



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

09/23/2023

Ending Date:

10/25/2023

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

SHARON MARIE BIRCHALL

Candidate Full Name (if applicable)

CITY COUNCIL CENTRAL DISTRICT

Office Sought and District

8 MCKINLEY AVENUE, METHUEN, MA 01844

Residential Address

E-mail: LADY SB57@AOL.COM

Phone # (optional): (978) 609-6883

COMMITTEE TO ELECT SHARON BIRCHALL

Committee Name

CLAIRE NGUYEN

Name of Committee Treasurer

8 MCKINLEY AVENUE, METHUEN, MA 01844

Committee Mailing Address

E-mail: LADY SB57@AOL.COM

Phone # (optional): (978) 609-6883

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

\$875.00

Line 3: Subtotal (line 1 plus line 2)

\$875.00

Line 4: Total expenditures this period (page 5, line 14)

\$1,585.76

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

(\$710.76)

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

0

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used: TD 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.

Date: 10/29/2023

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 or 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: 10/30

Sharon Birchall



Commonwealth
of Massachusetts

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

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

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

CANDIDATE:	Full Name:	SHARON MARIE BIRCHALL		
	Residential Address:	8 MCKINLEY AVENUE		
	City / State / Zip:	METHUEN, MA 01844		
	E-Mail Address:	LADY SB57@AOL.COM	Phone #:	(978) 609.6883
	Party Affiliation:	(If applicable)		
OFFICE SOUGHT/PURPOSE:	Title:	CITY COUNCIL		
	District:	CENTRAL DISTRICT		

COMMITTEE:	Name of Committee:	COMMITTEE TO ELECT SHARON BIRCHALL		
		(The name of the committee must include the candidate's last name)		
	Committee Mailing Address:	8 MCKINLEY AVENUE		
	City / State / Zip:	METHUEN	MA	01844
			Phone #:	(978) 609.6883

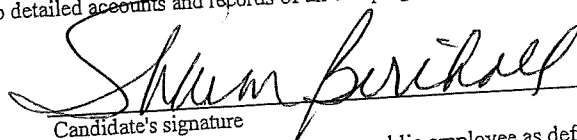
OFFICERS:

Chairman:	SCOTT BIRCHALL	Treasurer*:	CLAIRE NGUYEN
Residential Address:	8 MCKINLEY AVENUE	Residential Address:	8 MCKINLEY AVENUE
City / State / Zip:	METHUEN MA 01844	City / State / Zip:	METHUEN MA 01844
Phone #:	(978) 609.6972	Phone #:	(978) 609.2543
		Email:	CLAIRE.NGUYEN4@GMAIL.COM
Other Officer/Title:		*A public employee may not serve as treasurer of any political committee (see reverse).	
Residential Address:		Other Officer/Title:	
City / State / Zip:		Residential Address:	
Phone #:		City / State / Zip:	
		Phone #:	

(Complete and attach a Form CPF MA 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep 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:

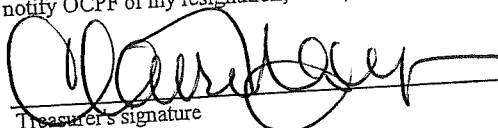


Candidate's signature

Date: 10/30/20

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 his/her behalf.

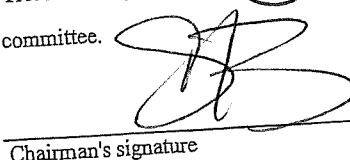
SIGNED UNDER THE PENALTIES OF PERJURY:



Treasurer's signature

Date: 10/29/2020

I hereby accept the office of Chairman of the above-named committee.
SIGNED UNDER THE PENALTIES OF PERJURY:



Chairman's signature

Date: 10/29/2020

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)
10/23/2023	AZNOIAN, PETER 182 EAST STREET, 2ND FL METHUEN, MA 01844	\$100	
10/26/2023	BEAUREGARD, DJ 10 FENWICK CIRCLE METHUEN, MA 01844	\$100	
10/23/2023	COMMITTEE TO ELECT NELLY SOTO 71 COMET ROAD METHUEN, MA 01844	\$100	
10/02/2023	FLAGLER, HOWARD 8 SAWMILL ROAD WESTFORD, MA 01886	\$50	
09/23/2023	IRVING, ROBERT 2 SAWYER LANE, UNIT E SALISBURY, MA 01952	\$25	
10/11/2023	MCNAMARA, SCOTT 40 AKHILL DRIVE METHUEN, MA 01844	\$200	CHIEF OF POLICE METHUEN POLICE DEPT.
10/14/2023	MILLER, MICHAEL 90 SOUTH BOWDOIN STREET LAWRENCE, MA 01843	\$200	CHIEF OF AVIATION PLANNING AND ENVIRONMENTAL COMMONWEALTH OF MA DEPT. OF TRANSPORTATION AERONAUTICS DIVISION
10/25/2023	PAROLISI, JOSEPH 10 JUDITH E LANE METHUEN, MA 01844	\$100	
Line 9: Total Receipts over \$50 (or listed above)		\$875	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$875	← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

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.

"Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to list committee name and a page number on each page.)

M.G.L. c. 55 requires committees to list, in detail, all expenditures over \$50. Expenditures of \$50 or less may be summarized by category, but detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures 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.)

To Whom Paid	Address	Purpose of Expenditure	Amount

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/25/2023	B'S WHOLESALE CLUB	25 SHELLEY ROAD HAVERHILL, MA 01835	REFRESHMENTS FOR MEET AND GREET AT METHUEN SENIOR CENTER	\$106.73
09/27/2023	STAPLES	167 SOUTH BROADWAY SUITE 5 SALEM, NH 03079	THANK YOU CARDS	\$14.99
10/04/2023	STAPLES	167 SOUTH BROADWAY SUITE 5 SALEM, NH 03079	BUSINESS CARDS	\$24.99
10/10/2023	STEIN+CO PRINT SHOP	25 HURD STREET SUITE 1 LOWELL, MA 01852	LAWN SIGNS WITH STAKES	\$52.30
10/10/2023	STEIN+CO PRINTSHOP	25 HURD STREET SUITE 1 LOWELL, MA 01852	LAWN SIGNS WITH STAKES	\$38.75
10/20/2023	STEIN+CO PRINTSHOP	25 HURD STREET SUITE 1 LOWELL, MA 01852	POST CARDS WITH POSTAGE	\$1,068.00
Line 12: Total Expenditures over \$50 (or listed above)				\$1,585

Line 12: Total Expenditures over \$50 (or listed above)

Line 13: Total Expenditures \$50 and under* (not listed above)

Line 14: TOTAL EXPENDITURES IN THE PERIOD

Enter on page 1, line 4 →

Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE**

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