



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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2023 OCT 30 PM 12:34

File with: City or Town Clerk or Election Commission

Beginning Date:

09/23/2023

Ending Date:

10/25/2023

Fill in Reporting Period dates:

Beginning Date:

09/23/2023

Ending Date:

10/25/2023

Type of Report: (Check one)

8th day preceding election

30 day after election

year-end report

dissolution

8th day preceding preliminary

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: LADYSB57@AOL.COM

Phone # (optional): (978)609-10883

COMMITTEE TO ELECT SHARON BIRCHALL

Committee Name

CLAIREE NGUYEN

Name of Committee Treasurer

8 MCKINLEY AVENUE, METHUEN, MA 01844

Committee Mailing Address

E-mail: LADYSB57@AOL.COM

Phone # (optional): (978)609-10883

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

Q

\$875.00

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

\$875.00

Line 3: Subtotal (line 1 plus line 2)

\$1,585.76

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

(\$710.76)

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

Q

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

Q

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

Q

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.

Signed under the penalties of perjury:

Claree Nguyen

(Treasurer's signature)

Date: 10/29/2023

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, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for 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.

Sharon Birchall

Date: 10/30/2023



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:

LADYSB57@AOL.COM

Phone #: (978)609-6883

(If applicable)

Party Affiliation:

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

Residential Address:

8 MCKINLEY AVENUE

City / State / Zip:

METHUEN MA 01844

Phone #: (978)609-6972

Treasurer*:

CLAIREE NGUYEN

Residential Address:

8 MCKINLEY AVENUE

City / State / Zip:

METHUEN MA 01844

Phone #: (978)609-2543

Email: CLAIREE.NGUYEN4@GMAIL.COM

*A public employee may not serve as treasurer of any political committee (see reverse).

Other Officer/Title:

Residential Address:

City / State / Zip:

Phone #:

(Complete and attach a Form CPF M A 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: 10/30/2021

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: 10/29/2021

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

Chairman's signature

Date: 10/29/2021

SCHEDULE A: RECEIPTS

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.)

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.

(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.)

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 12**