



Form CPF M 102-0: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

City or Town of: FREETOWN

Please print or type all information, except signatures.

Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning				Ending	12	31
						13

Type of Report: (Check One)

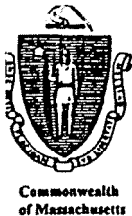
- ☐ 8th day preceding preliminary/primary
 ☐ 8th day preceding election
 ☐ 30th day following election (Town or Special)
 ☒ 20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

- I certify that I am a candidate for or hold Municipal Office.
- I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
- I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/2/14	<i>Dequeline J. Brown</i>	132 Bullock Rd C. Freetown	Town Clerk
1/2/14	<i>[Signature]</i>	43 WATER ST	Planning
1/2/14	<i>[Signature]</i>	43 WATER ST	WATER
1/2/14	<i>[Signature]</i>	18 EAST PUBLIC ST. Abner	Cemetery
11/6/13	<i>[Signature]</i>	256 Chase Rd Freetown	Finance Com
1-6-13	<i>Michael T. McCue</i>	7 South Hillside Ave Abner	Cemetery Commission
1-6-13	<i>Michael T. McCue</i>	7 So. Hillside Ave. Abner	Library Trustees
1-6-13	<i>Michael T. McCue</i>	7 So. Hillside Ave. Abner	Regional School Committee
1/6/13	<i>Kent Williams</i>	9 So Hillside St Abner	Finance Com.
1-7-14	<i>Robert W. Clark</i>	68 Locust St Abner	FIN COM
1-7-14	<i>William S. [Signature]</i>	19 GRAYDAWS DRIVE	Housing Authority
1-7-14	<i>[Signature]</i>	64 R. Richmond RD.	Regional School COM
1/7/14	<i>Robert W. Clark</i>	171 Bullock Rd	Regional school

11/97



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City or Town of: FREETOWN

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Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning				Ending	12	31
						13

Type of Report: (Check One)			
<input type="checkbox"/> 8th day preceding preliminary/primary	<input type="checkbox"/> 8th day preceding election	<input type="checkbox"/> 30th day following election (Town or Special)	<input checked="" type="checkbox"/> 20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

1. I certify that I am a candidate for or hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
1/9/14	<i>Sheila ...</i>	11 TOMMYS LANE	ASSESSOR
1/13/14	<i>Lucille M. Rosa</i>	9 W. Cudworth Ave	Trustee, Library
1-16-14	<i>Martine Perreault</i>	102 Chace Rd	Tree warden
1/21/14	<i>Chloe J. MacEachron</i>	8 Gurney Rd.	Highway Surveyor
1/27/14	<i>Deane Ashley</i>	24 Keene Rd	LIBRARY TRUSTEE
01-27-14	<i>MM MM</i>	35 E PULM	WAT Rep-



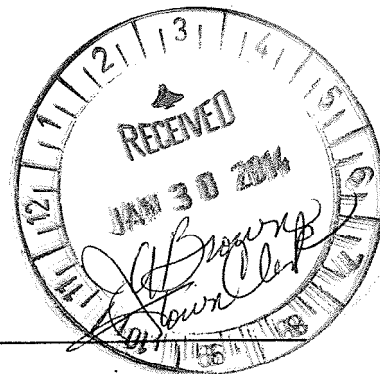


Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance



File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month 1 Day 1 Year 2013 Ending Month 12 Day 31 Year 2013

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

MICHAEL J MOTTA
Full Name of Candidate (if applicable)
PLANNING BOARD / ASSESSOR
Office Sought and District
85 LOCUST ST
Residential Address
ASSONET, MA
Tel. No. (optional)

N/A
Committee Name
Name of Committee Treasurer
Committee Mailing Address
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 0
Line 3: Subtotal (line 1 plus line 2) \$ 0
Line 4: Total expenditures this period (page 3, line 14) \$ 0
Line 5: Ending balance (line 3 minus line 4) \$ 0
Line 6: Total in-kind contributions this period (page 4) \$ 0
Line 7: Total (all) outstanding liabilities (page 4) \$ 0
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:

N/A
Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the 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.

☒ Candidate without Committee OR Candidate with independent activity filing separate report

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]
Candidate signature (in ink)

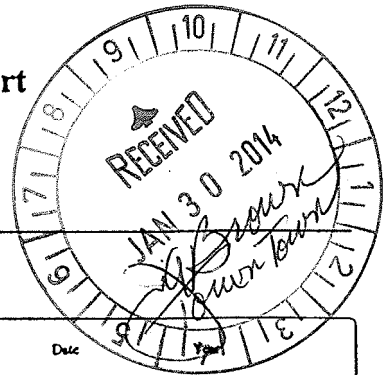
Date 1/6/2014



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

Please print or type all information, except signatures.

Fill in dates: _____
Reporting Period Beginning _____ Ending _____

Type of report: (Check one)

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

Robert Raymond
Full Name of Candidate (if applicable)

Office Sought and District

Residential Address

Tel. No. (optional)

Planning Board
Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0.00
Line 2: Total receipts this period (page 2, line 11) \$ 0.00
Line 3: Subtotal (line 1 plus line 2) \$ _____
Line 4: Total expenditures this period (page 3, line 14) \$ _____
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Line 7: Total (all) outstanding liabilities (page 4) \$ 0.00
Line 8: Name of bank(s) used _____

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Signed under the penalties of perjury:

Treasurer's signature (in ink) _____

Date _____

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

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☐ Candidate without Committee OR Candidate with independent activity filing separate report

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Signed under the penalties of perjury:

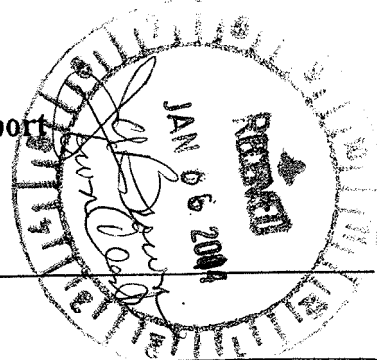
Candidate signature (in ink) _____

Date 01/30/14



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

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month Jan Day 1 Year 2013 Ending Month Dec Day 31 Year 2013

Type of report: (Check one)
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ Year-end report ☐ dissolution

Clarence R. Dearden
Full Name of Candidate (if applicable)
Freetown Housing Authority
Office Sought and District
8 Chace Road, Freetown, MA
Residential Address 02717
508-763-2342
Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 0
Line 3: Subtotal (line 1 plus line 2) \$ 0
Line 4: Total expenditures this period (page 3, line 14) \$ 0
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Line 7: Total (all) outstanding liabilities (page 4) \$ 0
Line 8: Name of bank(s) used N/A

Affidavit of Committee Treasurer:

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Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the 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.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

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Signed under the penalties of perjury:

Candidate signature (in ink)

Date

Clarence R. Dearden

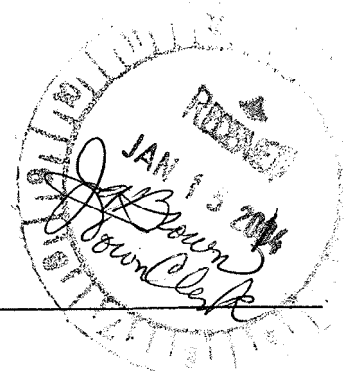
01/06/14



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

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month 01 Day 01 Year 13 Ending Month 12 Day 31 Year 13

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

BRADFORD E. PAIVA
Full Name of Candidate (if applicable)
FINANCE COMMITTEE
Office Sought and District
71 BULLOCK RD
Residential Address
EAST FREETOWN MA
Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ _____
Line 2: Total receipts this period (page 2, line 11) \$ _____
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Line 7: Total (all) outstanding liabilities (page 4) \$ _____
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Affidavit of Committee Treasurer:

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Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

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☐ Candidate without Committee OR Candidate with independent activity filing separate report

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Signed under the penalties of perjury:

Candidate signature (in ink)

Date

Bradford E. Paiva

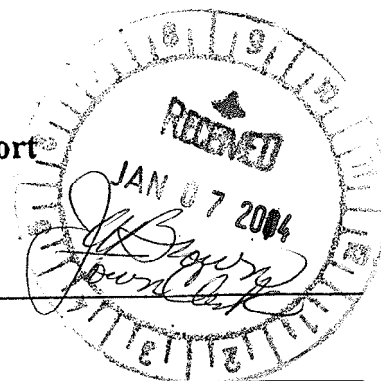
1/14/14



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

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month 01 Day 01 Year 2013 Ending Month 12 Day 31 Year 2013

Type of report: (Check one)
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ Year-end report ☐ dissolution

Harold A. Piva
Full Name of Candidate (if applicable)

Office Sought and District
7 Pierce Way FWTW MA
Residential Address
(508) 763-0016
Tel. No. (optional)

Finance Committee
Committee Name
N/A
Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
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Affidavit of Committee Treasurer:

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Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the committee

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Signed under the penalties of perjury:

Candidate signature (in ink)

Date

1/31/14



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

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month 1 Day 1 Year 13 Ending Month 12 Day 31 Year 13

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

Adrianne Hevesque
Full Name of Candidate (if applicable)

213 So. Main St. Assout
Office Sought and District
Residential Address

Tel. No. (optional)

Cemetery Committee
Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ _____
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Affidavit of Committee Treasurer:

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Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

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Signed under the penalties of perjury:

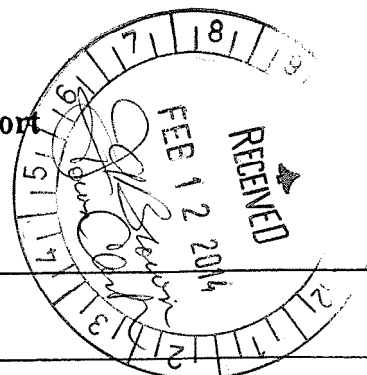
Adrianne Hevesque
Candidate signature (in ink)

1-11-14
Date



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

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month JAN Day 1 Year 2013 Ending Month JAN Day 1 Year 2014

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

John Ashley
Full Name of Candidate (if applicable)
House Rep A
Office Sought and District
6th Ward
Residential Address
E. Freetown
Tel. No. (optional)

Committee Name
Name of Committee Treasurer
Committee Mailing Address
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
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Affidavit of Committee Treasurer:

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Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the committee

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Candidate signature (in ink)

Date

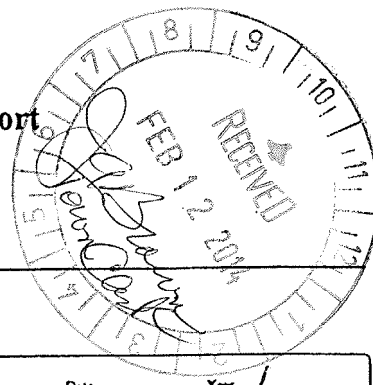


Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance



File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month 1 Day 1 Year 13 Ending Month 1 Day 1 Year 14

Type of report: (Check one)

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

RICHARD E SPENCER

Full Name of Candidate (if applicable)

72 DE BRALY RD

Office Sought and District

E. FreeTown MA

Residential Address

Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ _____
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Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

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Signed under the penalties of perjury:

Candidate signature (in ink)

Date

Richard E Spencer

FEB 11, 2014