



Form CPF M101: STATEMENT OF ORGANIZATION
CANDIDATE OR CANDIDATE'S COMMITTEE
MUNICIPAL FORM

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, organization of a candidate or candidate's committee as follows:

CANDIDATE: Full Name: Shannon M Coffey TOWN CLERK
Residential Address: 5 Parkview Ln.
City / State / Zip: Avon, MA 02322
E-Mail Address: Shannon-M-Coffey@yahoo.com Phone #: (508) 857-5194
Party Affiliation: _____ (If applicable)

OFFICE SOUGHT/PURPOSE:
Title: Board of Selectman District: Local

☒ Candidate without committee (check if applicable). If checked, do not complete committee or officer sections: sign as candidate, date and file with clerk or local election official.

COMMITTEE: Name of Committee: _____
(The name of the committee must include the candidate's last name)
Committee Mailing Address: _____
City / State / Zip: _____ Phone #: _____

OFFICERS:

Chairperson: Residential Address: _____ City / State / Zip: _____ Phone #: _____	Treasurer*: Residential Address: _____ City / State / Zip: _____ Phone #: _____ Email: _____
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*A public employee may not serve as treasurer of any political committee (see reverse).

Additional officers may be listed on page two.

Check applicable box before signing:

☐ Candidate with committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; and 4) may not serve as treasurer of a political committee organized on my behalf.

☒ Candidate without committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) acknowledge if I become a public employee I must organize a committee and may not serve as treasurer; and 4) am subject to certain duties and liabilities under M.G.L. c. 55 including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY: X Shannon M Coffey Date: 12/15/22
Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on their behalf.

SIGNED UNDER THE PENALTIES OF PERJURY: _____ Date: _____
Treasurer's signature

I hereby accept the office of Chairperson of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY: _____ Date: _____
Chairperson's signature



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN OF AVON

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2022 Ending Date: November 28, 2022

Type of Report: (Check one)

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

Shannon Marie Coffey Candidate Full Name (if applicable) Selectman, Town of Avon Office Sought and District 5 Parkview Lane Avon, MA 02322 Residential Address E-mail: <u>Shannon_M_Coffey@yahoo.com</u> Phone # (optional): <u>508-857-5194</u>	Committee Name Name of Committee Treasurer Committee Mailing Address E-mail: Phone # (optional):
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SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	357.43
Line 3: Subtotal (line 1 plus line 2)	357.43
Line 4: Total expenditures this period (page 5, line 14)	357.43
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: <u>Citizens 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: _____ (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: Shannon M Coffey (Candidate's signature) Date: 11/28/22

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/20/22	Shannon Marie Coffey 5 Parkview Lane Avon, MA 02322	262.44	Client Service Manager, State Street
11/20/22	Richard Starck 25 Waterman Road Canton, MA 02021	75	Retired
Line 9: Total Receipts over \$50 (or listed above)		337.44	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		19.99	
Line 11: TOTAL RECEIPTS IN THE PERIOD		357.43	

* 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
11/27/22	H.L. Blanchard Tavern	98 Main Street Avon, MA 02322	Use of Blanchard's Tavern for Meet & Greet	75
10/20/22	Sticker Mule	336 Forest Ave Amsterdam, NY 12010	Campaign signs	262.44
Line 12: Total Expenditures over \$50 (or listed above)				337.44
Line 13: Total Expenditures \$50 and under* (not listed above)				19.99
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				357.43

* 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

* 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)[illegible]

* 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
Enter on page 1, line 6 →			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
			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.

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.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN OF AVON

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: November 22, 2022 Ending Date: December 12, 2022

Type of Report: (Check one)

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

Shannon Marie Coffey Candidate Full Name (if applicable) Selectman, Town of Avon Office Sought and District 5 Parkview Lane Avon, MA 02322 Residential Address E-mail: <u>Shannon_M_Coffey@yahoo.com</u> Phone # (optional): <u>508-857-5194</u>	 Committee Name Name of Committee Treasurer Committee Mailing Address E-mail: _____ Phone # (optional): _____
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SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>157.04</u>
Line 3: Subtotal (line 1 plus line 2)	<u>157.04</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>157.04</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u> </u>
Line 7: Total (all) outstanding liabilities (page 7)	<u> </u>
Line 8: Name of bank(s) used:	<u>Citizens 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: _____ (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: Shannon M Coffey (Candidate's signature)

Date: 12-12-22

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
12/05/22	Shannon Marie Coffey 5 Parkview Lane Avon, MA 02322	137.05	Client Service Manager, State Street
Line 9: Total Receipts over \$50 (or listed above)		137.05	
Line 10: Total Receipts \$50 and under* (not listed above)		19.99	
Line 11: TOTAL RECEIPTS IN THE PERIOD		157.04	← 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
12/05/22	Staples	500 Westgate Drive Brockton, MA 02301	Campaign Posters	137.05
			Line 12: Total Expenditures over \$50 (or listed above)	137.05
			Line 13: Total Expenditures \$50 and under* (not listed above)	19.99
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	157.04

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