

RECEIVED

Town Clerk-Dighton, MA



APR 23 2025

Time: 1:34 PM

By:

Commonwealth
of Massachusetts

Form CPF D104:

Statement of Candidate

Not Raising or Expenditure 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

CPF ID #:

(For Office Use Only)

(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 organized a political committee on my behalf.

Candidate's Name: William Moore

Office Sought/District: Bo~~x~~ of Assessors

Residential Address: 1835 Smith Street

City/ State/ Zip: Dighton, MA 02715

E-Mail Address: williammoore@yahoo.com Phone Number: 508269 8485

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: 4/23/25

INSTRUCTIONS FOR COMPLETING FORM CPF D104

Candidates for nomination or election to:

1. Statewide office: Governor, Lieutenant Governor, Attorney General, State Secretary, State Treasurer and State Auditor;
2. Governor's Council;
3. Senate and House;
4. County office: Clerk of Courts, County Commissioner, County Treasurer, District Attorney, Register of Deeds, Register of Probate, Sheriff, Suffolk Co. Superior Court - Civil, Suffolk Co. Superior Court - Criminal, and Supreme Judicial Clerk of Courts (Suffolk Co.);
5. Mayor; and
6. City council in cities with a population over 65,000 (Boston, Brockton, Cambridge, Fall River, Framingham, Haverhill, Lawrence, Lowell, Lynn, Malden, New Bedford, Newton, Quincy, Somerville, Springfield, Waltham and Worcester)

are required to either:

- a. designate, on Form CPF D103, an authorized financial institution as a depository for the campaign funds of the candidate and/or the candidate's committee; or
- b. certify, on Form CPF D104 (this form), that they do not plan to receive contributions, make expenditures, including expenditures of their own funds, or incur liabilities.

Please contact the Office of Campaign and Political Finance at (617) 979-8300 or by e-mail at ocpf@mass.gov or visit OCPF's website at www.ocpf.us for further information.

DEFINITION OF "CANDIDATE"

M.G.L. c. 55, s. 1: For the purpose of this chapter, unless a different meaning clearly appears from the context, the following words shall have the following meanings:

"Candidate", any individual who seeks nomination or election to public office, whether or not such individual is nominated or elected. For the purpose of this chapter, an individual shall be deemed to be seeking nomination or election to such office if he has (1) received a contribution or made an expenditure, or has given his consent for any other person or committee to receive a contribution or make an expenditure, for the purpose of influencing his nomination or election to such office, whether or not the specific public office for which he will seek nomination or election is known at the time the contribution is received or the expenditure is made, or (2) taken the action necessary under the laws of the commonwealth to qualify himself for nomination or election to such office, or, if said individual holds elective public office, whether elected or appointed to such office, and he has (3) received any money or anything of value, or made any disbursement resulting from any purchases, made from said individual, or a committee, or a person acting on behalf of said individual or committee, whether through the device of tickets, advertisements, or otherwise, for any fund-raising activity, including a testimonial, regardless of the purpose of said activity, held on behalf of said individual at any time while he holds said public office.



Commonwealth
of Massachusetts

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

Municipal Form

Office of Campaign and Political Finance

Diagonal

City or Town of:

RECEIVED
11/1/2025
5297
4/23/2025
Ending:

Type of Report: (Check One)

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:

1. I certify that I am a candidate for or currently 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.



Commonwealth
of Massachusetts

RECEIVED
Town Clerk-Dighton, MA

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

MAY 13 2025

Time: 8:40 AM

File with: City or Town Clerk or Election Commission

By _____

Fill in Reporting Period dates: Beginning Date: 4/12/25 Ending Date: 05/12/2025

Type of Report: (Check one)

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

Shara A. Costa

Candidate Full Name (if applicable)

Town Clerk

Office Sought and District

2431 Winthrop Street, N. Dighton, MA 02764

Residential Address

E-mail: scosta@dighton-ma.gov

Phone #: 7748720915

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail: _____

Phone #: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 12)

0

Line 3: Subtotal (line 1 plus line 2)

0

Line 4: Total expenditures this period (page 5, line 15)

0

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

0

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

0

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

0

Line 9: Name of bank(s) used:

0

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)

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:

Shara Costa

(Candidate's signature)

Date: 5/12/25



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report RECEIVED

Municipal Form

Office of Campaign and Political Finance

Town Clerk-Dighton, MA

MAY 18 2025

Time: 8:40 AM

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/12/25 Ending Date: Electoral Date By: MR

Type of Report: (Check one)

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

Kathleen M Perry

Candidate Full Name (if applicable)

Dighton Housing Authority

Office Sought and District

1531 Stanzione Dr North Dighton, Ma 02764

Residential Address

E-mail: perrykmp@aol.com

Phone#: 508-230-6475

Not Applicable

Committee Name

N/A

Name of Committee Treasurer

N/A

Committee Mailing Address

E-mail: _____

Phone#: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 12)

0

Line 3: Subtotal (line 1 plus line 2)

0

Line 4: Total expenditures this period (page 5, line 15)

0

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

0

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

0

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

0

Line 9: Name of bank(s) used:

0

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: Not Applicable

(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: Kathleen M Perry

(Candidate's signature)

Date: May 5, 2025



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: 4/12/25 Ending Date: 5/12/25

Type of Report: (Check one)

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

Peter D. Caron	Committee Name
Candidate Full Name (if applicable)	Name of Committee Treasurer
Selectmen	Committee Mailing Address
Office Sought and District	E-mail:
2580 Maple Swamp Rd.	Phone #:
Residential Address	
E-mail:	
Phone#: 508-415-6842	

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 12)

0

Line 3: Subtotal (line 1 plus line 2)

—

Line 4: Total expenditures this period (page 5, line 15)

0

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

0

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

0

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

0

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)

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:

Peter D. Caron D a t e : 5/12/25
(Candidate's signature)

RECEIVED

To wnClerk-Dighton MA Form CPF M 102: Campaign Finance Report



Commonwealth
of Massachusetts

MAY 28 2025

Time: 8:33 Am
By: OC

Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Apr 13, 2025 Ending Date: Apr 12, 2025

Type of Report: (Check one)

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

Leonard E. Merson / Hu/
Candidate Full Name (if applicable)
Dighton Rehoboth Reg. School Committee
Office Sought and District
760 Main St. Dighton, Mass.
Residential Address
E-mail: Leonard.E.Merson@comcast.net
Phone #: 774-218-8373

Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail: _____
Phone #: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 12)

670

Line 3: Subtotal (line 1 plus line 2)

670

Line 4: Total expenditures this period (page 5, line 15)

670

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

0

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

0

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

670

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) 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: Leonard E. Merson (Candidate's signature)

Date: 5/29/25

SCHEDU**LE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/17/25	Manuel Avila	50.00	Textile Manufacturer

Line 10: Total Receipts over \$50 (or listed above)

670

* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.

Line 11: Total Receipts \$50 and under (not listed above)

१

Line 12: TOTAL RECEIPTS IN THE PERIOD

673

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)

** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)

670

Line 14: Expenditures \$50 and under (not listed above)

2

Line 15: TOTAL EXPENDITURES IN THE PERIOD

670

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

** If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Line 16: In-Kind Contributions over \$50 (or listed above)

0

Line 17: In-Kind Contributions \$50 and under (not listed above)

0

Enter on page 1, line 6 →

Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD

0

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Enter on page 1, line 7 →

Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)



SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
4/8/25	ROBERT C. MILLER 760 11th St. Dahlonega, GA 30533	170	Candidate TUES. ASSOC. (ELECTION) EXP.

Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50
(or listed above)

170

* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.

Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)

7

← Enter on page 1, line 8