



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:

10/21/23

Ending Date:

12/31/23

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

Alice Rose Merkl

Candidate Full Name (if applicable)

Councillor at Large, Salem

Office Sought and District

28 A Federal St #2, Salem 01970

Residential Address

E-mail: alicemerkl@yahoo.com

Phone # (optional): 978-621-9693

Committee to Elect Alice Merkl

Committee Name

Brenda Kissane

Name of Committee Treasurer

15 Northey St #3 Salem MA 01970

Committee Mailing Address

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

Phone # (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

107.01

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

300.00

Line 3: Subtotal (line 1 plus line 2)

407.01

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

396.44

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

10.57

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

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

1,000.00

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.

Signed under the penalties of perjury:

*[Signature]*

(Treasurer's signature)

Date:

12/15/23

### 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.

Signed under the penalties of perjury:

*Alice Rose Merkl*

(Candidate's signature)

Date:

12/15/23

## 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<br>(alphabetical listing required) | Amount  | Occupation & Employer<br>(for contributions of \$200 or more) |
|------------------------------------------------------------|-----------------------------------------------------------------|---------|---------------------------------------------------------------|
| 10/26                                                      | Liz Bradt<br>22 Larchmont Rd<br>Salem                           | \$50 -  | Doctor - Vet                                                  |
| 10/25                                                      | Jason Sydorak<br>20 Hathorne St<br>Salem                        | \$25 -  |                                                               |
| 10/26                                                      | Ann Tucker<br>14 Bay View Circle<br>Salem                       | \$50 -  |                                                               |
| 10/26                                                      | Paul Tucker<br>14 Bay View Circle<br>Salem                      | \$50 -  |                                                               |
| 10/30                                                      | Margaret Van Deusen<br>391 Essex St<br>Salem                    | \$100 - |                                                               |
| 10/25                                                      | Carl Wilson<br>17 Pleasant St<br>Salem                          | \$25 -  |                                                               |
|                                                            |                                                                 |         |                                                               |
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|                                                            |                                                                 |         |                                                               |
| Line 9: Total Receipts over \$50 (or listed above)         |                                                                 | \$300 - |                                                               |
| Line 10: Total Receipts \$50 and under* (not listed above) |                                                                 |         |                                                               |
| Line 11: TOTAL RECEIPTS IN THE PERIOD                      |                                                                 | \$300 - | ← 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]

ine 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 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<br>(alphabetical listing) | Address                               | Purpose of Expenditure                                     | Amount |
|-----------|----------------------------------------|---------------------------------------|------------------------------------------------------------|--------|
| 12/31/23  | Act Blue                               | 366 Summer St<br>Somerville, MA 02144 | fees for contributions<br>10/21 to 12/31, 2023<br>at 3.95% | 7.90   |
| 11/7/23   | Rockefellas                            | 231 Essex St<br>Salem MA 01970        | Pizza for<br>Volunteers                                    | 111.28 |
| 10/23/23  | U.S. Post office                       | 2 Margin St<br>Salem MA 01970         | Postcard stamps                                            | 112.20 |
| 11/1/23   | U.S. Post office                       | 2 Margin St<br>Salem MA 01970         | Postcard stamps                                            | 51.00  |
| 11/16/23  | Thriftco Printing                      | 56 Pulaski St<br>Peabody MA 01960     | Thank you Postcards                                        | 114.06 |
|           |                                        |                                       |                                                            |        |
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Line 12: Total Expenditures over \$50 (or listed above)

396.44

Line 13: Total Expenditures \$50 and under\* (not listed above)

Enter on page 1, line 4 →

**Line 14: TOTAL EXPENDITURES IN THE PERIOD**

396.44

\* 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<br>(alphabetical listing) | Address                                                  | Purpose of Expenditure | Amount |
|---------------------------|----------------------------------------|----------------------------------------------------------|------------------------|--------|
|                           |                                        |                                                          |                        |        |
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|                           |                                        | Line 12: Expenditures over \$50 (or listed above)        |                        |        |
|                           |                                        | Line 13: Expenditures \$50 and under* (not listed above) |                        |        |
| Enter on page 1, line 4 → |                                        | Line 14: TOTAL EXPENDITURES IN THE PERIOD                |                        |        |

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

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# 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 Merkl<br>Candidate loan | 29A Federal St #2<br>Salem MA 01970 | Candidate<br>Loan | 1,000 - |
|                                                                        |                               |                                     |                   |         |
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|                                                                        |                               |                                     |                   |         |
| Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) |                               |                                     |                   | 1,000 - |

