

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

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(Candidate's signature)

File with: City or Town Clerk or Election Commission 1-1-24 Fill in Reporting Period dates: Beginning Date: Ending Date: Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Name of Committee Treasurer Committee Mailing Address mall. Come-mail: E-mail: Phone #: Phone #: SUMMARY BALANCE INFORMATION: 00 Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 12) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 15) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6, line 18) Line 7: Total (all) outstanding liabilities (page 7, line 19) Line 8: Total out-of-pocket expenses this period (page 8, line 22) NIA Line 9: 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, 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) 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. Date: 12-16-2

TOWN CLERK, ROCKLAND DEC 23'24 AM10:05

SIGNED UNDER THE PENALTIES OF PERJURY:



Form CPF D104: **Statement of Candidate** Not Raising or Expending Campaign Funds

Office of Campaign and Political Finance

of Massachusetts File with: Director

(617) 979-8300 / (800) 462-OCPF

CPF ID #:

(For Office Use Only)

Office of Campaign and Political Finance One Ashburton Place, Room 411, Boston, MA 02108	ocpf@mass.gov http://www.ocpf.us			
CHECK ONE: I do not have a political committee. OR I have or	ganized a political committee on my behalf.			
Candidate's Name: DAVID SAUCIER				
Office Sought/District: WATER Commissioner				
Residential Address: 111 Payson Auf				
City / State / Zip: ROCKCAUL, MA. 02376				
E-Mail Address: SENANSAVE & CEUTGY, NET Phone Number:				
I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions, make expenditures, including expenditures of my own funds, or incur liabilities for any campaign-related purpose. I submit the following as my campaign report for all bank reporting periods in this election cycle as provided for in Chapter 55 of the Massachusetts General Laws:				
 Ending balance from previous report Total receipts for reporting period 	ZERO ZERO			
3. Subtotal	ZERO			
4. Total Expenditures for reporting period	ZERO			
5. Ending balance	ZERO			
If, after filing this statement, I decide to raise or expend funds for a campaign-related purpose, I will immediately designate a depository bank, open an account at the designated bank, and complete and file an Appointment of Depository Bank (D103) Form.				
Until such notice is on file with the Director, I certify that the above Zero report will be in effect for each reporting period required by Chapter 55 of the Massachusetts General Laws.				

Candidate's signature

D104 10/22

Date: 12-18-24

(For Office Use Only)



Commonwealth of Massachusetts

Form CPF D104: DEC 11,754 BMT0:50 Statement of Candidateques Statement of Candidateques Not Raising or Expending Campaign Funds

Office of Campaign and Political Finance

File with: Director	
Office of Campaign and Political Finance	
One Ashburton Place, Room 411, Boston, MA 02108	

(617) 979-8300 / (800) 462-OCPF ocpf@mass.gov

http://www.ocpf.us

CHECK ONE:	I do not have a political committee. OR I have organi	zed a political committee on my behalf.
Candidate's Name:	John Davis	
Office Sought/District: Residential Address: Rockland Housing Authority 27 Leisurewoods Drive		
E-Mail Address:	Phone Number:	781-534-4834

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions, make expenditures, including expenditures of my own funds, or incur liabilities for any campaign-related purpose. I submit the following as my campaign report for all bank reporting periods in this election cycle as provided for in Chapter 55 of the Massachusetts General Laws:

1. Ending balance from previous report	ZERO
2. Total receipts for reporting period	ZERO
3. Subtotal	ZERO
4. Total Expenditures for reporting period	ZERO
5. Ending balance	ZERO

If, after filing this statement, I decide to raise or expend funds for a campaign-related purpose, I will immediately designate a depository bank, open an account at the designated bank, and complete and file an Appointment of Depository Bank (D103) Form.

Until such notice is on file with the Director, I certify that the above Zero report will be in effect for each reporting period required by Chapter 55 of the Massachusetts General Laws.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature

Date:/2/16/24



of Massachusetts

Form CPF D104: Statement of Candid

DEC 50 '24 PM3:35 : FOLD 442 mast statement of Capital statement of Capi

Not Raising or Expending Campaign Funds

Office of Campaign and Political Finance

File with:	Director
Office of C	Campaign and Political Finance
One Ashbi	irton Place, Room 411, Boston, MA 02108

(617) 979-8300 / (800) 462-OCPF ocpf@mass.gov

http://www.ocpf.us

CHECK ONE:	I do not have a political committee. OR I have organi	ized a political committee on my behalf.
Candidate's Name:	Diane Logan	
Office Sought/District:	Rockland Housing Authority	
Residential Address:	5 Grasswood Circle	
City / State / Zip:	Rockland	MA 02370
E-Mail Address:	RALPH LOGAN at Phone Number:	781-878-8741
	COMCAST, NET	

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions, make expenditures, including expenditures of my own funds, or incur liabilities for any campaign-related purpose. I submit the following as my campaign report for all bank reporting periods in this election cycle as provided for in Chapter 55 of the Massachusetts General Laws:

1. Ending balance from previous report	ZERO
2. Total receipts for reporting period	ZERO
3. Subtotal	ZERO
4. Total Expenditures for reporting period	ZERO
5. Ending balance	ZERO

If, after filing this statement, I decide to raise or expend funds for a campaign-related purpose, I will immediately designate a depository bank, open an account at the designated bank, and complete and file an Appointment of Depository Bank (D103) Form.

Until such notice is on file with the Director, I certify that the above Zero report will be in effect for each reporting period required by Chapter 55 of the Massachusetts General Laws.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature

Date: 13 11 47



Form CPF M109: Statement of Municipal Candidate Not Raising or Expending Campaign Funds

Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk)

Candidate's Name:	Daniel E. Duross		
Office Sought:	Board of Sewer Commissioner		
Residential Address:	31 Colby Street		
City / State / Zip:	Rockland	MA	02370
E-Mail Address:	Phone Number:		

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, **including expenditures of my own funds**, or incur liabilities for any campaign-related purpose, **nor do I currently have any outstanding liabilities for prior campaign-related activity.** I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

 Ending balance from previous report 	ZERO
2. Total receipts for reporting period	ZERO
3. Subtotal	ZERO
4. Total Expenditures for reporting period	ZERO
5. Ending balance	ZERO

After filing this statement, if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, in the calendar year in which it is filed, required by Chapter 55 of the Massachusetts General Laws.

This form is valid through December 31 of the year in which it was signed.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature:

Date: / /24/2



Form CPF M109: Statement of Municipal Candidate Not Raising or Expending Campaign Funds

Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk)

Candidate's Name:	CHARLES HESHION	CO each T
Office Sought:	SEWER COMMISSIONER	
Residential Address:	110 HUGGINS rOAD	
City / State / Zip:	ROCKLAND, mA 02370	
E-Mail Address:	cheshion@aol.com Phone Number:	

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, **including expenditures of my own funds**, or incur liabilities for any campaign-related purpose, **nor do I currently have any outstanding liabilities for prior campaign-related activity.** I submit the following as my campaign report for all bank reporting periods in this calendar year as provided for in Chapter 55 of the Massachusetts General Laws:

1.	Ending balance from previous report	ZERO
2.	Total receipts for reporting period	ZERO
3.	Subtotal	ZERO
4.	Total Expenditures for reporting period	ZERO
5.	Ending balance	ZERO

After filing this statement, if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, in the calendar year in which it is filed, required by Chapter 55 of the Massachusetts General Laws.

This form is valid through December 31 of the year in which it was signed.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature: Date: 01/21/2025

Charles Hestion

CPF ID #:	
	(For Office Use Only)



Commonwealth of Massachusetts

Form CPF D104:

Statement of Candidate Not Raising or Expending Campaigh 1777284' MOL

JAN 7'25 PM3:35

Office of Campaign and Political Finance CHAGZ. A NHI

File with: Director	
Office of Campaign and Political Finance	
One Ashburtan Diese Doom 411 Posten MA 02109	

THE CONTRACTOR OF THE STATE OF ocpf@mass.gov

http://www.ocpf.us

CHECK ONE:	I do not have a political committee. OR I	have organized a political committee on my beha	alf.
Candidate's Name:	Robert Corvi, Jr		
Office Sought/District:	Board of Water Commissi	oners	
Residential Address:	63 Concord Street		
City / State / Zip:	Rockland	MA 0237	0
E-Mail Address:	Phone N	781-733-3058	
E-ivian Address:	Filotic P	number.	

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions, make expenditures, including expenditures of my own funds, or incur liabilities for any campaign-related purpose. I submit the following as my campaign report for all bank reporting periods in this election cycle as provided for in Chapter 55 of the Massachusetts General Laws:

1. Ending balance from previous report	ZERO
2. Total receipts for reporting period	ZERO
3. Subtotal	ZERO
4. Total Expenditures for reporting period	ZERO
5. Ending balance	ZERO

If, after filing this statement, I decide to raise or expend funds for a campaign-related purpose, I will immediately designate a depository bank, open an account at the designated bank, and complete and file an Appointment of Depository Bank (D103) Form.

Until such notice is on file with the Director, I certify that the above Zero report will be in effect for each reporting period required by Chapter 55 of the Massachusetts General Laws.

SIGNED UNDER THE PENALTIES OF PERJURY:

Date: Candidate's signature

TOWN CLERK, ROCKLAND JAN 21 '25 PM6:43

JAN 21 '25 PM6:43 Form CPF M 102: Campaign Finance Report Municipal Form

Commonwealth of Massachusetts	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 1/1	/2024 Ending Date: 12/31/2024			
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	☐ 30 day after election			
Jill Maroney	Committee to Elect Jill Maroney			
Candidate Full Name (if applicable) Rockland School Committee	Craig Maroney			
Office Sought and District	Name of Committee Treasurer			
384 Plain Street, Rockland, MA 02370 Residential Address	384 Plain Street, Rockland, MA 02370 Committee Mailing Address			
E-mail: cimaroney@verizon.net	E-mail: cjmaroney@verizon.net			
Phone #: 781-789-0477	Phone #: 781-223-4430			
1.000				
SUMMARY BALAN	CE INFORMATION:			
Line 1: Ending Balance from previous report	25			
Line 2: Total receipts this period (page 3, line 12)	0			
Line 3: Subtotal (line 1 plus line 2)	25			
Line 4: Total expenditures this period (page 5, line 15	5)			
Line 5: Ending Balance (line 3 minus line 4)	25			
Line 6: Total in-kind contributions this period (page 6	6, line 18)			
Line 7: Total (all) outstanding liabilities (page 7, line	19)			
Line 8: Total out-of-pocket expenses this period (page	· _ · _ ·			
Line 9: Name of bank(s) used: Rockland Trus	st Company			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kine finance activity of all persons acting under the authority or on behalf of this committee is Signed under the penalties of perjury:	d contributions and liabilities for this reporting period and represents the campaign			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 l	pox only)			
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the	he best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions,			
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the Signed under the penalties of perjury:	ats, in-kind contributions and liabilities for this reporting period and represents the			



Form CPF M 102: Campaign Finance Report Municipal Form

· · · · · · · · · · · · · · · · · · ·	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	124 Ending Date: 123/24
Type of Report: (Check one)	E 0
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
to man I la a la const	8
Candidate Full Name (if applicable)	Committee Name
5 White Rd, Rallond MA 0370	Name of Committee Treasurer
Residential Address	Committee Mailing Address E-mail:
E-mail: Jaimehennesyes hormail. con Phone #: >81-789-4017	Phone #:
Phone #:	I note # .
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	φ
Line 2: Total receipts this period (page 3, line 12)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 1:	5)
Line 5: Ending Balance (line 3 minus line 4)	\$
Line 6: Total in-kind contributions this period (page 6	5, line 18)
Line 7: Total (all) outstanding liabilities (page 7, line	19)
Line 8: Total out-of-pocket expenses this period (page	e 8, line 22)
Line 9: 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 be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee	d contributions and liabilities for this reporting period and represents the campaign
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	box only)
	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ng 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 t finance activity, including contributions, loans, receipts, expenditures, disbursemer campaign finance activity of all persons acting under the authority or on behalf of the second contributions.	nts, in-kind contributions and liabilities for this reporting period and represents the



Form CPF M 102: Campaign Finance Report **Municipal Form**

Fill in Re	eporting Period dates: Beginning Date:	File Au Ending Date	with: City or Town Clerk or Election C	onwission H. D
			70(2)	2×. ⊋ Z
	Report: (Check one)			E B
8th day	y preceding preliminary 8th day preceding election	30 day after election	year-end report dissolu	tion 5
		Their Sax	oticy o Socoti	
	Candidate Full Name (if applicable)	100100	ommittee Name	V
	Office Sought and District	Name o	f Committee Treasurer	
	Paridantal Address	lai Conc	MISA. (Lectiland 1	NH (03)
E-mail:	Residential Address	E-mail: 7000	ittee Mailing Address	
Phone #:		Phone #: 617 - 6	827-1298	
	SUMMARY BALA	ICE INFORMATION:		
	Line 1: Ending Balance from previous report			
	Line 2: Total receipts this period (page 3, line 12)			
	Line 3: Subtotal (line 1 plus line 2)			
	Line 4: Total expenditures this period (page 5, line	.5)		
	Line 5: Ending Balance (line 3 minus line 4)	\square		
	Line 6: Total in-kind contributions this period (pag	6, line 18)		
	Line 7: Total (all) outstanding liabilities (page 7, li	: 19)		
	Line 8: Total out-of-pocket expenses this period (pa	e 8, line 22)		
	Line 9: Name of bank(s) used:			
Affidavit of (Committee Treasurer:			
I certify that I activity, inclu- finance activity.	I have examined this report including attached schedules and it is, to the uding all contributions, loans, receipts, expenditures, disbursements, intro of all persons acting under the authority or on behalf of this committee the penalties of perjury: NDIDATE FILINGS ONLY Affidavit of Candidate. (check	ad contributions and liabilities for this rep in accordance with the requirements of M (Treasurer's sign	orting period and represents the campaig	
	ate with Committee	**************************************		
I certify to activity,	that I have examined this report including attached schedules and it is, to of all persons acting under the authority or on behalf of this committee any liabilities nor made any expenditures on my behalf during this repo	accordance with the requirements of M.G.	J.L. c. 55. I have not received any contr	gn finance ibutions,
I certify t	that I have examined this report including attached schedules and it is, to activity, including contributions, loans, receipts, expenditures, disburser in finance activity of all persons acting under the authority or on behalf	nts, in-kind contributions and liabilities for	or this reporting period and represents th	gn ee
Signed under	r the penalties of perjury:	(Candidate's sign	nature) Date:	



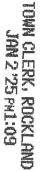
Form CPF M 10_1: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

City or Town of:	ROCKLAND			Plea	ase print or type all information, except signatures.
Reporting Period	d: Beginning: 01/01/2024		Ending:	12/31/2024	A D (N) NT NIN N
		(MM/DD/YYYY)			(MM/DD/YYYY)
Type of Report: (0	Check One)				
8th day preced	ling preliminary/primary 28th day p	receding election 30th day follow	ing election (tow	n or special)	20th day of January (Year-End report)
2. I certify the	at I am a candidate for or currently hold M		gations during thi	s reporting period, and	do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury		NTIAL ADDRESS et and Number)	OFFICE SOUGHT
1-3-25	Judien Hartign	Jedan Spry		erson st	Town Collector
1-3-15	Michael Coshett	Mand lists	27 600	rge St	Planna Board
01/3/25	TIFFAnie Necdham	Jefanie Needham	20 Paye	on Ale	Belect Board
1/3/25	Joe Reis	Suph on Rus	Ille Ho	gging Rd	Park Commissioner
1/3/25	Revin Henderson	Supl to A	130 F	ovest St	Moderater
1/3/25	Richard Forlow	fold the	672	Union ST	PAIZK COMMISSION
135	John Elard	an Jelly	7 Magi	volter Dr.	Select Board
1-3-25	BRIAN MARTIN	\$	57 VINTE	UTRRE	PARK COMMISSIONER
1-3-25	DEBORAH L. DOONER	Wassey L. Dooner	7 CUS	TER ST	WATER COMMISSIONER
1-3-25	Aza Landy	Lnak. Lundy	40 Ci	wad Ter	Town Clerk
1-3-25	July 1		4 Bira	Botten land	2 Library
1-3-25	Dearie m molineau		63 P/a/	inst	Board of Assessors



Form CPF M 10._.: Campaign Finance Report Municipal Form

City or Town of:	ROCKLAND		Piea;	e print or type all information, except signatures.
Reporting Period	d: Beginning: 01/01/2024	(MM/DD/YYYY)	Ending: 12/31/2024	(MM/DD/YYYY)
T CD //		(MINDD/IIII)		(MINDDITTT)
Type of Report: (0	*			201 1 27 77 77 1
		receding election 30th day follow	ing election (town or special)	20th day of January (Year-End report)
2. I certify the	at I am a candidate for or currently hold M	unicipal Office. ade any expenditures, or incurred any oblig	gations during this reporting period, and	do not have a campaign fund in existence.
DATE	DDINESIANGE	SIGNATURE	RESIDENTIAL ADDRESS	OFFICE COLICIT
DATE	PRINT NAME	Signed under the penalties of perjury	(Street and Number)	OFFICE SOUGHT
1/3/25	Ian Lavidson		10 Reed Bent Rd	Housing,
1/3/25	David Tarwing		329 Summors	LANDERAL
1/3/25	John Lucas	Jag Re Leas	136 Greenwoods	Planning Road
1/3/25	Charles o. Williams 24	De VIZ	5 Topping Ave	Planning Board
1/3/85	Emily Dandson	Enry Duran	94 Smith Lane	School Conte.
1/3/25	Michele Bissonnette	manele Bissonnetto	49 Sakucket Rd	School Committee
1/6/25	CAROL A CAHILL	Carl Healiff	33 Bigelow Ave	Library Truster
1/7/25	RANdolph Hoblitzelle	for befolder	59 OLD MAKKET St	Planning BOARD
117/05	Carol A. Mahoney	Carlo mahore	2 Sycamore Crt	Libray Trustee
1/7/25	Allison Sullivan	Ullan Julla	154 Union St.	Treasurer
1-7-25	OHORIES WEHNER	Charles Ettlehm &	13 moncrier RJ	BONRD OF ASSESSORS
1-7-25	LODA CHUDS	Melques	234 North Ave	Select Board





Form CPF M 102-0: Campaign Finance Report Municipal Form

City or Town of:	Rockland MA		Please p	orint or type all information, except signatures.
Reporting Period	1: Beginning: 01/01/24	(MM/DD/YYYY)	Ending: 12/31/24	(M/DD/YYYY)
Type of Report: (0	Check One)			
8th day preced	ling preliminary/primary 28th day pr	receding election 30th day follow	ing election (town or special) 🔀 20	th day of January (Year-End report)
2. I certify that	at I am a candidate for or currently hold M		gations during this reporting period, and do	not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
01/02/25	Sherri Vallie	Dhur Valla	411 Pond St	Sewer Commissioner
1/7/25	Michael O'Coughlin	Wielel Ofengle	471 W Water St.	Board of Selectmen
1/7/25	Dana Shortall	Donna Shortall	1019 Union St	Board of Selen And
1/8/25	Kimberly Dicenso	Kroke 1 Q Cans?	56 Lorotto Aus	Housing Quth.
1113125	James Wells	12	157 HOWATO (3)	Planning Board
1/13/25	Robert Stephers	De Stephs	138 MyrHest. #3	Board of Health
1/14/20	Dant Cano	- Mark Conn	64 mionst	Listen Token
1.17.25	TinaGallant	Tiva Gauent	138 Myrtlest. #3	BOH
1.21.25	Melicsa Hauro-Em	MI HAR	Qu Henileye Dr	School Committee.
1/21/25	Dennis M. Robson	from year	11 magnolia Dr.	ASSOSSUT
1/23/20	Weinf Whilever	DAW DO RUSS	31 Colby St	Semer
1/27/25	Moke	Mixemedy	83 Centre Ave	Both