

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2023 OCT 30 PM 1:41

Cill in Demanting D. 1.1.1. CITY-NUEDIC	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: SALEM Beginning Date: 09-0	2-2025 Ending Date: 10-30-2025
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Candidate Full Name (if applicable) Councillor Cityof SALEM WARD I Office Sought and District 17 BAY VIEW AVENUE SOLON	Committee to Elect Cinoy Jercylo Committee Name Compy Jercylo Name of Committee Treasure
Residential Address	Committee Mailing Address E-mail: Cynthia · Jerzylo Cgmuil · Com
E-mail: Cynthia jerzylo egmail. com	E-mail: 1
Phone # (optional): 978-394-6780	Phone # (optional): 978 394-6780
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	4.986.16
Line 2: Total receipts this period (page 3, line 11)	\$ 1500.00
Line 3: Subtotal (line 1 plus line 2)	\$2,486.16
Line 4: Total expenditures this period (page 5, line 1	14) \$862.77
Line 5: Ending Balance (line 3 minus line 4)	\$1,623,39
Line 6: Total in-kind contributions this period (page	6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: EASTERN &	SANK
certify that I have examined this report including attached schedules and it is, to the best of no ivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributes of all persons acting under the authority or on behalf of this commutee in accordance activity of all persons acting under the authority or on behalf of this commutee in accordance under the penalties of perjury: OR CANDIDATE FILINGS ONLY: Affidavit of Candidate check 1 box on	ordance with the requirements of M.G.L. c. 55. (Treasurer's signature) (Treasurer's signature)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting periods.	
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best finance activity, including contributions, loans, receipts, expenditures, disbursements, in-k campaign finance activity of all persons acting under the authority or on chalf of this campaign finance.	
ned under the penalties of perjury: (MMU U Jean	Date: 10-30-2023

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.)

report an receipts. P	lease include your committee name and a pa	ige number on ea	
	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	- Amount	(for contributions of \$200 or more)
69-14-23	Banne & EDWARD Berube 19 CAUCUDISH CITCHEN	\$ (00.00)	Retried
10-20-23	Sallre Cass 92 Columbus Aug	\$ 100.00	Retired
10-9-2025	Elizabeth Churchill 11 Beacht Ave, Salen	\$/00.00	Retired
10-9-2023	Kathyrn Estomo 4145 Sunset lane Oxnand , CA 92035	# Danco	Travel Agent
10.90.903	Katherine + James Klein 43 Bay Vrew Aven	\$ 100.00	Retired
70-18-2023	William Kowalski JR. 104 Derbyst, Salem	\$250.00	Retired
10-20-2025	ERIC NOWAK 19 Columbus Ave, Salem	\$100.00	Building Engineer SESD FOT Are.
Redador's	Hank Digne & Bonnel 68 Washington St #313 Sulean	place	
10-21-2023	Richard & Many Rodenick 7. Sutten Ave, Sal	\$100.00	Retired.
10.09-2025	Eileen+Lov Saceo 227 North & Salem	\$300.00	Retired.
60-09-2023	Julie whaten 2458 fortesque Ave	\$100.0c	Clerk
Line 9: Total Recei	pts over \$50 (or listed above)	\$1450.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	50,00	
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	1,500.00	← 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)
	2		
9: Total Receipts ov	er \$50 (or listed above)		
	0 and under* (not listed above)		
11: TOTAL RECEI	PTS IN THE PERIOD	+	Enter on page 1.11. 2
u have itemized receipt	s of \$50 and under, include them in line 9.	Line 10 should i	Enter on page 1, line 2 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.)							
To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount				
Coffee Time Bake SHOP	96 Briove So- Sulem, MA	Coffee + Denuts	123.65				
Coffee Time Bake Stop	96 BriDGE Sb. Sulam, MADISZO	Coffee + anuts	B53,58				
Engme House	7/ Lafayette St. Salem, M4.	Meals	\$91.86				
Henrys	588 Cabot St Beverly, MA	Meals.	\$26.76				
Me Donalds	V50 Canal Str. Salam, MA	Meals	\$59.71				
m. Ounaldé	150 Canal St Salem, M4:	meals	\$36,89				
3 Thrifto	56 Pulaski Sb. Peabody.M4	Palm Cards	\$164.69				
Thrifto	Se Pulastei Sb, Peabody i Mt	Banners.	1265.63				
	Line 12: Total Expenditures ove	er \$50 (or listed above)	862.77				
	Line 13: Total Expenditures \$50	and under* (not listed above)					
Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	\$8(02.77)				
	(alphabetical listing) Coffee Time Bake Stop Coffee Time Bake Stop Engme bevse Prize Henry S Me Ownalds Thrifto Thrifto Enter on page 1, line 4→	(alphabetical listing) Coffee Time Bake Stop Sulam 1 M4 Coffee Time Bake Stop Sulam 1 M4 Engme kerse The Bevery 1 Lafayette Stop Sulam 1 M4 Henry S Stop Canal Stop Salam 1 M4 Me Conalds 150 Canal Stop Sulam 1 M4 Thrifto Stop Plaski Stopen body 1 M4 Thrifto Stop Plaski Stopen body 1 M4 Thrifto Stopen body 1 M4 Line 12: Total Expenditures over Line 13: Total Expenditures \$50	(alphabetical listing) Coffee Time Bale Stop Sulem 1 M4 Coffee Time Bale Stop Bale Stop Sulem 1 M4 Offee + Anuts Coffee Time Bale Stop Bale Thrift Bale Bale Stop Bale Stop Bale Thrift Bale Bale Stop Bale Thrift Bale Bale Stop Bale Stop				

^{*} 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 B: EXPENDITURES (continued)

	To Wil D. 2.1	(1		-	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
			Turpose of Expenditure	Amount	
			_ =		
		-			
		I' 10 F "			
	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 itemi-	red expenditures of \$50 and under				

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

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		
		Line 16: In-Kind Contributions		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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.

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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
	Enter on page 1, line 7 → 1			

				E
	(6)			
		¥		