

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts 2022 JAN 20 PM 12: 05		File with: City or Town	Clerk or Election Commission	
Fill in Reporting Period dates: Beginning Pate: RK 10-2 SALEM, MASS.	26-202	/ Ending Date: 0/-09	5-2032	
Type of Report: (Check one)		-1.		
8th day preceding preliminary 8th day preceding election	30 day at	fter election 💢 year-end repo	ort dissolution	
FRANCIS CHARLES RIGHTERI	Commit	TEETO ELECT FEANCIS	RIGHIBRI	
CITY Councillor WARD 7	DIA			
450 LAFA (ETTE ST 01976	FLANC	SP1661ENCGM		
E-mail: FRANCIS Residential Address E-mail: FRANCIS RIGHT COMMENT Not	E-mail:	Committee Mailing Address Same as Ab		
Phone # (optional):	Phone # (opt	tional):		
SUMMARY BALANC	E INFOR	MATION:		
Line 1: Ending Balance from previous report		(-582.81)		
Line 2: Total receipts this period (page 3, line 11)		\varnothing		
Line 3: Subtotal (line 1 plus line 2)		(-582.81)		
Line 4: Total expenditures this period (page 5, lin	e 14)	14) 3,034,66		
Line 5: Ending Balance (line 3 minus line 4)		361747		
Line 6: Total in-kind contributions this period (pa	ge 6)	Ø		
Line 7: Total (all) outstanding liabilities (page 7)	72325,34			
Line 8: Name of bank(s) used: TD BANK				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions an	id liabilities for this reporting period and r h the requirements of M.G.L. c. 55.	ent of all campaign finance epresents the campaign	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)			
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actinured any liabilities nor made any expenditures on my behalf during this reporting	best of my kno	he requirements of M.G.L. c. 55. I have r	atement of all campaign finance not received any contributions,	
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of the	, in-kind contri	butions and liabilities for this reporting pe accordance with the requirements of M.G.	riod and represents the L. c. 55.	
Signed under the penalties of perjury:		(Candidate's signature)	ate: 01-16-2022	

SCHEDULE A: RECEIPTS (continued)

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 1	RECEIPTS IN THE PERIOD	Ø	← 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.

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SCHEDULE B: EXPENDITURES (continued)

		ULE D: EXPENDITURES (C		
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/20/2021	CITI CARD END 7882 FOR THET CO PRINTING	56 PA/ASKI ST Peabody MA	PRIOT	845,36
11/18/2021	11	11	((845.36
12/20/202)	1("	Ŋ	671.97
01/05/2002	JI	11	70	671.97
		П		
]	Line 12: Expenditures over \$50 (d	or listed above)	3,034,66
	I	Line 13: Expenditures \$50 and und		Ø
If you have itemiz		nclude them in line 12. Line 13 show	RES IN THE PERIOD	3,034.66

^{*} 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 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)				
4 T C - 1	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO		0		

^{*} 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
01-05-22	CITI CANDEND 7882	THRILT CO 56 PAIASKI ST Pelibody M4-019W	CAMPAIGN PURCHASES	232534
				2325.3

6.6	, ra			