



Commonwealth of Massachusetts

Form CPF M101: STATEMENT OF ORGANIZATION
CANDIDATE OR CANDIDATE'S COMMITTEE
MUNICIPAL FORM

CITY OF WALTHAM
CITY CLERK'S OFFICE

Office of Campaign and Political Finance

MAY 23 AM 11:49

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, organization of a candidate or candidate's committee as follows:

CANDIDATE: Full Name: Tammy Wong-Bigelow
Residential Address: 20 Gardner Street, #1
City / State / Zip: Waltham MA 02453
E-Mail Address: tammywong1017@gmail.com Phone #: 508-740-2347
Party Affiliation: Unenrolled (If applicable)
OFFICE SOUGHT/PURPOSE: Title: School Committee District: Waltham
Candidate without committee (check if applicable). If checked, do not complete committee or officer sections: sign as candidate, date and file with clerk or local election official.

COMMITTEE: Name of Committee: The Committee to Elect Tammy Wong-Bigelow
(The name of the committee must include the candidate's last name)
Committee Mailing Address: 20 Gardner Street, #1
City / State / Zip: Waltham MA 02453 Phone #: 508-740-2347

OFFICERS: Chairperson: Tammy Wong-Bigelow
Residential Address: 20 Gardner Street, #1
City / State / Zip: Waltham MA 02453 Phone #: 508-740-2347
Treasurer*: James Bigelow Jr.
Residential Address: 20 Gardner Street, #1
City / State / Zip: Waltham MA 02453 Phone #: 508-930-9185 Email: jay.bigelow@gmail.com
*A public employee may not serve as treasurer of any political committee (see reverse).

Additional officers may be listed on page two.

Check applicable box before signing:

[X] Candidate with committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; and 4) may not serve as treasurer of a political committee organized on my behalf.

[] Candidate without committee: I hereby 1) consent to this filing; 2) understand that a candidate shall not consent to the organization of more than one account or committee on their behalf; 3) acknowledge if I become a public employee I must organize a committee and may not serve as treasurer; and 4) am subject to certain duties and liabilities under M.G.L. c. 55 including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY: [Signature] Date: 5/22/2023
Candidate's signature

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on their behalf.

SIGNED UNDER THE PENALTIES OF PERJURY: [Signature] Date: May 22, 2023
Treasurer's signature

I hereby accept the office of Chairperson of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY: [Signature] Date: 5/22/2023
Chairperson's signature



The Commonwealth of Massachusetts

ELECTED CITY, WARD AND TOWN POLITICAL COMMITTEE REPORT

CPF ID #:

(For Office Use Only)

NAME OF CITY/TOWN: WALTHAM WARD (if applicable): CITYPARTY: REPUBLICAN DATE OF REPORT: MARCH 23, 2023

INDICATE THE PURPOSE OF THIS REPORT BY CHECKING THE APPROPRIATE BOX BELOW:

 STATEMENT OF ORGANIZATION
 CHANGE OF OFFICER(S)
 MEMBERSHIP UPDATE

Submit this report to the four offices listed below. File the original with the Office of Campaign and Political Finance, and file copies of this report with the other three offices listed.

- | | |
|--|--|
| 1. Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300 / (800) 462-OCPF (toll free in MA)
ocpf@cpf.state.ma.us / http://www.mass.gov/ocpf | 2. Secretary of the Commonwealth, William Francis Galvin
Elections Division
One Ashburton Place, Room 1705
Boston, MA 02108
(617) 727-2828 / (800) 462-VOTE (toll free in MA)
elections@sec.state.ma.us / http://www.sec.state.ma.us/ele/eleidx.htm |
| 3. State Party Committee Headquarters | 4. City / Town Clerk or Election Commission |

City Ward Committee secretaries must also file a list of officers and members with the chairman of the city committee of the political party which it represents (Ch. 52, Sec. 5).

PLEASE LIST BELOW THE NAME, RESIDENTIAL ADDRESS AND ZIP CODE OF THE OFFICERS OF THIS COMMITTEE:

Chairperson: <u>Jim Dixon</u> Residential Address: <u>32 Lyman St.</u> City / State / Zip: <u>WALTHAM MA 02452</u> Email: <u>jimdixon4sc@rcn.com</u> Phone #: <u>781-899-3048</u>	Secretary: <u>Evelyn Reilly</u> Residential Address: <u>202 Ash St.</u> City / State / Zip: <u>WALTHAM MA 02453</u> Email: <u>evreilly2468@gmail.com</u> Phone #: <u>781-893-1849</u>
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Treasurer*: <u>Morayne Burkhardt</u> Residential Address: <u>85 Lionel Ave, Apt. E</u> City / State / Zip: <u>WALTHAM MA 02452</u> Email: <u>beth7062@gmail.com</u> Phone #: <u>781-899-8644</u>	<i>*A public employee may not serve as treasurer of any political committee.</i> <i>M.G.L. c. 55, s. 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.</i>
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I hereby submit this list of officers and members (including associate members) of the above-mentioned committee to the Secretary of the Commonwealth in accordance with Ch. 52, Sec. 5 of the Massachusetts General Laws.

Evelyn Reilly
 Secretary's signature

Date: 3/23/2023

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; and 2) if after my acceptance of this office I become an appointed public employee, I must resign and notify OCPF of my resignation.

SIGNED UNDER THE PENALTIES OF PERJURY:

Morayne Burkhardt
 Treasurer's signature

Date: 3/23/2023

2023

LIST OTHER OFFICER'S & MEMBER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES ON THE REVERSE

NAME OF CITY / TOWN / WARD: WALTHAM (City)

LIST OTHER OFFICER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:

Other Officer/Title: <u>Tom Arena, Vice-Chairman</u>	Other Officer/Title: _____
Residential Address: <u>26 Browns Ave.</u>	Residential Address: _____
City / State / Zip: <u>Waltham MA 02453</u>	City / State / Zip: _____
Other Officer/Title: _____	Other Officer/Title: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

MEMBERS:

Member: <u>Renee Arena</u>	Member: <u>Tony Caruso</u>
Residential Address: <u>26 Browns Ave</u>	Residential Address: <u>75 Alderwood Rd</u>
City / State / Zip: <u>Waltham MA 02453</u>	City / State / Zip: <u>Waltham MA 02452</u>
Member: <u>Alex Ciampa</u>	Member: <u>Julia DeCola</u>
Residential Address: <u>26 Browns Ave</u>	Residential Address: <u>28 Willard St</u>
City / State / Zip: <u>Waltham MA 02453</u>	City / State / Zip: <u>Waltham MA 02452</u>
Member: <u>Maria T. Djevalikian</u>	Member: <u>Jon Stickle</u>
Residential Address: <u>161 Harrington Rd</u>	Residential Address: <u>86 Brown St, Unit 3</u>
City / State / Zip: <u>Waltham MA 02452</u>	City / State / Zip: <u>Waltham MA 02453</u>
Member: <u>Shannon Umina</u>	Member: <u>Erin Stickle</u>
Residential Address: <u>20 Caughey St</u>	Residential Address: <u>86 Brown St, Unit 3</u>
City / State / Zip: <u>Waltham MA 02451</u>	City / State / Zip: <u>Waltham MA 02453</u>
Member: <u>Mike S. Squillante</u>	Member: <u>Julie Martin</u>
Residential Address: <u>96 Lafayette St</u>	Residential Address: <u>11 Appleton St</u>
City / State / Zip: <u>Waltham MA 02453</u>	City / State / Zip: <u>Waltham MA 02453</u>
Member: <u>Diane Parry</u>	Member: <u>Lenore Karaian</u>
Residential Address: <u>28 Hemlock Terrace</u>	Residential Address: <u>316 Grove St, Apt. 1</u>
City / State / Zip: <u>Waltham MA 02452</u>	City / State / Zip: <u>Waltham MA 02453</u>
Member: <u>Ron Gengo</u>	Member: <u>Joe Guinan</u>
Residential Address: <u>70 Hamilton Rd</u>	Residential Address: <u>234 Worcester Ln</u>
City / State / Zip: <u>Waltham MA 02453</u>	City / State / Zip: <u>Waltham MA 02451</u>

ASSOCIATE MEMBERS:

Associate Member: <u>Beth D'Amato</u>	Associate Member: <u>Roland Peterson</u>
Residential Address: <u>56 Jacqueline Rd, Apt. 1</u>	Residential Address: <u>22 Ravenswood Rd</u>
City / State / Zip: <u>Waltham MA 02452</u>	City / State / Zip: <u>Waltham MA 02453</u>
Associate Member: <u>Michael R. Squillante</u>	Associate Member: _____
Residential Address: <u>222 Ocean St</u>	Residential Address: _____
City / State / Zip: <u>Brant Rock MA 02020</u>	City / State / Zip: _____
Associate Member: _____	Associate Member: _____
Residential Address: _____	Residential Address: _____
City / State / Zip: _____	City / State / Zip: _____

(Attach an additional page, if necessary, with other officers, members and associate members.)

NAME OF CITY / TOWN / WARD: Waltham (City)

LIST OTHER OFFICER'S NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:

Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____	Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____
Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____	Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____

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 CITY CLERK'S OFFICE
 MA 02453

MEMBERS:

Member: <u>Deb Skaltsis</u> Residential Address: <u>295 College Farm Rd</u> City / State / Zip: <u>Waltham MA 02452</u>	Member: <u>Gene O'Brien</u> Residential Address: <u>95 Ravenswood Rd</u> City / State / Zip: <u>Waltham MA 02453</u>
Member: <u>Joyce Kidd</u> Residential Address: <u>66 Shirley Rd</u> City / State / Zip: <u>Waltham MA 02452</u>	Member: <u>Marie O'Brien</u> Residential Address: <u>95 Ravenswood Rd</u> City / State / Zip: <u>Waltham MA 02453</u>
Member: <u>Jim Kidd</u> Residential Address: <u>66 Shirley Rd</u> City / State / Zip: <u>Waltham MA 02452</u>	Member: <u>Sally Collura</u> Residential Address: <u>174 Moody St, Apt. 239</u> City / State / Zip: <u>Waltham MA 02453</u>
Member: <u>Matt Halloran</u> Residential Address: <u>112 Shirley Rd</u> City / State / Zip: <u>Waltham MA 02452</u>	Member: <u>Bill Doyle</u> Residential Address: <u>25 Cabot St</u> City / State / Zip: <u>Waltham MA 02453</u>
Member: _____ Residential Address: _____ City / State / Zip: _____	Member: _____ Residential Address: _____ City / State / Zip: _____

Member: _____ Residential Address: _____ City / State / Zip: _____	Member: _____ Residential Address: _____ City / State / Zip: _____
Member: _____ Residential Address: _____ City / State / Zip: _____	Member: _____ Residential Address: _____ City / State / Zip: _____

ASSOCIATE MEMBERS:

Associate Member: _____ Residential Address: _____ City / State / Zip: _____	Associate Member: _____ Residential Address: _____ City / State / Zip: _____
Associate Member: _____ Residential Address: _____ City / State / Zip: _____	Associate Member: _____ Residential Address: _____ City / State / Zip: _____
Associate Member: _____ Residential Address: _____ City / State / Zip: _____	Associate Member: _____ Residential Address: _____ City / State / Zip: _____

(Attach an additional page, if necessary, with other officers, members and associate members.)