



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 1/1/24 Ending Date: 5/9/24 File with: City or Town Clerk or Election Commission

Type of Report: (Check one)

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

David Golden

Candidate Full Name (if applicable)

Selectman

Office Sought and District

14 Reed Ave Plymouth MA 02360

Residential Address

E-mail:

Phone #:

Committee to Elect David Golden

Committee Name

Timothy M. Lawlor

Name of Committee Treasurer

14 Reed Ave Plymouth Ma. 02360

Committee Mailing Address

E-mail:

Phone #:

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 12)

15118.20

Line 3: Subtotal (line 1 plus line 2)

15118.20

Line 4: Total expenditures this period (page 5, line 15)

5986.74

Line 5: Ending Balance (line 3 minus line 4)

9131.46

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

0

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

0

Line 9: Name of bank(s) used:

ROCKLAND TRUST

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:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
03/14/24	FrancisOBrien 42 Peter rd Plymouth Ma	100.00	
1/25/24	Patricia orr 29 Hitching post Plymouth ma	100.00	
03/14/24	Paresh Patel 31 weather deck dr Bourne Ma	500.00	Self Employed
03/13/24	Potvin Barry 53 skipping stone plymouth ma	50.00	
03/14/24	Philip Ricaardi 8 Daylily drive Plymouth ma	50.00	
03/10/24	Pam Ranheim 35 Cape Cod ave Plymouth ma	100.00	
03/14/24	Bill Sheridan 15 ocean walk dr Plymouth ma	200.00	Retired
01/28/24	Paul Shuel 20 ryeerorit Plymouth ma	50.00	
03/16/24	Leslie Treseler 38 strand ave Ply Ma	50.00	
03/14/24	David Tresler 694 Weathersfield st Rowley ma	100.00	
04/14/24	Arther Vercollone 291 union st Marshfield ma	100.00	
03/14/24	Diane Vendetti 24 winter st Cambridge ma	250.00	professional/Retired

450

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
03/14/24	Jennifer C Harris 62 Mariners way unit 4310 Plymouth Ma	25.00	
03/01/24	Bill Hallisey 3 Knights Point RD Plymouth Ma	500.00	Self Employ.
01/24/24	JARA HIGGINS 20 Perrington way Plymouth Ma	1000.00	Attorney - self Employed
01/05/24	Thomas H Julien jr PO Box 146 Kingston ma	1000.00	Self Employed
03/22/24	Virginia Johnson 50 old beach rd Ply Ma	25.00	
03/14/24	Steve Lydon 33 Leeward way Ply Ma	25.00	
03/14/24	John LaLond 30 south street ply Ma	100.0	
03/28/24	Timothy M. Lawlor 60 rocky hill road Ply Ma.	1000.00	Retired
01/18/24	Robert Lyons 34 abigals Path Plymouth Ma	50.00	
03/13/24	Anne Lydon 30 Woodlot dr Milton Ma	250.00	Professional Self employed
03/24/24	Scott Lail 25 white st Plymouth Ma	50.00	
03/14/24	Jeannett McKay 67 Pawtuxet rd Ply Ma	30.00	
01/13/24	Robert Nerger 113 bayberry rd Marshfield Ma	1000.00	Self Employed
Line 10: Total Receipts over \$50 (or listed above)			<p>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</p>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD		5055	

← Enter on page 1, line 2

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
03/14/24	Karen Buechs 146 bartlett rd ply ma	50.00	
03/14/24	Clyde Brini 196 Black Cat rd Ply Ma	1000.00	Self Employed
01/02/24	William H Butler III 29 Hearthsidestone Plymouth Ma	500.00	Retired
02/26/24	Alice Baker 79 Taylor Ave	100.00	
03/14/24	Carol Costrllo 41 Humtington RD Plymouth MA	100.00	
1/26/24	Robert W. Chamberland SR. 14 Hearthstone Plymouth Ma	200.00	Retired
03/13/24	Colin Dillion 21 park rd Plymouth ma	200.00	Self Employed.
02/06/24	Jan Dempsey 27 Hearthstone Plymouth Ma	50.00	
03/17/24	Peter Dolan 16 Hyatt street Worcester ma	100.00	
01/12/24	George Egan Jr. 151 country club way Kingston ma	1000.00	Business Owner
03/14/24	Erin Gorczyca 28 Esta rd Plymouth am	100.00	
03/20/24	Susan Grady 52 Veridan Plymouth Ma.	250.00	Retired

3650

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
02/01/24	Jonathan Verdun 17 Trillium Rise Plymouth Ma	25.00	
03/14/24	Dale Weber 20 stafford st Plymouth ma	100.00	
01/02/24	Thomas Wallace po box 1288 Plymouth ma	1000.00	Retired
01/18/24	Heather Wells 111 wareham lake shore dr plymouth ma	1000.00	Self Employed
03/16/24	Debra Zona 22 fox rd plymouth ma	50.00	
03/14/24	Lin Brinna plymouth ma	100.00	
03/14/24	Kaisang Ghale 288 country club way kingston ma	500.00	Resident owner Self Employ.
03/03/24	Act Blue po box 441146 Somerville ma	1988.20	
Line 10: Total Receipts over \$50 (or listed above)			<p>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</p>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD		15118.20	

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

[illegible]

SCHEDULE B: EXPENDITURES (continued)[illegible]

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.

[illegible]

Enter on page 1, line 7 →

Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)

Page 7

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			<p>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</p> <p>← Enter on page 1, line 8</p>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		✓	