Commonwealth of Massachusetts

CPF ID #: _____ (For Office Use Only)

Form CPF 101 WTC: STATEMENT OF ORGANIZATION
ELECTED CITY, WARD, TOWN POLITICAL COMMITTEE REPORT

NAME OF CITY/TOWN: MEDFIELD WARD (if applicable): _____

PARTY: REPUBLICAN DATE OF REPORT: 9/19/25

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. City Ward Committee Secretaries must also file this report with the Chairperson of the city committee of the political party which it represents.

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@mass.gov / https://www.ocpf.us

2) State Party Committee Headquarters

3) 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 / https://www.sec.state.ma.us/elections

4) City Clerk / Town Clerk or Election Commission

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

Chairperson: Steve Caskey
Residential Address: 5 Delaware Road
City / State / Zip: MEDFIELD MA 02052
Email: stevencaskey1@gmail.com Phone #: 617.592.8558

Secretary: Cailin Caskey
Residential Address: 5 Delaware Road
City / State / Zip: MEDFIELD MA 02052
Email: cailin.stoneage@gmail.com Phone #: 860-208-1016

Treasurer*: Pete Saladino
Residential Address: 21 BOYDEN ROAD
City / State / Zip: MEDFIELD MA 02052
Email: SALADINO@GMAIL.COM Phone #: 917.843.4187

**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.

On behalf of the above-referenced committee, I hereby submit this list of officers, members, and associate members of the committee with their addresses to the Secretary of the Commonwealth, the Director of the Office of Campaign and Political Finance, the City or Town Clerk or Election Commission of our municipality, the Secretary of our State Party Committee, and, in the case of ward committees, the Chairperson of our party's City Committee in our municipality, in accordance with M.G.L Ch. 52, Sec. 5.

Cailin Caskey
Secretary's signature Date: 09/21/25

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:

Treasurer's signature Date: 9/19/25

LIST OTHER OFFICERS' & MEMBERS' NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES ON THE REVERSE

NAME OF CITY / TOWN / WARD: MEDFIELD

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

Other Officer/Title: Jackie Corrigan, VICE CHAIR	Other Officer/Title:
Residential Address: 11 Homestead Drive	Residential Address:
City / State / Zip: MEDFIELD MA 02052	City / State / Zip:
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:

MEMBERS:

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