



Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

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

Report Being Amended: Year: 2022 Reporting Period: Beginning Date: 8 April 2022 Ending Date: 9 May 2022

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

Candidate Full Name (if applicable) _____

Residential Address _____

Office Sought and District _____

E-mail: _____

Phone # (optional): _____

Vote Medway Political Action Committee
Committee Name

Jennifer Pavlov
Name of Committee Treasurer

PO Box 57 Medway, MA 02053
Committee Mailing Address

E-mail: votemedway@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	N/A
Line 2: Total receipts this period	5674.00
Line 3: Subtotal	5674.00
Line 4: Total expenditures this period	3472.54
Line 5: Ending Balance	2201.46
Line 6: Total in-kind contributions this period	0.00
Line 7: Total (all) outstanding liabilities	2134.93
Line 8: Name of bank(s) used:	Middlesex Savings Bank

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):

Two entries for line 9 = true.
Line referencing CFS Incorporated moved from Schedule B to Schedule D.

Signed under the penalties of perjury:

Signed under the penalties of perjury:

(Candidate's signature)

Date: _____

(Treasurer's signature)

Date: 17 May 2022

Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK
MAY 9 '22 PM 12:24

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 8 April 2022 Ending Date: 9 May 2022

Type of Report: (Check one)

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

Candidate Full Name (if applicable)
Office Sought and District
Residential Address
E-mail:
Phone # (optional):

Vote Medway Political Action Committee

Committee Name

Jennifer Pavlov

Name of Committee Treasurer

PO Box 57, Medway, MA 02053

Committee Mailing Address

E-mail: votemedway@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	N/A
Line 2: Total receipts this period (page 3, line 11)	5674.00
Line 3: Subtotal (line 1 plus line 2)	5674.00
Line 4: Total expenditures this period (page 5, line 14)	5600.47
Line 5: Ending Balance (line 3 minus line 4)	73.53
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00
Line 8: Name of bank(s) used:	Middlesex Savings Bank

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: 9 May 2022

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:

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)
9 April 2022	Amber Dame 2 Massasoit Street Medway MA 02053	499.00	note: see related expenditure on Schedule B teacher Benjamin Franklin Classical Charter Public School
13 April 2022	Amber Dame 2 Massasoit Street Medway MA 02053	499.00	teacher; Benjamin Franklin Classical Charter Public School
10 April 2022	Cynthia Ellis 14 Sanford Street #5 Medway MA 02053	200.00	note: see related expenditure on Schedule B physical therapist; Tufts Healthplan
12 April 2022	Cynthia Ellis 14 Sanford Street #5 Medway MA 02053	200.00	physical therapist; Tufts Healthplan
9 April 2022	Melissa Greenfield 23 Ellis Street Medway, MA 02053	100.00	note: see related expenditure on Schedule B
12 April 2022	Melissa Greenfield 23 Ellis Street Medway, MA 02053	100.00	
9 April 2022	Lisa Jackey 13 Pond Street Medway, MA 02053	100.00	note: see related expenditure on Schedule B
12 April 2022	Lisa Jackey 13 Pond Street Medway, MA 02053	100.00	
10 April 2022	Erin Kelly 11 Goldenrod Drive Medway MA 02053	200.00	note: see related expenditure on Schedule B consulting, management; Krafts Analytics Group
13 April 2022	Erin Kelly 11 Goldenrod Drive Medway MA 02053	200.00	consulting, management; Krafts Analytics Group
9 April 2022	Robert Lindsay 2 Massasoit Street Medway MA 02053	499.00	note: see related expenditure on Schedule B emergency physician; UMass Memorial Medical Center/UMass Medical School
13 April 2022	Robert Lindsay 2 Massasoit Street Medway MA 02053	499.00	emergency physician; UMass Memorial Medical Center/UMass Medical School
Line 9: Total Receipts over \$50 (or listed above)		3701.00	
Line 10: Total Receipts \$50 and under* (not listed above)		1973.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		5674.00	← 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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5 May 2022	Gregory Pavlov 10 Wellington Street Medway, MA 02053	100.00	
5 May 2022	Amna Saeed-Kothe 136 Main Street Medway MA 02053	150.00	
9 April 2022	Cristina St Pierre 38 Fairway Lane Medway MA 02053	100.00	note: see related expenditure on Schedule B
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			← 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.

RECEIVED TOWN CLERK
MAY 9 '22 PM 12:24**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
23 April 2022	ADPrint	96 Main Street Medway MA 02053	Doorhangers	371.88
6 May 2022	CFS Incorporated	PO Box 1204 Norton, MA 02766	Postcard Mailers	2127.93
12 April 2022	Amber Dame	2 Massasoit Street Medway, MA 02053	Venmo refund - cannot receive more than \$50 per calendar year via cash/Venmo	499.00
12 April 2022	Cynthia Ellis	14 Sanford Street #5 Medway MA 02053	Venmo refund - cannot receive more than \$50 per calendar year via cash/Venmo	200.00
12 April 2022	Melissa Greenfield	23 Ellis Street Medway MA 02053	Venmo refund - cannot receive more than \$50 per calendar year via cash/Venmo	100.00
12 April 2022	Lisa Jackey	13 Pond Street Medway MA 02053	Venmo refund - cannot receive more than \$50 per calendar year via cash/Venmo	100.00
12 April 2022	Erin Kelly	11 Goldenrod Drive Medway MA 02053	Venmo refund - cannot receive more than \$50 per calendar year via cash/Venmo	200.00
12 April 2022	Robert Lindsay	2 Massasoit Street Medway MA 02053	Venmo refund - cannot receive more than \$50 per calendar year via cash/Venmo	499.00
29 April 2022	Our Town Publishing	163 Main Street Suite 1 Medway MA 02053	Newspaper Advertisement	1210.00
12 April 2022	Cristina St Pierre	38 Fairway Lane Medway MA 02053	Venmo refund - cannot receive more than \$50 per calendar year via cash/Venmo	100.00
Line 12: Total Expenditures over \$50 (or listed above)				5407.81
Line 13: Total Expenditures \$50 and under* (not listed above)				192.66
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				5600.47

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

Detailed description of Figure 6: This figure contains five histograms arranged horizontally. Each histogram has an x-axis labeled 'Number of nodes per cluster' with tick marks at 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10. The y-axis is labeled 'Frequency' with tick marks at 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10. The histograms correspond to different values of the parameter α :
 - $\alpha = 0.0$: The distribution is broad, peaking at 1 node with a frequency of approximately 8.
 - $\alpha = 0.1$: The distribution is slightly narrower, peaking at 1 node with a frequency of approximately 7.
 - $\alpha = 0.2$: The distribution is more concentrated, peaking at 1 node with a frequency of approximately 6.
 - $\alpha = 0.3$: The distribution is even more concentrated, peaking at 1 node with a frequency of approximately 5.
 - $\alpha = 0.4$: The distribution is the most concentrated, peaking at 1 node with a frequency of approximately 4.

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

RECEIVED TOP CLERK
NOV 9 '22 PM 12:24

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
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				0.00

