



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN OF SOUTH HADLEY
TOWN CLERK'S OFFICE

2026 MAR 31 PM 3:12
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/26 Ending Date: 03/27/26

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

David John King
Candidate Full Name (if applicable)
Selectboard
Office Sought and District
6 Oakley Dr, South Hadley Ma 01075
Residential Address
E-mail: DavidKing166@gmail.com
Phone #: 860-803-1330

David King for Selectboard
Committee Name
Thomas G Lake
Name of Committee Treasurer
30 E Red Bridge Ln, South Hadley Ma 01075
Committee Mailing Address
E-mail: tomlake61@gmail.com
Phone #: 4133153733

| SUMMARY BALANCE INFORMATION: | |
|--|---|
| Line 1: Ending Balance from previous report | <u>0</u> |
| Line 2: Total receipts this period (page 3, line 12) | <u>2545.00</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>2545.00</u> |
| Line 4: Total expenditures this period (page 5, line 15) | <u>1533.19</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>1011.81</u> |
| Line 6: Total in-kind contributions this period (page 6, line 18) | <u> </u> |
| Line 7: Total (all) outstanding liabilities (page 7, line 19) | <u> </u> |
| Line 8: Total out-of-pocket expenses this period (page 8, line 22) | <u> </u> |
| Line 9: Name of bank(s) used: | <u>Peoples Bank, South Hadley Branch1</u> |

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: Thomas Lake (Treasurer's signature) Date: 3/31/26

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: D. J. King (Candidate's signature) Date: 3/31/26

SCHEDULE A: RECEIPTS

1.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts 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. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---------------|--|--------|---|
| 3/20/26 | Boehner, Deborah 28 Westbrook Rd South Hadley Ma 01075 | 25 | |
| 3/12/26 | Bosman, James 12 Promenade Way South Hadley MA 01075 | 200 | retired |
| 3/12/26 | Brezinski, Ira 93 Woodbridge St, South Hadley Ma 01075 | 200 | retired |
| 3/25/26 | Brezinski, Ira 93 Woodbridge St, South Hadley Ma 01075 | 50 | |
| 3/25/26 | Brezinski, Shelley 93 Woodbridge St, South Hadley MA 01075 | 50 | |
| 3/19/26 | Constant, Carol, 10 Morgan St. South Hadley Ma 01075 | 100 | |
| 3/25/26 | Constant, Carol 10 Morgan St South Hadley Ma 01075 | 40 | |
| 3/25/26 | Constant, Richard 10 Morgan St South Hadley Ma 01075 | 40 | |
| 3/25/26 | Cyr, Jeff 8 Crystal Lane South Hadley Ma 01075 | 50 | |
| 3/24/26 | Dixon, Larry 89 Amherst Rd South Hadley Ma 01075 | 50 | |
| 3/13/26 | Dobosh, Paul 26 Jewett Ln South Hadley Ma 01075 | 100 | |
| 3/6/26 | Finkowski, Leonard 60 Hillcrest Park South Hadley Ma 01075 | 75 | |
| 3/20/26 | | | |

Enter receipt totals on Page 3

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---------------|--|--------|---|
| 3/20/26 | Foley, William 60 Shadow Brook South Hadley, MA 01075 | 100 | |
| 3/24/26 | Hammond, Gary PO Box 830 South Hadley MA 01075 | 50 | |
| 3/24/26 | Jaffe, Abigail 84 Shadowbrook Estate South Hadley Ma 01075 | 50 | |
| 3/3/26 | King, David 6 Oakley Dr South Hadley Ma 01075 | 20 | |
| 3/10/26 | King, Susan 6 Oakley Dr South Hadley Ma 01075 | 20 | Admin UMass Amherst |
| 3/12/26 | King, Susan 6 Oakley Dr South Hadley Ma 01075 | 250 | Admin UMass Amherst |
| 3/5/26 | Lake, Thomas 30 E Red Bridge Ln South Hadley Ma 01075 | 100 | |
| 3/24/26 | McAllister, Kevin 8 Leblanc Dr South Hadley Ma 01075 | 100 | |
| 3/13/26 | Newton, Susan 25 Jewett Ln South Hadley Ma 01075 | 250 | retired |
| 3/24/26 | Pascone, Marion 71 Hadley St South Hadley MA 01075 | 50 | |
| 3/13/26 | Towne, Richard 13 Silverwood Terr South Hadley MA 01075 | 150 | retired |
| 3/25/26 | Towne, Richard 13 Silverwood Terr South Hadley MA 01075 | 150 | retired |
| 3/25/26 | CTE Sweeney, Renee 11 Boynton Ave South Hadley Ma 01075 | 25 | |

| | |
|---|----------------|
| Line 10: Total Receipts over \$50 (or listed above) | 2295.00 |
| Line 11: Total Receipts \$50 and under (not listed above) | 250.00 |
| Line 12: TOTAL RECEIPTS IN THE PERIOD | 2545.00 |

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

← Enter on page 1, line 2



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

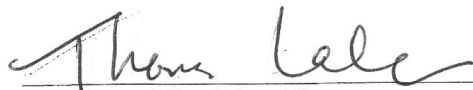
ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|-----------|--------------------|--|---|--------|
| 3-5-2026 | Signs on the Cheap | signsonthecheap.com | Lawn Signs | 782.86 |
| 3-9-2026 | Vista Print | vistaprint.com | Postcard to mail to voters | 19.84 |
| 3-13-2026 | Staples | 125 Westgate Center Hadley MA 01035 | business cards to hand out | 59.49 |
| 3-24-2026 | USPS | 1 Hadley St South Hadley MA 01075 | Postage stamps to mail postcards to voters | 549.00 |
| | | | | |

(Include items listed on Page 2) →

| | |
|--|--------------------------------------|
| Line 1: Expenditures in excess of \$50 (itemized above): | <input type="text" value="1501.19"/> |
| Line 2: Expenditures \$50 or under (not itemized): | <input type="text"/> |
| Line 3: TOTAL AMOUNT REIMBURSED: | <input type="text" value="1501.19"/> |

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.