



Form CPF M 102: Campaign Finance Report Municipal Form

ELECTION COMMISSION Office of Campaign and Political Finance
LOWELL, MA

Commonwealth
of Massachusetts

2025 JAN 14 PM 2:01

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/24 Ending Date: 12/31/24

Type of Report: (Check one)

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

David J Conway
Candidate Full Name (if applicable)
Lowell School Committee
Office Sought and District
528 Andover St, Lowell, MA, 01852
Residential Address
E-mail: djclhs@hotmail.com
Phone #: 928.888.3194

C.T.E. David J Conway
Committee Name
Mary C. Conway
Name of Committee Treasurer
528 Andover St, Lowell, MA 01852
Committee Mailing Address
E-mail: djclhs@hotmail.com
Phone #: 928.888.3194

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>12,115.42</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>12,115.42</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>622.85</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>11,492.57</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0</u>
Line 9: Name of bank(s) used:	<u>Enterprise BANK</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: Mary C. Conway (Treasurer's signature) Date: 1/12/25

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: David J Conway (Candidate's signature) Date: 1/12/25

SCHEDULE D: LIABILITIES

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

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				0



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/18/23 Ending Date: 1/5/24

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

DAVID J. CONWAY
Candidate Full Name (if applicable)
LOWELL SCHOOL COMMITTEE
Office Sought and District
528 ANDOVER ST LOWELL MA 01852
Residential Address
E-mail: DJCLAS@HOTMAIL.COM
Phone # (optional): _____

C.O.E. DAVID J. CONWAY
Committee Name
MARY CASSIDY CONWAY
Name of Committee Treasurer
528 ANDOVER ST. LOWELL, MA 01852
Committee Mailing Address
E-mail: DJCLAS@HOTMAIL.COM
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>12,249.12</u>
Line 2: Total receipts this period (page 3, line 11)	<u>125.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>12,374.12</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>258.70</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>12115.42</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>ENTERPRISE BANK</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: Mary Cassidy Conway (Treasurer's signature) Date: 1/8/24

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: David Conway (Candidate's signature) Date: 1/8/24

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
9/30/23	ENTERPRISE BANK	222 MERRIMACK ST LOWELL, MA 01852	SERVICE CHARGE	39.10
10/30/23	"	"	"	40.25
11/30/23	"	"	"	39.10
12/1/23	"	"	"	40.45
11/8/23	WCAP RADIO	244 CENTRAL ST LOWELL, MA 01852	RADIO ADS	100
Line 12: Total Expenditures over \$50 (or listed above)				258.70
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				258.70

Enter on page 1, line 4 →

* 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



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: _____ Ending Date: _____

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Candidate Full Name (if applicable)
Office Sought and District
Residential Address
E-mail: _____
Phone # (optional): _____

Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text"/>
Line 8: Name of bank(s) used:	<input type="text"/>

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: _____

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: _____



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

LOWELL, MA

2023 OCT 19 PM 12:00

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2/19/23 Ending Date: 10/18/23

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

DAVID J CONWAY
Candidate Full Name (if applicable)
LOWELL SCHOOL COMMITTEE
Office Sought and District
528 ANDOVER ST LOWELL MA 01852
Residential Address
E-mail: DJCLHS@HOTMAIL.COM
Phone # (optional): 978.888.3194

CTE DAVID J CONWAY
Committee Name
MARY C CONWAY
Name of Committee Treasurer
528 ANDOVER ST LOWELL MA 01852
Committee Mailing Address
E-mail: DJCLHS@HOTMAIL.COM
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>6924.56</u>
Line 2: Total receipts this period (page 3, line 11)	<u>6650.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>13574.56</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1325.44</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>12,249.12</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>ENTERPRISE</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: Mary C Conway (Treasurer's signature) Date: 10/18/23

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 of on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: David J Conway (Candidate's signature) Date: 10/18/23

DATE	NAME & ADDRESS	AMMOUN	OCCUPATION & EMOLOYER
4/14/23	AKASHIAN, BRUCE: 41 WINWARD RD. LOWELL, MA 1852	\$100	0
4/11/23	ARGUOYAN, JOHN: 35 CHERYL LEE LANE LOWELL, MA 1854	\$50	0
4/24/23	BENGELE, ELIZABETH: 12 BELAIR AVE. DRACUT, MA 1826	\$100	0
4/27/23	BERTRAND, BOYD: 437 ANDOVER ST. LOWELL, MA 1852	\$100	0
4/25/23	BUMP FAMILY TRUST, : 509 ANDOVER ST. LOWELL, MA 1852	\$50	0
4/23/23	CALLAHAN, JENNIFER: 53 REMINGTON ST. LOWELL, MA 1852	\$50	0
3/23/23	CASSIN, JAMES: 287 FAIRMOUNT ST. LOWELL, MA 1852	\$100	0
4/27/23	CHAU, SOKHARY: 128 B STREET LOWELL, MA 1851	\$60	0
4/26/23	CHEMALY, JOHN: PO BOX 187 LOWELL, MA 1853	\$100	CO-OWNER AND PRESIDENT OF TRINITY AMBULANCE
3/27/23	CONWAY, BRENT: 205 N. BILLERICA RD. TEWKSBURY, MA 1876	\$50	0
4/22/23	CONWAY, JOHN: 37 A. ALPINE ST NORTH BILLERICA, MA 1862	\$50	0
4/27/23	CONWAY, ROBERT: 14 FAIRFAX ST. LOWELL, MA 1851	\$100	0
3/23/23	DALY, DAVID: 229 STEDMAN ST. LOWELL, MA 1851	\$150	OWNER PRIDESTAR EMS
4/27/23	DAPHNIS, MARGO: P O BOX 164 RYE BEACH, NH 3871	\$250	RETIRED
4/12/23	DEANGELIS, ADAM: 98 GROTON ST. PEPPERELL, MA 1463	\$50	0
4/27/23	DECKER, STACY: 110 HOLLIS ST. LOWELL, MA 1852	\$30	0
8/9/23	DEMERS, A VERONIKA: 525 ANDOVER ST. LOWELL, MA 1852	\$100	0
4/27/23	DEMERS-SBOROV, CORNELIA: 15 GARDEN RD. LOWELL, MA 1852	\$50	0
4/14/23	DEMOULAS, ARTHUR: 29 MAQUILLA ST. LOWELL, MA 1850	\$250	CEO MARKET BASKET SUPERMARKETS
4/26/23	DONAHUE, STEPHANIE: 88 LUCE ST. LOWELL, MA 1852	\$35	0
3/22/23	DUNCAN, GEORGE: 710 ANDOVER ST. LOWELL, MA 1852	\$200	PRESIDENT ENTERPRISE BANK
4/29/23	EARLE, MICHAEL : 61 MASCUPICTRL TYNGSBOROUGH, MA 1879	\$100	0
4/27/23	ELLIOTT, RODNEY: 15 CRESTA DR. LOWELL, MA 1854	\$500	MASS STATE REPRESENTATIVE
4/25/23	FATICANTI, REGINA: 169 BUNKER HILL AVE. LOWELL, MA 1850	\$100	0
5/1/23	FLORENCE, CHRISTINE: 70 ALCOTT ST. LOWELL, MA 1852	\$50	0

DATE	NAME & ADDRESS	AMMOUNT	OCCUPATION & EMPLOYER
3/23/23	GOLAS, JOSEPH: 64 TELLIER WAY DRACUT, MA 1826	\$75	0
4/3/23	HALLISSY, SHEILA: 5 BOYLSTON LN. LOWELL, MA 1852	\$25	0
4/4/23	HOLLAND, MICHAEL: 531 ANDOVER ST. LOWELL, MA 1852	\$50	0
4/23/23	HYNES, JOHN: 157 PARKER ST. LOWELL, MA 1851	\$75	0
4/27/23	KEEFE, KARA: 183 BUTMAN RD. LOWELL, MA 1852	\$50	0
4/27/23	KEEFE, JOHN: 263 FAIRMOUNT ST. LOWELL, MA 1852	\$100	0
6/12/23	KEEFE, ROBERTA: 42 ENFIELD ST. LOWELL, MA 1852	\$100	0
3/24/23	KOZOMBOLIS, MARIA: 607 WESTFORD ST. LOWELL, MA 1851	\$50	0
4/26/23	KULESZA, ANGELA: 239 MANSUR ST. LOWELL, MA 1852	\$100	0
4/27/23	LINNEHAN, PATRICIA: 15 DANIELS ST. LOWELL, MA 1852	\$250	RETIRED
4/10/23	MCCABE, STEPHEN: 15 BRUNSWICK ST. LOWELL, MA 1852	\$200	RETIRED
4/20/23	MCCABE JR., PATRICK: 119 CAMPBELL DRIVE LOWELL, MA 1851	\$100	0
4/12/23	MCCARTIN, PATRICK: 52 HAVILAH ST. LOWELL, MA 1852	\$50	0
4/8/23	MCDONNELL, KATHERINE: 18 BOYLSTON LN LOWELL, MA 1852	\$50	0
3/30/23	MCDONOUGH, JOHN: 1 DEWEY ST. TEWKSBURY, MA 1876	\$100	0
4/30/23	McGUANE, MARTHA: 95 GLENWOOD ST. LOWELL, MA 1852	\$50	0
4/1/23	MILINAZZO, JIM: 9 TRULL LANE EAST LOWELL, MA 1852	\$100	0
4/27/23	NOBREGA JR., FRANK: 64 OLIVER DRIVE DRACUT, MA 1826	\$200	POLICE OFFICER LOWELL
3/28/23	NONEMAN, STEVEN: 518 ANDOVER ST. LOWELL, MA 1852	\$1,000	INVESTOR SELF EMPLOYED
4/3/23	O'BRIEN, RICHARD: 78 DINSMORE ST. LOWELL, MA 1852	\$100	0
4/27/23	O'CONNOR, JOHN: 257 ANDOVER ST. LOWELL, MA 1852	\$100	0
4/27/23	O'HEARN, PETER: 23 HOLYROOD AVE. LOWELL, MA 1852	\$100	0
4/27/23	PANAGIOTAKOS, STEVEN: 191 SANDERS ST. LOWELL, MA 1851	\$200	CONSULTANT/LOBBYIST
4/27/23	PANAGIOTAKOS, CHRISTOPHER: 84 WESTWIND RD. LOWELL, MA 1851	\$100	0
4/1/23	SCANNELL, GEORGE: 50 TANNER ST. LOWELL, MA 1852	\$100	0

DATE	NAME & ADDRESS	AMMOUNT	OCCUPATION & EMPLOYER
4/27/23	SEPE, ANNE : 35 LIVINGSTON AVE LOWELL, MA 1851	\$50	0
4/1/23	SPELLISSY, DONNA: 21 ABERDEEN ST. LOWELL, MA 1850	\$100	0
3/28/23	SULLIVAN, KEVIN: 65 HAVILAH ST. LOWELL, MA 1852	\$50	0
4/23/23	SZYMCAK, TED: 21 RIDGE RD. LOWELL, MA 1852	\$150	0
4/19/23	ZOROKONG, CLAUDIUS: 71 HOLBROOK AVE. LOWELL, MA 1852	\$100	0
1/0/00	, : ,	\$0	0
1/0/00	, : ,	\$0	0
1/0/00	, : ,	\$0	0
1/0/00	, : ,	\$0	0
1/0/00	, : ,	\$0	0
	TOTAL CONTRIBUTIONS	\$6,650	

David J. Conway
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
		NONE		
		✓		

Line 15: In-Kind Contributions over \$50 (or listed above)	0
Line 16: In-Kind Contributions \$50 & under (not listed above)	0
Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

Enter on page 1, line 6 →

* 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.



Commonwealth of Massachusetts

Form CPF 101 P: Change of Purpose Candidate's Political Committee Office of Campaign and Political Finance

CPF ID #: _____

File with: Director Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108

(617) 979-8300 (800) 462-OCPF ocpf@mass.gov http://www.mass.gov/ocpf

- 1. Name of Candidate: David J. Conway
2. Office previously held/sought: Lowell City Council
3. Office now sought: Lowell School Committee
4. Party (if applicable): N/A
5. Committee: CTE David J. Conway
Mailing Address: 528 Andover St
City / State / Zip: Lowell MA 01852
6. Contact Person: David J. Conway
Mailing Address: 528 Andover St
City / State / Zip: Lowell MA 01852
Email: djc1hs@hotmail.com Phone #: 978-888-3194

In accordance with the requirements of M.G.L. c. 55, I hereby certify that the above-named political committee is now organized for the purpose stated above.

SIGNED UNDER THE PENALTIES OF PERJURY:

Mary C Conway Treasurer's signature Date: 2-9-23
David J Conway Candidate's signature Date: 2-9-23

2008 JAN -9 PM 2:08
RECEIVED
LOWELL COMMISSION



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OFFICE OF CAMPAIGN AND POLITICAL FINANCE
LOWELL, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2022 Ending Date: 12/31/2022

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Hilary Clark
Candidate Full Name (if applicable)
School Committee, Lowell
Office Sought and District
57 Market St, Lowell, MA 01852
Residential Address
E-mail: clarkforprogress@gmail.com
Phone # (optional): _____

Clark Committee
Committee Name
Benjamin Martello
Name of Committee Treasurer
57 Market St, Lowell, MA 01852
Committee Mailing Address
E-mail: ben@northsideventures.com
Phone # (optional): 508-878-1857

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,003.79
Line 2: Total receipts this period (page 3, line 11)	0.00
Line 3: Subtotal (line 1 plus line 2)	0.00
Line 4: Total expenditures this period (page 5, line 14)	0.00
Line 5: Ending Balance (line 3 minus line 4)	1,003.79
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used:	Enterprise Bank

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: [Signature] (Treasurer's signature) Date: 1/19/2023

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: [Signature] (Candidate's signature) Date: 1/19/2023

