



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: 01/06/22 Ending Date: 05/13/22

Type of Report: (Check one)

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

Charles H. Bletzer

Candidate Full Name (if applicable)

Select person

Office Sought and District

23 CARVER Rd. Ply

Residential Address

E-mail:

Phone # (optional):

CTE. Charlie Bletzer

Committee Name

TIMOTHY M. LAWIOR

Name of Committee Treasurer

60 ROCKY HILL Rd. Ply

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

4699.61

Line 2: Total receipts this period (page 3, line 11)

17,301

Line 3: Subtotal (line 1 plus line 2)

21,740

Line 4: Total expenditures this period (page 5, line 14)

16,426

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

5314.00

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

0

Line 7: Total (all) outstanding liabilities (page 7)

Line 8: 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:

5/13/22

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:

5/13/22

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)
4/14/22	WILLIAM McDONALD ERIN SWEENEY 902 MAIN ST. HANSON MA.	100.	
4/14/22	Robert C. McDonald DONNA M. BRIAND 20 TURTLE Cove Rd SANDWICH MA	100	
4/14/22	ALEX BEZANSON 761 RANDOLPH ST ABINGTON MA	50	
4/14/22	JAMES J OLEARY 82 CRYSTALLAKE Rd OTTUMVILLE MA.	100	
4/14/22	DAN MACHADO 74 SUMMER ST PLY. MA	100	
4/14/22	PAUL J McGee 58 OLD FIELD Rd PLY. MA	25.	
4/14/22	William HALLISEY 3 KNIGHTS POINT Rd PLY. MA.	1000	OWEN GLASS CO. SHIRETOWN GLASS
4/14/22	CURT BLETZER 300 MARKET ST BRIGHTON MA	250	
4/14/22	CONRAD BLETZER 300 MARKET ST BRIGHTON MA	250	
4/14/22	CAROL ALAN COSTELLO 41 HUNTINGTON RD PLY. MA.	100	
4/14/22	CAROL ANNE MURPHY 94 TAMMISACK Rd PLY. MA	200	
4/14/22	Area BALBONI 602 SANDWICH ST PLY. MA	250	

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

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

Line 11: TOTAL RECEIPTS IN THE PERIOD

2525

← 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.

Page 1

8746.05

SCHEDULE A: RECEIPTS

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(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)
4/14/22	Ruth Biggs 18 Ridgchill Rd Ply MA	50	
"	Steve Tavekelian 7 Cooke Rd Ply MA	100	
"	Joe McDonough 11 Farming St Scituate MA	100	
"	Neil Rogers 70 Cherry Hollow Rd NATUA NH	500	SALES
"	Jeff Lawson 15 Manscatt Way Ply MA	200	
"	Committee Elect MAT. Mc DONOUGH	100	
"	PAUL SULLIVAN 4 Accord Park Norwell MA.	600	owner Sullivan Tire
"	DALE WEBBER 29 Stafford St Ply MA.	150	
"	Thomas McTigue 157 Long Pond Rd Ply MA	100	
"	Joseph MACINNIS 9 Hattuck Rd Ply MA.	250	Montage Broker
"	MARY ANN CATHMAN 15 Nixon Ave Ply MA.	100	
"	MAUREEN SULLIVAN 158 Bay Rd Osterville MA	50	

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

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

Line 11: TOTAL RECEIPTS IN THE PERIOD

2300

← 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

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(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)
4/12/22	Charles Hindersechio 22 ply Rock Terrace ply MA	100	
"	Hinderschield Trust	100	
"	Therese MURRAY 1 WINDING LN ply MA	100	
"	MONICA LYDEN 301 MONOMET POINT MONOMET MA	100	
"	DANA FLYNN 8141 Dale Rd ply	50	
4/8/22	DAVID GALLENI P.O. Box 3026 ply MA	500	
4/14/22	VIRIATO DEMACCO 575 Ship Pond Rd ply MA	100	
4/14/22	KATHLINE M Pellegano 101 Old Friends Rd ply MA	50	
4/1/22	Act Blue	96.05	
4/19/22	William Seckinger Jr. 15 Climbear Path ply MA	200	Owner of store
4/18/22	Cheryl Battista 18 PAINE Rd South Yarmouth MA	100	
4/18/22	Hebert Spellman 21 Chilton Ave ply MA	25	

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

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

Line 11: TOTAL RECEIPTS IN THE PERIOD

1521.05

← 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

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(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)
4/18/22	Honbert Harding 6 TAVERN PATH PLY MA.	50	
4/14/22	RHONDA NYMAN 20 KING PHILIP LN HANOVER MA.	50	
4/14/22	Gen ADROGINS 42 ALLENTON AVE PLY MA	150	
"	KEN BUECHS 146 BARTLETT PLY MA	50	
4/14/22	DOUGLAS R. CROCIATTI 66 GRANDVIEW DR PLY MA	200	RESTAURANT OWNER
4/18/22	Joe Szulewski 93 8th ST Cambridge MA	50	
4/14/22	Elizabeth Kittredge P.O. BOX 1820 MORANET MA.	500	Retired
4/15/22	Paul Griffin 12 EASTON WAY PLY. MA	250	Retired
4/16/22	John Viscariello 12 BORDOW WAY PLY. MA	500	RESTAURANT OWNER
4/15/22	KEVIN McANNENY 47 CLARE DR. STOUGHTON MA	500	
4/15/22	Stanley TAVARES 58 SEVEN HILLS PLYMOUTH MA.	100	
4/26/22	Act Blue	768.39	

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

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

Line 11: TOTAL RECEIPTS IN THE PERIOD

2400

← Enter on page 1, line 2

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SCHEDULE A: RECEIPTS

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(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)
4/26/22	JAMES M. GILLIS 27 JACQUELINE LN PLY MA	1000	CEO WASTE management Co.
4/26/22	BRENDAN GILLIS 36 MONT PLEasant Apt 4 PLY MA	1000	Resturant owner CEO.
4/30/22	PAUL CARPILLO 84 open St. PLY MA	200	
4/24/22	JAMES KIMBALL 51 River St PLY mouth MA	100	
4/22	ERIN BRADLEY 4 KRISTIN Rd PLY MA	25	
4/24/22	William Demille 17 CROSTMAN CIR ABINGTON MA	100	
4/20/22	JEAN Loewenberg 118 South St. BOSTON, MA	100	
4/22	SANDRA GOTTI No Address Available	100	
4/13/22	GERALD SIRICO 38 MAYFIELD ST. PLY MA	50	
4/29/22	PARETH Patel 31 Weather Deck BOURNE MA	500	Resturant Lobster Shack
4/24/22	SANDRA KEARNS 44 TALL TIMBER LN KINGSTON MA	100	
4/24/22	Act Blue P.O. BOX 441146	240	

Line 9: Total Receipts over \$50 (or listed above) 3490

Line 10: Total Receipts \$50 and under* (not listed above) 25

Line 11: TOTAL RECEIPTS IN THE PERIOD 3515

← 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

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(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)
5/2/22	Jeffery Sabel 197 COUNTRY CLUB WAY KINGSTON MA	100	
5/1/22	Christopher Murray 18 MAIN STREET PLY MA	200	
5/2/22	MATTHEW BURKE 63 POND ST. KINGSTON MA	100	
4/30/22	CATHERINE LUCY MURRY 16 SOULE RD PLY MA.	100	
4/30/22	TRACY YAMIN 53 MEETING HOUSE RD KINGSTON, MA	100	
5/1/22	PAUL SHAUGHNESSY JR. 78 CRIMSON HARBOR CT KINGSTON MA	100	
5/2/22	SHAWN SPADIA 169 WARDING RD KINGSTON, MA.	100	
5/2/22	JILL AMATO 27 HOLLY TREE DR. KINGSTON, MA.	100	
5/5/22	STEPHAN KENNEALLY 20 SAUGER RD DUXBURY MA.	250	
5/2/22	RICHARD MAWFEED 10 KNAPP TERR PLY MA	250	
4/28/22	RICHARD STEFANO 170 WATER STREET PLY MA	500	
5/01/22	ACT BLUE P.O. BOX 44146	240.00	

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

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

Line 11: TOTAL RECEIPTS IN THE PERIOD

2140

← Enter on page 1, line 2

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SCHEDULE A: RECEIPTS

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(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)
4/2/22	Clyde A. BRINI 30 Town Wharf Rd PLY MA.	1000	
4/9/22	RONALD SAPONARO 5 SCOTT DR. PLY MA	150	
3/26/22	KANSANG CHALE 288 COJATTY CLUB WAY KINGSTON MA	1000	
3/23/22	William Bletzer 29 Southport Way GRAFTON MA.	100	
5/2/22	Michael BABINI 180 Sandwich Rd PLY MA	100	
5/1/22	Charles Joseph NATALE 2 KATHLEEN DR WOBURN MA.	500	
5/5/22	Charles Macalenny 30 Venting Blvd PLY MA	50	

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

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

Line 11: TOTAL RECEIPTS IN THE PERIOD

2900

← 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
4/31	MAT HANLON #119		Campaign Expenses	100 ⁰⁰	✓
4/31	LISA BELTZER #120		"	284.83	✓
5/11/22	CTE, MAT Mature		Campaign Contributions	100	✓
5/4/22	OLD Colony Print Ads - Digital Ad		Digital Marketing print Ads	1026.26	✓
5/2/22	WATD		Radio Ads	2400	✓
3/24/22	Ed Bradley CTE,		Donation	200	✓
4/1/22	EAST COAST PRINTING	2 KIGHTWAY HINGHAM MA	Invite for "Charlie"	53	✓
4/1/22	EAST COAST PRINTING	"	Campaign Invite	366.56	✓
4/14/22	EAST COAST PRINTING	"	SRAT	1617.50	✓
5/13/22	EAST COAST PRINTING	"	91863 Post Card mailer	852.89	✓
5/13/22	EAST COAST PRINTING	"	MAIL Prep Post Card	652.39	✓
5/13/22	EAST COAST PRINTING	"	U.S.P.O. MAIL	1618.75	✓
5/13/22	EAST COAST PRINTING	"	MAILER 2W/181787 U.S.P.O. MAIL	2899.23	✓

Line 12: Expenditures over \$50 (or listed above)

Line 13: Expenditures \$50 and under* (not listed above)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

* 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 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.

[illegible]

* 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
<div style="display: flex; justify-content: space-between; align-items: center;"> Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) </div>				