Holdings, LLC |
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| Line 9: Total Rece | ipts over \$50 (or listed above) | 79.79 | |
| Line 10: Total Rece | eipts \$50 and under* (not listed above) | 0 | |
| Line 11: TOTAL I | RECEIPTS IN THE PERIOD | 79.79 | ← Enter on page 1, line 2 |

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

| | To Whom Paid | | D | A 4 |
|-----------|---------------------------|--------------------------------|---------------------------------------|--------|
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount |
| /21/2020 | Facebook | 1 Hacker Way Menio Park, CA | Ads | 2 |
| 5/25/2020 | Facebook | 1 Hacker Way Menlo Park, CA | Ads | 2 |
| 5/29/2020 | Facebook | 1 Hacker Way Menlo Park, CA | Ads | 29.7 |
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| | | Line 12: Total Expenditur | es over \$50 (or listed above) | 79.7 |
| | | Line 13: Total Expenditure | es \$50 and under* (not listed above) | |
| | Enter on page 1, line 4 - | → Line 14: TOTAL EXPEN | DITURES IN THE PERIOD | 79.7 |

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

Form CPF M 102-0: Campaign Finance Report

| | 1 | 7 | | Municipa | d Form | | |
|-------------------------------|----------------------|-------------------|--------------------|----------------------------|--------------------------------|-----------|--|
| Commonwealth of Massachusetts | | / | Off | ice of Campaign a | nd Political Finance | | |
| City or Town of: | Millest | 1 1 | | | _ | Please of | int or type all information, except signatures |
| Reporting Period: | Beginning: | ////- | (MM/DD/YYYY) | | Ending: | 12/31 | 12020 |
| Type of Report: (Chec | ck One) | /_/ | | | | M | (DD/YYYY) |
| 8th day preceding | preliminary/primary | 8th day pr | eceding election | 30th day follow | ing election (town or special) | □ 20th | day of January (Year-End report) |
| 2. I certify that I h | m a candidate for or | contributions, ma | de any expenditure | s, or incurred any obli | | | ot have a campaign fund in existence. |
| DATE | PRINT NAM | ME / | | ATURE penalties of periory | RESIDENTIAL ANDR | ESS | OFFICE SOUGHT |
| 1/23/2020 2 | NEAD . | mex | Lec - | ety | 199 10chard | 7 | FINCOMY |
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Form CPF M 102-0: Campaign Finance Report Municipal Form

| TOWN | |
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| All Comments | |
| PK RK | |

| City or Town of: LANCHSTER | | | Please print or type all information, except signatures. |
|--|-------------------------------------|---|--|
| Reporting Period: Beginning: | JANVARY 1 3030 | Ending: | 10C 31 2020 MA 01523 |
| Type of Report: (Check One) 8th day preceding preliminary/primary | 8th day preceding election | 30th day following election (tow | on or special) 20th day of January (Year-End report) |
| Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or o | contributions, made any expenditure | es, or incurred any obligations during th | is reporting period, and do not have a campaign fund in existence. |
| | SIGN | JATURE RESIDE | NTIAL ADDRESS |

| 5. I certify ti | nat I do not have a pontical commuce. | | | |
|-----------------|---------------------------------------|--|---|-----------------|
| DATE | PRINT NAME | SIGNATURE Signed under the penalties of perjury | RESIDENTIAL ADDRESS (Street and Number) | OFFICE SOUGHT |
| 6/4/20 | BUCHAID S, TRUSSELL | Mond Sougell | ISBURGAN LANE | FRANCE COMMISSE |
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Form CPF M 102-0: Campaign Finance Report Municipal Form

| City or Town of: | LANCASTER | | Please | print or type all information, except signatures. |
|--------------------------------|--|--|--|---|
| Reporting Perio | d: Beginning: June 12, 2020 | AMMIDDAYSSA | Ending: December 31, 2020 | O LIDD WHEN I |
| | | (MM/DD/YYYY) | ([| MM/DD/YYYY) |
| Type of Report: (| Check One) | | | |
| 8th day prece | ding preliminary/primary 28th day p | receding election | ing election (town or special) 🔀 20 | th day of January (Year-End report) |
| I certify th | L. Chapter 55: lat I am a candidate for or currently hold M lat I have not received any contributions, m lat I do not have a political committee. | unicipal Office. ade any expenditures, or incurred any oblig | gations during this reporting period, and do | not have a campaign fund in existence. |
| DATE | PRINT NAME | SIGNATURE Signed under the penalties of perjury | RESIDENTIAL ADDRESS (Street and Number) | OFFICE SOUGHT |
| 7/2/20 | Frank T MacGrory | | 44 South Hadwal | X busing tuthon Ly |
| . t | | | - 11 | Library Irustee |
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Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Please print or type all information, except signatures.

| City or Town of: | LANCASTER | | | |
|--------------------|--|---|---|--|
| Reporting Period | d: Beginning: 06/12/2020 | (MM/DD/YYYY) | Ending: 12/31/2020 | (MM/DD/YYYY) |
| | | MM/DB/1111 | | THE DESTRUCTION OF THE PROPERTY OF THE PROPERT |
| Type of Report: (0 | Check One) | | | |
| ⊗ 8th day preced | ding preliminary/primary 28th day pr | receding election 30th day follow | ving election (town or special) | 20th day of January (Year-End report) |
| 2. I certify the | at I am a candidate for or currently hold Mu | unicipal Office. ade any expenditures, or incurred any obl | igations during this reporting period, an | nd do not have a campaign fund in existence. |
| | | SIGNATURE | RESIDENTIAL ADDRESS | |
| DATE | PRINT NAME | Signed under the penalties of perjury | (Street and Number) | OFFICE SOUGHT |
| | Emily Rose | | 750 George Hill Road | Library trustee |
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Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

| City or Town of: | LANCASTER | | Figure 1990 Figure | Please print or type all information, except signatures. |
|--|--|--|--|---|
| Reporting Period: | Beginning: 06/12/2020 | (MM/DD/YYYY) | Ending: 07/29/2020 or 12 | /31/2020 (MM/DD/YYYY) |
| Type of Report: (Ch | neck One) | | | (MM/IDD/TYYY) |
| 8th day preceding | ng preliminary/primary 38th day p | preceding election 30th day follow | ing election (town or special) | and the same |
| Pursuant to M.G.L. 1. I certify that 2. I certify that | Chapter 55: I am a candidate for or currently hold M | Junicinal Office | | 20th day of January (Year-End report) nd do not have a campaign fund in existence. |
| DATE | PRINT NAME | SIGNATURE Signed under the penalties of perjury | RESIDENTIAL ADDRESS (Street and Number) | OFFICE SOUGHT |
| | BRETT COLLINS | | 182 MILLST EXT | School Committee |
| | | | | |



Form CPF M 102-0: Campaign Finance Report Municipal Form

| City or Town of | LANCASTER | | | Please print or type all information, except signatures |
|--|--|--|--|---|
| Reporting Period | d: Beginning: 06/12/2020 | (MM/DD/YYYY) | Ending: 07/29/2020 or 1 | 2/31/2020 (MM/JD/YY)Y) |
| Type of Report: (6 | Cheek One) | | | |
| 🗵 8th day presec | ling preliminary/primary 🔲 8th day | preceding election 30th day follow | ring election (town or special) | 20th day of January (Year-End report) |
| Pursuant to M.G.I. 1. I certify the 2. I certify the | . Chapter \$5: | Municipal Office | | and do not have a campaign fund in existence. |
| DATE | PRINT NAME | SIGNATURE Signed under the penalties of perjury | RESIDENTIAL ADDRESS (Street and Number) | OFFICE SOUGHT |
| 8/3/2020 | Shavon B. Carlson Poch | Iran & Carlson Poch | He Braaking Rd | School Committee |
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| (1) | Control Contro | | | |
| Control Name and Contro | | | | |
| White said a second sec | The state of the s | | | |
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AMENDMENT

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

nice OWN C

| | File with: City or Town Clerk or Election Commission |
|--|---|
| Fill in Reporting Period dates: Beginning Date: 01/0: | 1/2020 Ending Date: 06/11/2020 2 2 2070 |
| Type of Report: (Check one) | 7075 |
| <u> </u> | ER, MAO |
| 8th day preceding preliminary 8th day preceding election | 30 day after election year-end report dissolution |
| STANLEY B. STARR JR. | |
| Candidate Full Name (if applicable) | Committee Name |
| SELECTMAN | |
| Office Sought and District | Name of Committee Treasurer |
| 34 SQUIRE SHALER LANE Residential Address | Committee Martin Addition |
| L | Committee Mailing Address E-mail: |
| 71120171111(67102:0011 | |
| Phone # (optional): 978-365-2494 | Phone # (optional): |
| SUMMARY BALANC | E INFORMATION: |
| Line 1: Ending Balance from previous report | 0 |
| Line 2: Total receipts this period (page 3, line 11) | 520.00 |
| Line 3: Subtotal (line 1 plus line 2) | 520.00 |
| Line 4: Total expenditures this period (page 5, line | e 14) 520.00 |
| Line 5: Ending Balance (line 3 minus line 4) | 0 |
| Line 6: Total in-kind contributions this period (pa | ge 6) 150.00 |
| Line 7: Total (all) outstanding liabilities (page 7) | |
| Line 8: Name of bank(s) used: | |
| Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind committee activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury: | contributions and liabilities for this reporting period and represents the campaign |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box | x only) |
| Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting | best of my knowledge and belief; a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions. |
| Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on hehalf of this | in-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55. |
| Signed under the penalties of perjury: | (Candidate's signature) Date: |

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

| 6/01/2020 34 | (alphabetical listing required) TANLEY B. STARR JR. 4 SQUIRE SHALER LANE ANCASTER MA 01523 | 520,00 | (for contributions of \$200 or more) STANLEY B. STARR JRINVESTMENT ADVISOR 34 SQUIRE SHALER LANE LANCASTER MA 01523 |
|------------------|--|--------|--|
| 5/01/2020 34 | 4 SQUIRE SHALER LANE | 520.00 | 34 SQUIRE SHALER LANE |
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| | over \$50 (or listed above) s \$50 and under* (not listed above) | 520.00 | |
| ne 11: TOTAL REC | | 520.00 | |

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

| SCHEDULE A | : RECEIPTS (co | ntinued) |
|---|-----------------------|--|
| Date Received Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
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| ne 9: Total Receipts over \$50 (or listed above) | | |
| ne 10: Total Receipts \$50 and under* (not listed above) | | |
| ne 11: TOTAL RECEIPTS IN THE PERIOD | ← | Enter on page 1, line 2 |
| you have itemized receipts of \$50 and under, include them in line | 9. Line 10 should inc | lude only those receipts not itemized above. |

Page 3

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

| Date Paid | To Whom Paid | 4.7.7 | D 45 | |
|-----------|---------------------------|---|---------------------------------|--------|
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount |
| 6/1/2020 | U.S. POSTAL SERVICE | MAIN STREET LANCASTER MA 01523 | STAMPS FOR MAILER | 220,0 |
| 5/1/2020 | ROBYN'S APPAREL | 260 NEW LANCASTER ROAD LEOMINSTER MA 01453 | LAWN SIGNS | 300.0 |
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| | , . | Line 12: Total Expenditures or | ver \$50 (or listed above) | 520.00 |
| | | Line 13: Total Expenditures \$5 | 0 and under* (not listed above) | (|
| | Enter on page 1, line 4 → | Line 14: TOTAL EXPENDIT | URES IN THE PERIOD | 520.00 |

Page 4

SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|-----------|-------------------------------------|--------------------------------|------------------------|--------|
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| | | Line 12: Expenditures over \$ | 50 (or listed above) | |
| | | Line 13: Expenditures \$50 and | <u>_</u> | |
| | | Line 14: TOTAL EXPENDI | L. | |

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|---------------|---------------------------|-------------------------------|---|--------|
| 5/1/2020 | STANLEY B. STARR JR | 34 SQUIRE SHALER LANE | LAWN SIGNS - CARRY OVER FROM PREVIOUS CAMPAIGN | 150.0 |
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| | | Line 15: In-Kind Contribution | as over \$50 (or listed above) | 150.0 |
| | | Line 16: In-Kind Contribution | s \$50 & under (not listed above) | |
| | Enter on page 1, line 6 → | Line 17: TOTAL IN-KIND (| CONTRIBUTIONS | 150.00 |

of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well those liabilities incurred during this reporting period.

| Date Incurred | To Whom Due | Address | Purpose | Amoun |
|---------------|---|---------|---------|-------|
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| E | nter on page 1, line $7 \rightarrow$ Line 18: | TOTAL | | |



Form CPF M 102: Campaign Finance Report Municipal Form

| Fill in Reporting Period dates: Beginning Date: 6- | File with: City or Town Clerk or Election Commission 12-20 Ending Date: 7-19-20 |
|--|---|
| Type of Report: (Check one) | |
| 8th day preceding preliminary 8th day preceding election | 30 day after election ☐ year-end report ☐ dissolution |
| Francis G Sullivan | |
| Candidate Full Name (if applicable) | Committee Name |
| Planning Board Office Sought and District | Name of Committee Treasurer |
| 394 Parker Rd., Lancaster, MA 01523 | rvanie of Continue e Treasurer |
| Residential Address | Committee Mailing Address |
| E-mail: francis.sullivan@comcast.net | E-mail: |
| Phone # (optional): | Phone # (optional): |
| SUMMARY BALAN | NCE INFORMATION: |
| Line 1: Ending Balance from previous report | 0 |
| Line 2: Total receipts this period (page 3, line 1 | \$2,550.00 |
| Line 3: Subtotal (line 1 plus line 2) | \$2,550.00 |
| Line 4: Total expenditures this period (page 5, 1) | line 14) \$1,683.93 |
| Line 5: Ending Balance (line 3 minus line 4) | \$866.07 |
| Line 6: Total in-kind contributions this period (p | page 6) 0 |
| Line 7: Total (all) outstanding liabilities (page 7 | 7) \$1,491.11 |
| Line 8: Name of bank(s) used: TD Bank | |
| Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-king inance activity of all persons acting under the authority or on behalf of this committee in the committee in t | and contributions and liabilities for this reporting period and represents the campaign |
| igned under the penalties of perjury: | (Treasurer's signature) Date: |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 kg | box only) |
| Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting | the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period that are not otherwise disclosed in this report. |
| Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the | nts, in-kind contributions and liabilities for this reporting period and represents the |
| igned under the penalties of perjury: Fran DAM | Candidate's signature) Date: 8-35-30 |

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

| report all receipts. | Please include your committee name and a pa | ige number on ea | ach page.) |
|--|--|------------------|--|
| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
| 6-15-20 | Michael Bailey 2393 Main St. Lancaster, MA 01523 | \$1,000.00 | Heavy Equipment Operator Marous Brothers Construction |
| 6-18-20 | Sonia Cutler 268 High St. Ext. Lancaster, MA 01523 | \$600.00 | Retired |
| 6-17-20 | Daniel Loring 42 Woods Ln. Lancaster, MA 01523 | \$750.00 | Real Estate Broker Keller Williams |
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| Line 9: Total Recei | pts over \$50 (or listed above) | \$2,350.00 | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | \$200.00 | |
| | RECEIPTS IN THE PERIOD | \$2,550.00 | |

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|----------------------|--|--------|--|
| | (alphabettal listing required) | | (101 constructions of \$200 of more) |
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| Line 9: Total Receip | ots over \$50 (or listed above) | | |
| Line 10: Total Recei | pts \$50 and under* (not listed above) | | . |
| Line 11: TOTAL R | ECEIPTS IN THE PERIOD | | ← Enter on page 1, line 2 |
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^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|-----------|---------------------------------------|----------------------------------|---------------------------------------|-----------|
| -17-20 | Public Stradegy Group | PO Box 605 Guilford CT. 06437 | Retainer Facebook Ad Website Creation | \$1,683.9 |
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| | | Line 12: Total Expenditures | over \$50 (or listed above) | \$1,683.9 |
| | | | \$50 and under* (not listed above) | |
| | Enter on page 1, line $4 \rightarrow$ | Line 14: TOTAL EXPEND | ITURES IN THE PERIOD | \$1,683.9 |

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

| Doto Doid | To Whom Paid | Address | Purpose of Expenditure | Amount | |
|--|--|---|------------------------|--------|--|
| Date Paid | (alphabetical listing) | Aduress | Purpose of Expenditure | Amount | |
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| | Line 12: Expenditures over \$50 (or listed above) | | | | |
| | Line 13: Expenditures \$50 and under* (not listed above) | | | | |
| | Enter on page 1, line 4 → | 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | |

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value | |
|---------------|---------------------------------------|---|-----------------------------|-------|--|
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| I | | Line 15: In-Kind Contributions over \$50 (or listed above) | | | |
| | | Line 16: In-Kind Contributions S50 & under (not listed above) | | | |
| | Enter on page 1, line $6 \rightarrow$ | → Line 17: TOTAL IN-KIND CONTRIBUTIONS | | | |

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| To Whom Due | Address | Purpose | Amount |
|-----------------|---------------------------------------|--|---|
| Youngs Printing | 182 Court St. Middletown CT. 06457 | post cards,print sort,ncoa,address prep,deliver to post office | \$1,491.11 |
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| | | Youngs Printing 182 Court St. | Youngs Printing 182 Court St. post cards,print sort,ncoa,address prep,deliver |

TOWN OF LANCASTER

TOWN HALL

LANCASTER, MA 01523



ENCLOSED PLEASE FIND MY REPORT OF EXPENDITURES PROMOTING ELECTION CANDIDATES. I AM REQUESTING A TIME STAMPED COPY FOR MY RECORDS AND THOSE OF THE STATE.

PLEASE CALL ME IF YOU NEED MORE INFORMATION.

THANK YOU.

RICHARD OBRIEN

978 844-0417 CELL

111 STOW STREET

ACTON MA 01720

Form CPF M 18A: Report of Independent Expenditures Promoting Election or Defeat of Candidate(s)

| | | Promoting Ele | ection or De | efeat of Candidate(s | OWNC |
|---|---------------------|---|--------------------------------------|---|---|
| | | Office of (| Campaign and | l Political Finance | YOU CYES |
| Commonwealth of Massachusetts File with Local Election Official | | | 1 0 | | 7 |
| | 1 | 1.4 | | - 11 5 000 | 5 1 OCT 1 3 7070 |
| 1. Expenditure(s) made by: | Michemy/(| Trien - | - gal | or HILLS Fam | salve of |
| Street Address: | | al, group or committee n | aking expenditures |) | OTER, MA ON |
| City / State / Zip: | Acton | MA 0170 | 0 | | |
| 2. Candidate(s) supported or o | onnosed by eyner | nditura(s) made and | office(s) sough | tı . | |
| (attach additional pages if necess | | nance(s) made and | omec(s) sough | 3 | . Expenditure(s) were made to: |
| Candidate Name: | ank Jul | Tran | | | Support or Oppose |
| Office Sought/District: | anning Bo | ad la | n costa | MA | |
| Candidate Name: | tan Sto | 311 | | | Support or Oppose |
| Office Sought/District: | and of 5 | eletinon | Can cons | ty MA | |
| Candidate Name: | | | | | Support or Oppose |
| Office Sought/District: | | | | | |
| 4. Expenditure(s) (attach additional | al pages if necesso | ury): | | | |
| Date Paid or Incurred To Whom Paid | d or Owed | Addres | SS | Purpose | Amount or Value |
| 6-1 GAG Pater Auto | Portslac | 435 Lancasi | g St NUES | Advertising - 1 | lan 1000- |
| 6-29 gator Auto 1 | Paitsly | 5 Lib | MAN JIHOS | Advertisin - Y | an Im |
| El West & 1 | 1 1 | Opt FI | TE // A | | 700 |
| War basi 1, | JES 1915 | LOWINGS TELL | 411 MR | (Haverlising -)1 | 9/10ge 125- |
| clie Nor East V | Pesque | SAINE | | Advertising - Si | Agaup 125- |
| | | | | | |
| | | | | | Total: (1950) |
| I hereby certify the expenditures | noted are indep | endent expenditures | , as defined by I | M.G.L. c. 55, s. 1: | |
| (1) the individual(s) or group who such expenditure(s); and | o made the exper | nditure(s) described | herein did not s | olicit or receive any contrib | outions in contemplation of |
| (2) the individual(s) or group who in concert with or at the reques or a candidate or any political | st or suggestion o | nditure(s) described of any candidate, or | herein did not, i political commi | in making such expenditure ttee organized on behalf of | (s), cooperate, consult or act any candidate, or any agent |
| I further certify that all statements | | e true and accurate. | | | 2 2 1 |
| Signed under the penalties of p | erjury: | Date: | 10/8/70 | Name/Title: | coldif |
| | V | | | (For ind JN l | lividuals signing on behalf of a group) |

Who Should File This Form?

Any individual, group, association, corporation, labor union, political committee or other entity that makes independent expenditures in an aggregate amount exceeding \$250.00 during any calendar year for the express purpose of promoting the election or defeat of any candidate(s).

What is an Independent Expenditure?

Independent expenditures are defined in M.G.L. Chapter 55, section 1, as follows:

"Independent expenditure", an expenditure made or liability incurred by an individual, group, association, corporation, labor union, political committee or other entity as payment for goods or services to expressly advocate the election or defeat of a clearly identified candidate; provided, however, that the expenditure is made or incurred without cooperation or consultation with any candidate or a nonelected political committee organized on behalf of the candidate or an agent of the candidate and is not made or incurred in concert with or at the request or suggestion of the candidate, a nonelected political committee organized on behalf of the candidate or agent of the candidate.

When Should This Form Be Filed?

This report must be filed within seven (7) business days of the date the aggregate independent expenditure(s) exceed \$250 during a calendar year. In addition, any individual, group, association or political committee that makes an independent expenditure in an aggregate amount exceeding \$250 after the tenth day, but more than 24 hours, before the date of any election, must file a preliminary report within 24 hours of making the independent expenditure. If the filer does not know the value of the expenditure at the time of filing the preliminary report, the report may be filed without the amount of the expenditure. Filers have 7 days to then file an expenditure report with the amount or value of the expenditure listed.

Where Should This Form Be Filed?

Reports of independent expenditures made to support or oppose candidates in a municipal election should be filed with the applicable city or town clerk or election commission.

Reports of independent expenditures made to support or oppose state and county candidates, and those municipal candidates who file with OCPF, must be filed electronically on OCPF's website, www.ocpf.us.

For further information:

Please contact the Office of Campaign and Political Finance at (617)979-8300 / (800)462-OCPF or visit the office's website at www.ocpf.us.