

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts			_File with	h: City or Town Clerk or Election Commiss	
Fill in Reporting Period dates:	Beginning Date:	Oct 16, 2021	Ending Date:	Dec 31, 2021	
Type of Report: (Check one)					
8th day preceding preliminary	8th day preceding ele	ection 30 day af	ter election 🔀	year-end report dissolution	
Armerys Suarez de Peguero		School Cor	nmittee		
Candidate Full Name (if applicable)			Committee Name		
School Committee		Edgar Pegi	uero		
Office Sought an	d District		Name of C	ommittee Treasurer	
		146 Lafaye	ette Street, Salem, I	MA 01970	
Residential A	ddress		Committe	ee Mailing Address	
E-mail: suarezforsale	m@gmail.com	E-mail:	ed.pe	eguero@gmail.com	
Phone # (optional):		Phone # (opti	onal):		

SUMMARY	BALANCE	INFORMATION:	

Line 1: Ending Balance from previous report	-807.06
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	905.06
Line 5: Ending Balance (line 3 minus line 4)	98
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
<b>Line 8:</b> Name of bank(s) used: American Express Credit, Eastern Bank, Cas	h App

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.

### 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. e. 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.

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(Treasurer's signature)

Date: Jan 19, 2022

Date: Jan 19, 2022

#### 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	ofn	erinry:
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### **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)
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
· · · · · · · · · · · · · · · · · · ·			
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL I	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 (alphabetical listing)	Address	Purpose of Expenditure	Amount
				111.07
10/18/21	Amazon	Online	Labels	111.07
10/19/21	Home Depot	Salem, MA	Signs	13.79
10/20/21	VistaPrint	Online	Door hangers	324.66
				348.33
10/20/21	VistaPrint	Online	Post cards	546.35
10/25/21	EZTexting	Online	Texting	61
10/26/21	US Postal Office	Lynn, MA	Postage	7.95
11/2/21	A.L. Prime-Salem	Salem, MA	Gas	21.92
11/2/21	Dunkin Donuts	Salem, MA	Food	6.71
11/2/21	Salem House of Pizza	Salem, MA	Food	9.63
	J L	Line 12: Total Expenditures or	ver \$50 (or listed above)	
			0 and under* (not listed above)	
	Enter on page 1, line 4 $\rightarrow$	Line 14: TOTAL EXPENDIT	<b>FURES 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. Page 4

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			]	
	][]			
			50 (	905.06
		Line 12: Expenditures over \$5		903.00
		Line 13: Expenditures \$50 and		E
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	905.06

## SCHEDULE B: EXPENDITURES (continued)

Enter on page 1, line 4  $\rightarrow$  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.

## 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.

From Whom Received*	Residential Address	Description of Contribution	Value
	Line 15: In-Kind Contribution	s over \$50 (or listed above)	
	Line 16: In-Kind Contributions	s \$50 & under (not listed above	)
	From Whom Received*		From Whom Received* Residential Address Description of Contribution   Image:

Enter on page 1, line  $6 \rightarrow$  Line 17: TOTAL IN-KIND CONTRIBUTIONS

\* 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
		[		
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	