



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance



NORTH ATTLEBOROUGH

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 Date 1 Year 2025 Ending Month 3 Date 14 Year 2025

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

JOHN D. SIMMONS
Full Name of Candidate (if applicable)
NORTH ATTLEBOROUGH TOWN COUNCIL
Office Sought and District
40 PARMENTER LN, N. ATTLEBOROUGH
Residential Address
Tel. No. (optional)

COMMITTEE TO ELECT JOHN D. SIMMONS
Committee Name
MICHAEL LENNOX
Name of Committee Treasurer
491 Mt. Hope St., N. ATTLEBOROUGH
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) \$ 1096.03
Line 3: Subtotal (line 1 plus line 2) \$ 1096.03
Line 4: Total expenditures this period (page 3, line 14) \$ 1096.03
Line 5: Ending balance (line 3 minus line 4) \$ 0.00
Line 6: Total in-kind contributions this period (page 4) \$ 0.00
Line 7: Total (all) outstanding liabilities (page 4) \$ 1096.03
Line 8: Name of bank(s) used

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...
Signed under the penalties of perjury:
M. Lennox
Treasurer's signature (in ink)
3/24/25
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)
[X] 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...
[ ] Candidate without Committee OR Candidate with independent activity filing separate report
Signed under the penalties of perjury:
Candidate signature (in ink)
3/24/25
Date

**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.*

This page may be copied 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)
3/14/25	JOHN D. SIMMONS (LOAN)	321	.00	ATTORNEY, SELF EMPLOYED
3/24/25	JOHN D. SIMMONS (LOAN)	775	.03	ATTORNEY, SELF EMPLOYED
Line 9: Total receipts in excess of \$50 (or listed above)	1096	.03		
Line 10: Total receipts \$50 and under* (not listed above)	0	.00		
Line 11: TOTAL RECEIPTS IN THE PERIOD	1096	.03	Enter on page 1, line 2	

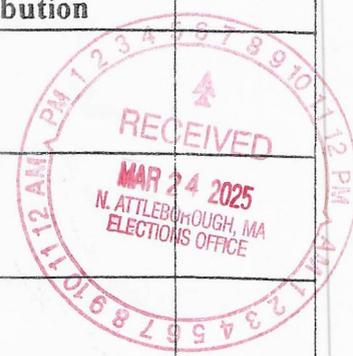
\* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

### SCHEDULE 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6



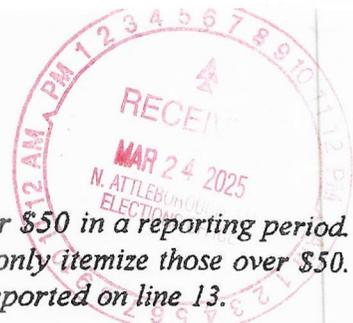
\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

### 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
3/14/25	JOHN D. SIMMONS	40 PARMENTER LN. N. ATTLEBOROUGH	LOAN TO CANDIDATE	\$ 321.00
3/24/25	JOHN D. SIMMONS	40 PARMENTER LN. N. ATTLEBOROUGH	LOAN TO CANDIDATE	\$ 775.03
Line 18: OUTSTANDING LIABILITIES (ALL)				1,096.03

Enter on page 1, line 7



**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.*

This page may be copied 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	
3/14/25	COOL AIR CREATIONS	10 BUSINESS PARK DR. SMITHFIELD, RI 02917	YARD SIGNS + STAKES	321	.00
3/24/25	COMMITTEE TO ELECT ANDREA SLOBOGAN	4 BONNEAU ST. NORTH ATTLEBOROUGH	PAYMENT FOR HALF OF MUTUAL MAILER + FLYER W/ CTE SLOBOGAN	775	.03
Line 12: Expenditures over \$50				1096	.03
Line 13: Expenditures \$50 and under*				0	.00
Line 14: TOTAL EXPENDITURES				1096	.03

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.