



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2/1/25 Ending Date: 10/22/25

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

<p><u>Ara C Oliver</u> Candidate Full Name (if applicable)</p> <p><u>Ward 3 School Committee</u> Office Sought and District</p> <p><u>159 Linwood St. Brockton</u> Residential Address</p> <p>E-mail: <u>nursedoliveranegmailcom</u></p> <p>Phone #: <u>516-708-6969</u></p>	<p><u>Ward 3 School Committee</u> Committee Name</p> <p><u>Monica Frangese</u> Name of Committee Treasurer</p> <p><u>159 Linwood St. Brockton</u> Committee Mailing Address</p> <p>E-mail: _____</p> <p>Phone #: <u>516-708-6969</u></p>
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SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>527.57</u>
Line 2: Total receipts this period (page 3, line 12)	<u>1594.09</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2041.66</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>2015.22</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>26.44</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>1946.40</u> <u>FOR A.O.</u>
Line 9: Name of bank(s) used:	<u>Rockland Trust</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: M Frangese (Treasurer's signature)

Date: 10/26/25

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, 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. 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: [Signature] (Candidate's signature)

Date: 10/26/25

SCHEDULE A: RECEIPTS

M.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)
8/12/2025	Joseph Arsenault 19 Basking Ridge RD MIDDLEBURY	\$50	
8/12/2025	Joseph Asak 10 Albert St. Brockton, MA	\$50	
8/12/2025	Manny Centello 29 Kenneth Ave Brockton, MA	\$100	
8/12/2025	Jeff Charnel 23 Madrid St. Suite 12 Brockton	\$50	
8/12/2025	Julia Pimental 17 Otis St. Brockton	\$25	
8/12/2025	Stephen Pina 5 Messing Dr Brockton	\$25	
8/12/2025	Thomas Plante 51 Highland Terr. Brockton	\$50	
8/12/2025	James Stapleton 90 N Ash St Brockton	\$100	
8/12/2025	Cynthia Ruas 40 Irving St. Brockton	\$100	
8/12/2025	Maria Tavares 122 Wheeler Ave Brockton	\$52	
8/12/2025	Marc Osborne 14 Harwich St Brockton	\$100	
4/5/2025	Julie Anderson 31 Hillberg Ave Brockton	\$25	
6/1/2025	Ana Oliver	\$20.06	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/25/25	Marc Osborne 14 Hannah Rd. Brooklyn	\$100	
5/25/25	Julie Anderson 311 Hillberg Ave	\$50	
5/25/25	Yvonne Pina 185 Napoleon St. Fairview	\$100	
9/21/2025	Julia Pimental 77 Otto St. Brooklyn	\$10	
9/28/2025	Julia Pimental 77 Otto St. Brooklyn	\$10	
9/28/2025	Mary MacVita 90 Torrey St. Brooklyn	\$300	attorney self employed
Line 10: Total Receipts over \$50 (or listed above)			<p><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p> <p>← Enter on page 1, line 2</p>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD			



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☐ 30 day after election

☐ year-end report

☐ dissolution

Ara C. Oliver
Candidate Full Name (if applicable)
Ward 3 School Committee
Office Sought and District
159 Linwood St. Brockton
Residential Address
E-mail: nursedoliverane@gmail.com
Phone #: 516 708 6969

Ward 3 School Committee
Committee Name
Monica Frappes
Name of Committee Treasurer
159 Linwood St. Brockton
Committee Mailing Address
E-mail: _____
Phone #: 516 708 6969

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

527.57

Line 2: Total receipts this period (page 3, line 12)

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Line 8: Total out-of-pocket expenses this period (page 8, line 22)

1946.40 ERROR A.D. 0

Line 9: Name of bank(s) used:

Rockland Trust

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:

M. Frappes

(Treasurer's signature)

Date:

10/26/25

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

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Candidate without Committee

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Signed under the penalties of perjury:

[Signature]

(Candidate's signature)

Date:

10/26/25

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8/12/2025	Stephen Pina 5 Mt. Sinai Dr BROOKTON	\$25	
8/12/2025	Thomas Plouffe 5 Highland Trl BROOKTON	\$50	
8/12/2025	James Stapleton 90 N Ash St BROOKTON	\$100	
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8/12/2025	MARC OSBORNE 14 Harnuch St BROOKTON	\$100	
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SCHEDULE A: RECEIPTS (continued)

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