



# The Commonwealth of Massachusetts

## ELECTED CITY, WARD AND TOWN POLITICAL COMMITTEE REPORT

CPF ID #:

(For Office Use Only)

NAME OF CITY/TOWN: Greenfield WARD (if applicable): \_\_\_\_\_  
 PARTY: Republican DATE OF REPORT: 7/26/19

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<br>One Ashburton Place, Room 411<br>Boston, MA 02108<br>(617) 979-8300 / (800) 462-OCPF (toll free in MA)<br><a href="mailto:ocpf@cpf.state.ma.us">ocpf@cpf.state.ma.us</a> / <a href="http://www.mass.gov/ocpf">http://www.mass.gov/ocpf</a> | 2. Secretary of the Commonwealth, William Francis Galvin<br>Elections Division<br>One Ashburton Place, Room 1705<br>Boston, MA 02108<br>(617) 727-2828 / (800) 462-VOTE (toll free in MA)<br><a href="mailto:elections@sec.state.ma.us">elections@sec.state.ma.us</a> / <a href="http://www.sec.state.ma.us/e/e/e/eidx.htm">http://www.sec.state.ma.us/e/e/e/eidx.htm</a> |
| 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:

<b>Chairperson:</b> <u>DAVID E. LEWIS</u> Residential Address: <u>54 HIGH ST, APT 405</u> City / State / Zip: <u>Greenfield, MA 01301</u> Email: <u>delewis43@hotmail.com</u> Phone #: <u>413-522-7292</u>	<b>Secretary:</b> <u>Katherine Lamoniakis Batsis</u> Residential Address: <u>15 Meridian St Unit 116</u> City / State / Zip: <u>Greenfield, MA 01301</u> Email: _____ Phone #: <u>(413) 774-343</u>
<b>Treasurer*:</b> <u>DONNA FESTINGER</u> Residential Address: <u>24 OAK ST.</u> City State / Zip: <u>GREENFIELD MA 01301</u> Email: _____ Phone # <u>(413) 774-6547</u>	*A public employee may not serve as treasurer of any political committee. 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 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.

Katherine Lamoniakis Batsis Date: 07/29/19  
 Secretary'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 account 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:

Donna Festinger Date: 7/23/19  
 Treasurer's signature

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

NAME OF CITY / TOWN / WARD: Greenfield

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

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

**MEMBERS:**

Member: <u>Isaac J. Mass</u>	Member: <u>Daniel Labelle</u>
Residential Address: <u>248 Green River Rd.</u>	Residential Address: <u>39 Montague City Rd.</u>
City / State / Zip: <u>Greenfield, MA 01301</u>	City / State / Zip: <u>Greenfield, MA 01301</u>
Member: <u>George Gohl</u>	Member: <u>Wanda Muzyka Pyfrom</u>
Residential Address: <u>157 Montague City Rd</u>	Residential Address: <u>4 Bowles St.</u>
City / State / Zip: <u>Greenfield, MA 01301</u>	City / State / Zip: <u>Greenfield, MA 01301</u>
Member: <u>Joseph Morton</u>	Member: <u>Douglas Cloutier</u>
Residential Address: <u>43A Fort Sq</u>	Residential Address: <u>266 Wisdom Way</u>
City / State / Zip: <u>Greenfield, MA 01301</u>	City / State / Zip: <u>Greenfield, MA 01301</u>
Member: <u>Gail Miller</u>	Member: <u>Jason Phillips</u>
Residential Address: <u>23 Norwood St.</u>	Residential Address: <u>10 Freeman Drive</u>
City / State / Zip: <u>Greenfield, MA 01301</u>	City / State / Zip: <u>Greenfield, MA 01301</u>
Member: <u>Priscilla Gordon</u>	Member: <u>David Levonduskly</u>
Residential Address: <u>13 High St #11</u>	Residential Address: <u>452 Davis St.</u>
City / State / Zip: <u>Greenfield, MA 01301</u>	City / State / Zip: <u>Greenfield, MA 01301</u>
Member: <u>John Lobik</u>	Member: <u>Peter Miller</u>
Residential Address: <u>4 Michelman Ave.</u>	Residential Address: <u>10 Sanderson St.</u>
City / State / Zip: <u>Greenfield, MA 01301</u>	City / State / Zip: <u>Greenfield, MA 01301</u>
Member: <u>Tommy Mosher</u>	Member: <u>James Allen</u>
Residential Address: <u>29 Cypress St.</u>	Residential Address: <u>8 Maple Ln.</u>
City / State / Zip: <u>Greenfield, MA 01301</u>	City / State / Zip: <u>Greenfield, MA 01301</u>

**ASSOCIATE MEMBERS:**

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

Greenfield

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

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

MEMBERS:

Member: RALPH Gordon, Sr.	Member: Richard Atwell
Residential Address: 13 High St. #11	Residential Address: 15A Bradford Dr.
City / State / Zip: Greenfield, MA 01301	City / State / Zip: Greenfield, MA 01301
Member: Peter Sheridan	Member: Nancy Adamoyunko
Residential Address: 427 Green River Rd.	Residential Address: 241 Chapman St. #1
City / State / Zip: Greenfield, MA 01301	City / State / Zip: Greenfield, MA 01301
Member: Daniel Leonovich	Member:
Residential Address: 26 Holland Ave.	Residential Address:
City / State / Zip: Greenfield, MA 01301	City / State / Zip:
Member: Cynthia Curtis	Member:
Residential Address: 64 Elm St.	Residential Address:
City / State / Zip: Greenfield, MA 01301	City / State / Zip:
Member: Timothy Pyfrom	Member:
Residential Address: 4 Bowles St.	Residential Address:
City / State / Zip: Greenfield, MA 0	City / State / Zip:
Member: Russell Kimball	Member:
Residential Address: 181 Wisdom Way	Residential Address:
City / State / Zip: Greenfield, MA 01301	City / State / Zip:
Member: William Blonker	Member:
Residential Address: 72 Meadow Wood Dr.	Residential Address:
City / State / Zip: Greenfield, MA 01301	City / State / Zip:

ASSOCIATE MEMBERS:

Associate Member:	Associate Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Associate Member:	Associate Member:
Residential Address:	Residential Address:
City / State / Zip:	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.)