



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 OCT 17 AM 8:58

CITY CLERK
SALEM, MASS.

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month 1 Day 1 Year 17 Ending Month 10 Day 20 Year 17

Type of report: (Check one)
☐ 8th day preceding preliminary ☒ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

Stephen G. Dible
Full Name of Candidate (if applicable)
ward 7 councillor
Office Sought and District
74 Moffatt Rd Salem
Residential Address
978-744-7315
Tel. No. (optional)

Committee to elect Steve Dible
Committee Name
Panel C Boardway
Name of Committee Treasurer
74 Moffatt Rd, Salem MA
Committee Mailing Address
978-744-7315
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 443.33
Line 2: Total receipts this period (page 2, line 11) \$ 3170.00
Line 3: Subtotal (line 1 plus line 2) \$ 3613.33
Line 4: Total expenditures this period (page 3, line 14) \$ 1826.17
Line 5: Ending balance (line 3 minus line 4) \$ 1787.16
Line 6: Total in-kind contributions this period (page 4) \$ 0
Line 7: Total (all) outstanding liabilities (page 4) \$ 34.04
Line 8: Name of bank(s) used Eastern Bank

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:

Panel C Boardway
Treasurer's signature (in ink)

10/16/19
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☐ Candidate with Committee and no activity independent of the 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.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

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.

This page may be copied 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)
6/5/17	Russell Abusharrah 4 Harrison Rd Salem	50	
6/5	Charlene Bailey 7 Pushing Rd Salem	100	
6/5	George Barbuzei, 17 Presbry Rd Salem	200	Nursing home director
6/3	Burt & Maria Bartzoff 50 Freedom Hollow Rd Salem	25	
6/23	Reich Bancal 16 Grant Rd Salem	25	
6/5	John Boris 5 Bedford St Salem	150	
7/3	William Cornwell 8 Russell Dr. B Salem	50	
6/5	Julie Curtis 85 Locust St Danvers	30	
6/9	DeLidz & Steve DellBriano 62 Moffatt Rd Salem	100	
6/5	Brett Emery 19 Kelley Rd Salem	500	carpenter - self employed
6/5	TOM FUREY 36 Dunlap St Salem	25	
6/3/17	Darla & Francis Kilroy 4A Arnold Rd Salem	50	
6/8	Gail & Dennis Koontz 28 Pleasant St Marblehead	100	
6/25	Paul Labrie 11 Hamenway Rd Salem	200	Retired
6/5	Janine & Sam Liberty 6 Maple Ave Salem	50	
6/6	John Mahoney 73 Moffatt Rd Salem	100	
6/5	Kara McCaughlin 68 Dearborn St Salem	100	
6/5	Andrew & Kristin McEgan 3 Cedarview Salem	50	
6/25	Betsy Merry 413 Lafayette St Salem	200	Realtor, Merry Rox Realty
6/5	Ed & Donna Mulberry 8 Grove Middlesex	100	
6/5	Dr. & Frank Pegneta 25 Richardson Rd Salem	50	
6/5	Patrick Runne 14 Monroe Rd Salem	25	
6/11	Elena Sokol 8 Auburn Rd Salem	200	Retired
6/5	Stan Swenson 5 Vista Dr. Danvers	100	
6/5	Joy & John Tschuk 1 Moffatt Rd Salem	100	
6/5	Mark Tuttle 12 Cleveland Rd Salem	100	
6/5	Paul & Leslie Tuttle 114 Federal St Salem	100	
6/5	JOANNE & PETER Viselli 4 West Circle Salem	100	
6/11	Chuck Von Bruns 3 River St Salem	100	
6/5	Mary Wibbert 7 Cedar St #4 Salem	25	
Line 9: Total receipts in excess of \$50 (or listed above)		3105	
Line 10: Total receipts \$50 and under* (not listed above)		65	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3170	

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.

This page may be copied 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	
7/15	Benefit for Barry	Derby St Salem MA	Assistance for Salem Fire Fighter	70	
5/10	CITY OF SALEM	93 Washington St Salem	Parking ticket while at City Hall meetings	25	
4/18	CTE Domingo Dominguez	18 Raymond Rd Salem	Publicity at his event	25	
4/18	CTE STAN STENSON	5 Vista Dr. Danvers, MA	Publicity at his event	50	
10/7	CTE Domingo Dominguez	18 Raymond Rd Salem	Publicity at his event	100	
10/4	CTE Elaine Melo	181 Marlborough Rd Salem	Publicity at her event	100	
6/4	CTE Jerry Ryan	4 Nichols St. Salem	publicity at his event	25	
6/25	CTE JUSTIN Whittier	10 River St Salem, MA	publicity at his event	50	
6/25	CTE Polly Wilbert	7 Cedar St Salem MA	publicity at her event	100	
9/24	CTE Wayne Lorzi	Den Quarry Rd LYNN, MA	publicity at his event	50	
6/5	Notch Brewing	283R Derby St Salem	Fiddle for Mad 7 fundraiser	54	25
7/17	Pan Mass Challenge	77 4th Ave Needham, MA	Assist a ward 7 Resident	330	
7/4	Pickman Park Playground	Lincoln Rd Salem, MA	Assist our neighborhood park	25	
6/7	Salem SEAPAC	29 Highland Ave Salem	Assist Salem's Children	30	
6/25	Steve Dibble	74 Moffatt Rd Salem	loan reimbursement	609	32
4/28/17	USPS	MARGIN ST SALEM	Stamps for mailings	51	50
6/1/17	WALMART	HIGHWAY AVE SALEM	Campaign Kickoff Supplies	131	10

Line 12: Expenditures over \$50

Line 13: Expenditures \$50 and under*

Line 14: TOTAL EXPENDITURES

Enter on page 1, line 4

*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* 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
10/2/15	Steve D.bble	74 Moffatt Rd Salem	open bank account	34.04
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	