



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2021 Ending Date: 11/7/2021

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

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For Our Kids For Our Town, PAC	Committee Name
Nicole Drummond	Name of Committee Treasurer
PO Box 921., Medfield, MA 02052	Committee Mailing Address
E-mail: <u>forourkidsforourtownpac@gmail.com</u>	Phone # (optional):
Line 8: Name of bank(s) used: <u>Rockland Trust</u>	

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: _____ (Treasurer's signature) Date: <u>11/6/21</u>	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	
Candidate with Committee	
<input type="checkbox"/> 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	
<input type="checkbox"/> 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: _____	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/7/21	Nicole Drummond 8 Onondaga Lane Medfield, MA 02052	515.38	n/a
9/11/21	Blake Finch 7 Hickory Dr Medfield, MA 02052	100	
10/4/21	Blake Finch 7 Hickory Dr Medfield, MA 02052	100	
9/30/21	William Foley 3 Lakewood Dr Medfield, MA 02052	51.99	
9/30/21	Allison Goodband 11 Pond View Dr Medfield, MA 02052	51.99	
11/4/21	Allison Goodband 11 Pond View Dr Medfield, MA 02052	100	
9/12/21	Meghan Hagreen 6 Pueblo Rd Medfield, MA 02052	100	
10/10/21	Dianne Cannon Hallock 31 Minuteman Rd Medfield, MA 02052	200	Marketing Director, Drizly
9/30/21	Michelle Kirkby 27 Planting Field Rd Medfield, MA 02052	103.48	n/a
11/1/21	Michelle Kirkby 27 Planting Field Rd Medfield, MA 02052	206.46	n/a
11/4/21	Michelle Kirkby 27 Planting Field Rd Medfield, MA 02052	50	n/a
5/19/21	Timothy Knight 34 Oriole Rd Medfield, MA 02052	150	Account Executive, Domo, Inc.
9/30/21	Timothy Knight 34 Oriole Rd Medfield, MA 02052	48.60	Account Executive, Domo, Inc.
Line 9: Total Receipts over \$50 (or listed above)		1777.90	
Line 10: Total Receipts \$50 and under* (not listed above)		see page 10	
Line 11: TOTAL RECEIPTS IN THE PERIOD		see page 10	← 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 (continued)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

12870.87

* 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 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.

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

1945.30

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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/13/21	Timothy Knight 34 Oriole Rd Medfield, MA 02052	154.97	Account Executive, Domo, Inc.
11/7/21	Ian McWilliams 4 Hillcrest Rd Medfield, MA 02052	51.99	
11/7/21	Jennifer Montone 164 Harding St Medfield, MA 02052	51.99	
10/4/21	Megan Pappas 5 Rockwood Lane Medfield, MA 02052	50	
11/4/21	Megan Pappas 5 Rockwood Lane Medfield, MA 02052	51.99	
11/4/21	Mike Pastore 6 Liberty Lane Medfield, MA 02052	150	Attorney, Mintz LLP
9/30/21	Jessica Ponte 11 Charlesdale Rd Medfield, MA 02052	51.99	
11/4/21	Jessica Ponte 11 Charlesdale Rd Medfield, MA 02052	103.48	
11/4/21	Mike Power 5 Kingsbury Dr Medfield, MA 02052	200	Attorney, Sherman Law
10/4/21	Kim Price 62 Philip St Medfield, MA 02052	100	
9/30/21	Thomas Ramlow 1 Marlyn Rd Medfield, MA 02052	150	Retired
9/30/21	Thomas Ramlow 1 Marlyn Rd Medfield, MA 02052	250	Retired
Line 9: Total Receipts over \$50 (or listed above)		1366.41	
Line 10: Total Receipts \$50 and under* (not listed above)		see page 10	
Line 11: TOTAL RECEIPTS IN THE PERIOD		see page 10	← 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 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.

Occupation and employer Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/30/21	Nicola Tessier 19 Quarry Rd Medfield, MA 02052	100	
9/30/21	Kristin Weber 40 Planting Field Rd Medfield, MA 02052	515.38	n/a
11/4/21	Robert Weisse 3 Tubwreck Dr Medfield, MA 02052	103.48	
10/5/21	William Werner 10 Garry Dr Medfield, MA 02052	500	EV, BJ's Wholesale Club
9/30/21	What Moms Love 2 Jacob Cushman Drive Medfield, MA 02052	100	Owner, What Moms Love
11/4/21	What Moms Love 2 Jacob Cushman Drive Medfield, MA 02052	257.94	Owner, What Moms Love
Line 9: Total Receipts over \$50 (or listed above)		1576.80	
Line 10: Total Receipts \$50 and under* (not listed above)		1534.57	
Line 11: TOTAL RECEIPTS IN THE PERIOD		10220.99	← Enter on page 1, line 2

Line 9: Total Receipts over \$50 (or listed above) 1576.80

Line 10: Total Receipts \$50 and under* (not listed above) 1534.57

Line 11: TOTAL RECEIPTS IN THE PERIOD 10220.99

← 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.