



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 SEP -5 AM 10:47

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2019 Ending Date: August 30, 2019

Type of Report: (Check one)

☒ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Gary Wayne Gill

Candidate Full Name (if applicable)

Salem City Councilor at Large

Office Sought and District

12 Pope Street, #B601, Salem, MA 01970

Residential Address

E-mail: waynegill061@gmail.com

Phone # (optional):

Committee to Elect Gary Gill

Committee Name

Joseph A. Ferrari IV

Name of Committee Treasurer

12 Pope Street, #B601, Salem, MA 01970

Committee Mailing Address

E-mail: joseph.a.ferrari@gmail.com

Phone # (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	625
Line 3: Subtotal (line 1 plus line 2)	625
Line 4: Total expenditures this period (page 5, line 14)	20.57
Line 5: Ending Balance (line 3 minus line 4)	604.43
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
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:

(Treasurer's signature)

Date:

9-4-2019

### FOR CANDIDATE FILINGS ONLY: 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's signature)

Date:

Sept 4, 2019

## 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)
3/7/2019	Gary Wayne Gill 12 Pope Street, #B601 Salem, MA 01970	50	N/A
4/18/2019	Daniel Totten 54 Bishop Allen Dr. #2 Cambridge, MA 02139	25	N/A
4/18/2019	James Thompson Chairman, Beverly Democratic Party 845 Hale Street Beverly, MA 01915	150	N/A
4/18/2019	Kathleen Hudson 56 Old Point Rd. Newbury, MA 01951	100	N/A
4/18/2019	Ann Russo 277 Bronx River Rd. Yonkers, NY 10704	25	N/A
6/14/2019	Ellen Moore 249 Hollis St. Holliston, MA 01746	25	N/A
7/21/2019	Barbara Mank 51 Lafayette St. Salem, MA 01970	50	N/A
7/22/2019	Tracey Webb 6 Hilltop Dr. Wenham, MA 01984	50	N/A
7/22/2019	Anthony Fusco 8 Allenwood St. West Roxbury, MA 02132	25	N/A
7/23/2019	Kristin McInnes 5 Cypress St. Salem, MA 01978	25	N/A
7/23/2019	Jamie Zahlaway Belsito 60 Central St. Topsfield, MA 01983	25	N/A
7/24/2019	Celeste Johnson 57 S. 580 E Cedar City, UT 84720	25	N/A
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			

\* 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)
7/27/2019	Sahra Go 8612 W. 108th Place Overland Park, KS 66210	25	N/A
8/18/2019	Bill Raye 2 Chestnut St. Salem, MA 01970	25	N/A
Line 9: Total Receipts over \$50 (or listed above)		625	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		0	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>625</b>	

## 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
8/30/2019	PayPal Holdings Inc.	2211 North First Street San Jose, CA 95131	Website administrative fees	11.66
8/30/2019	ActBlue	366 Summer Street Somerville, MA 02144	Website administrative fees	8.91
		Line 12: Total Expenditures over \$50 (or listed above)		
		Line 13: Total Expenditures \$50 and under* (not listed above)		
Enter on page 1, line 4 →		Line 14: TOTAL EXPENDITURES IN THE PERIOD		20.57

\* 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)**[illegible]

\* 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 6 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)	
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	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.

## 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 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	0