



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2023 OCT 25 PM 2:07

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/23 Ending Date: 10/20/23

Type of Report: (Check one)

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

Alice Rose Merk1

Candidate Full Name (if applicable)

Councillor at Large, Salem

Office Sought and District

28 Federal St #2, Salem 01970

Residential Address

E-mail: alicemerk1@yahoo.com

Phone # (optional): 978-621-9693

Committee to Elect Alice Merk1

Committee Name

Brenda Kissane

Name of Committee Treasurer

15 Northey St #3 Salem 01970

Committee Mailing Address

E-mail: brenda.a.kissane@gmail.com

Phone # (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

98.58

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

6,030.00

Line 3: Subtotal (line 1 plus line 2)

6,128.58

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

6,021.57

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

107.01

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

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

1,000 -

Line 8: Name of bank(s) used:

Eastern Bank, Salem MA

## 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.

Witnessed under the penalties of perjury:

Brenda Kissane

(Treasurer's signature)

Date: Oct 25 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, 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.

Witnessed under the penalties of perjury:

Alice Rose Merk1

(Candidate's signature)

Date: 10/25/23

## 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)
6/10	Nancy Anderson 190 Bridge St #3215 Salem	100-	retired
7/14 8/14 9/14	Liz Bratt 22 Larchmont Rd Salem	50- 50- 50-	retired Veterinarian
6/23 8/2	Julie Curtis 85 Locust St Danvers	100- 50-	retired
6/13 7/25 9/14	Debbie Everett 65 Washington St #512 Salem	500- 250- 250-	retired nurse
6/10	Diane Fawley 190 Bridge St #3215 Salem	100-	retired
7/8	Linda Finn One Washington St #303 Salem	100-	clinical specialist at Varian
6/23	Lois Harvey 11 Church St #113 Salem	300-	retired
6/23	Joan Hopper 28A Federal St #4 Salem	75-	retired
9/29	Steve Immerman 20 Federal St #5 Salem	250-	retired
6/9	Rod Kessler 3 Winter Island Rd Salem	100-	retired
6/23 9/3	Joan Lovely 14 Story St Salem	75- 50-	State Senator
7/24	Isa Leshko 21 1/2 Broad St Salem	100-	Self employed artist

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under\* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/17	Raphael Luckom 28A Federal St #3 Salem	100-	Software Engineer
6/23	Dennis Maroney 98 Washington Sq. #2 Salem	100-	retired
6/27	Sara Mauro 28A Federal St #1 Salem	100-	realtor
5/31	Jean Merk 290 Pleasant St #309 Watertown MA 02472	100-	bookkeeper/springwell
5/15	Laura Merk 338 Main St #7E San Fran, CA 94105	500-	retired accountant
6/23	Alice Ousey 7 Good Hope Lane Salem	200-	retired
7/1	Karen Pangallo 27 Buffum St Salem	100-	retired
6/23 8/7 10/20	Linda Stark 11 Church St #305 Salem	100- 50- 100-	retired
6/23	Geri Yuhas 28C Federal St #1 Salem	100-	retired nurse practitioner
4/14	Alice Merk Candidate (can)	1,000-	Councillor at Large

Line 9: Total Receipts over \$50 (or listed above) **5,100-**

Line 10: Total Receipts \$50 and under\* (not listed above) **930-**

Line 11: TOTAL RECEIPTS IN THE PERIOD **6,030-**

← Enter on page 1, line 2

If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



**SCHEDULE A: RECEIPTS (continued)**[illegible]

Line 9: Total Receipts over \$50 (or listed above)

ne 10: Total Receipts \$50 and under\* (not listed above)

**Line 11: TOTAL RECEIPTS IN THE PERIOD**

← Enter on page 1, line 2

f you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/20	Act Blue	366 Summer St Somesville MA 02144	fees for contributions 3.95% 1/1 to 10/20 - on 1,970-	77.82
6/19	Michael Corley	182 Lafayette St #8 Salem MA 01970	Camp Managers pay	500.00
7/16	Michael Corley	"	"	500.00
9/26	Michael Corley	"	"	200.00
4/14	Hawthorne Hotel	18 Washington Sq. W Salem, MA	Dep for Campaign Kickoff on 6/23	200.00
6/9	Hawthorne Hotel	"	Bal due for Camp Kickoff 6/23	552.80
7/20	Staples	17 Paradise Rd. Salem MA	Ink Cartridge	58.43
7/29	Staples	"	Ink Cartridge	79.45
4/14	Thriftco Printing	56 Pulaski St Peabody MA 01960	deposit for door hangers	500.00
6/7	Thriftco Printing	"	Bal due for door hangers	361.62
7/6	Thriftco Printing	"	postcards + dep for door hangers in Spanish	977.08
7/20	Thriftco Printing	"	bal. for door hangers	541.45
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				

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

**SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
8/26	Thriftco Printing	56 Pulaski St Peabody, MA 01960	Dep for more door hangers	500.00
9/5	Thriftco Printing	"	Bal due for door hangers	133.04
7/13	U.S. Post Office	2 Margin St Salem MA 01970	postcard stamps	132.00
7/19	U.S. Post Office	"	postcard stamps	153.00
8/9	U.S. Post Office	"	postcard stamps	153.00
9/27	U.S. Post Office	"	postcard stamps	95.88
10/12	U.S. Post Office	"	post card stamps	306.00
Line 12: Expenditures over \$50 (or listed above)				6,021.57
Line 13: Expenditures \$50 and under* (not listed above)				—
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				6,021.57

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

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	

\* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.



## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
4/14/23	Alice Mark Candidate loan	28A Federal St #2 Salem MA 01970	Candidate loan	1,000
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	1,000

