



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5-19-2023 Ending Date: 11-6-2023

Type of Report: (Check one)

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

Jan McNeil
Candidate Full Name (if applicable)
Ward 4 City Council
Office Sought and District
4 Heritage Dr Apt 27 Salem Ma 01970
Residential Address
E-mail: janforSalemCityCouncil@gmail.com
Phone # (optional): 978-882-2048

Committee to elect Jan McNeil
Committee Name
Jan McNeil
Name of Committee Treasurer
4 Heritage Dr Apt 27 Salem Ma 01970
Committee Mailing Address
E-mail: janforSalemCityCouncil@gmail.com
Phone # (optional): 978-882-2048

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>4653.53</u>
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	<u>2283.53</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2280</u>
Line 6: Total in-kind contributions this period (page 6)	<u>—</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>2283.53</u>
Line 8: Name of bank(s) used:	<u>Salem 5</u>

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: 11-6-2023

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. c. 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.

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 of perjury:

(Candidate's signature)

Date: 11-6-2023

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5-19-23	Bridget O'Leary 43 Freeman Ave Everett MA 02149	\$100.00	
5-23	Jan McNeil 4 Heritage Dr Apt 37 Salem MA	\$90	(Pride Parade)
5-23	Jan McNeil 4 Heritage Dr Apt 37 Salem MA 01970	\$155	(Pride Parade Booth)
5-23	Jan McNeil 4 Heritage Dr Apt 37 Salem MA	\$65	(Pride Parade insurance)
6-13	Jan McNeil 4 Heritage Dr Apt 37 Salem MA	1417.68	(thriftco printing)
6-24	Melissa Reynolds 66 Prout St Salem MA	70.00	
7-3	Alan Bran 1 Heather Dr Burlington MA	105	
7-6	Debbie Barker 20 Fulton St Peabody	70.00	
7-7	Even Doleg 61 Wharf St Salem MA	70.00	
7-8	Emily Froesch 6 West Terrace Salem MA	70.00	
7-9	Tammy Silva 116 W Main St #1 Gloucester MA 01930	105	
7-9	George Chakraborty 5 Barr St Salem MA	140	

Line 9: Total Receipts over \$50 (or listed above) 2457.68

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

2457.68

← 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)
7-9	J.		
7-9	Jeff Gorman 198 Locust St Apt 503 Lynn	80	
7-12	Kyle Davis 89 Canal St Salem Ma 01970	35	
7-12	Patricia Moore 71 Bellevue Rd Lynn Ma 01904	70	
7-16	Rachel Arment 2226 Kirkbride Dr Danvers Ma 01923	70	
7-20	Marin Condegarzo 4 Central St 2D Salem Ma	35	
7-23	Nina Lamb 67 1/2 Essex St apt 1 Salem Ma	70	
7-23	Kelly Bush 26 Princeton St 3 East Boston Ma 02128	70	
7-24	Anthony Le Candaro 89 H Green St Lynn Ma 01902	100	
7-25	W. Liana Silva 69 Bell Rock St H3 Malden Ma 02148	120	
7-29	Bridget O'Leary 43 Freeman Ave Everett Ma 02149	140	
7-29	Lisa Di Bona 59 Endicott St Salem Ma 01970	70	
7-30	Diane Hagg 69 Essex St Salem Ma 01970	35	

9: Total Receipts over \$50 (or listed above) **895**

10: Total Receipts \$50 and under* (not listed above)

11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

u 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)
7-30	Danna Hash 16 Gardner St Salem MA 01970	35	
7-31	Caroline Ball 40 Cobb Lane Lynn MA 01904	70	
7-31	Linda Capuzzo 15 New Castle St Saugus MA 01906	70	
8-1	Pedro Pellegrino 11 Metta Canot Path Haverhill MA 01831	35	
8-1	Suzanne Sciro 16 Pinedale Rd Middlebury MA 01944	70	
8-1	Allison Perry 10 Quinn Rd Lynn MA 01904	70	
8-1	Solomon Mann 10 Beaver Pond Rd Beverly MA 01915	35	
8-1	Pedro Pellegrino 11 Metta Canot Path Haverhill MA 01831	40	
8-1	Tammy J. Ives 14 East Main St Beverly MA 01930	45	
8-1	Marie Moore 4 Cobb Lane Lynn MA 01904	125	
8-2	David Armand 2226 Kirkbride Dr Dorchester MA 01927	160	
9-5	Fun Mail 4 Heritage Dr Apt 27 Salem MA 01970	504.85	(Word Press (to) Printing
10-15	Fun Mail 4 Heritage Dr Apt 27 Salem MA 01970	51.00	Word Press

9: Total Receipts over \$50 (or listed above)

695

1250.85

10: Total Receipts \$50 and under* (not listed above)

—

11: TOTAL RECEIPTS IN THE PERIOD

4603.63

4098.68

← 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)[illegible]

ine 9: Total Receipts over \$50 (or listed above)

50.0

ine 10: Total Receipts \$50 and under* (not listed above)

line 11: TOTAL RECEIPTS IN THE PERIOD

4653.53

← 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
5-23	Pride North Shore	Parade@NorthShorePride.org	Participate in Parade	90
5-23	Pride North Shore	parade@northshorepride.org P.O. Box 355 Manchester 01944	Vendor on Cornrow	155
5-23	HCC Speciality	401 Edgewater Place Suite 400 Woburn MA 01801	Special event LX 5.1.77	65
6-13	Thriftco Printing	56 Putaski St Peabody, MA 01960	Printing	1417.68
9-5	Thriftco Printing	56 Putaski St Peabody, MA 01960	Door Hangers	504.85
10-15	Word Press	wordpress	Blog site	51.00
Line 12: Total Expenditures over \$50 (or listed above)				2283.53
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2283.53

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 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
5-23	Ian McLeod	4 Heritage Dr Apt 32 Salem Ma 01970	Participate in Pride Parade	90
5-23	Ian McLeod	4 Heritage Dr Apt 32 Salem Ma 01970	Vendor on Commons	155
5-23	Ian McLeod	4 Heritage Dr Apt 32 Salem Ma 01970	Special event liability	65
6-13	Ian McLeod	4 Heritage Dr Apt 32 Salem Ma 01970	Thrifto Printy	1417.68
9-5	Ian McLeod	4 Heritage Dr Apt 32 Salem Ma 01970	Thrifto Printy	504.85
10-15	Ian McLeod	4 Heritage Dr Apt 32 Salem Ma 01970	Word Press Blog Site	51.00
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				2283.53

NORTH SHORE PRIDE

BUILDING **COMMUNITY** WITH **PRIDE**



Dear Ian,

Thank you for registering for the 2023 North Shore Pride Festival. We look forward to welcoming you to the Salem Common on Saturday, June 24, 2023.

Vendor registration and set up begins at 9:00AM and must be completed no later than 11:00am.

Please be advised that you CANNOT drive your vehicle on to the Salem Common.

N Washington Square, Salem, MA 01970

June 24, 2023

Please print this invoice for your records.

INVOICE

Primary Registrant: Ian McLeod

Company: Ian McLeod for Salem City Council

Subtotal: \$155.00

Total: \$155.00

NORTH SHORE PRIDE

BUILDING **COMMUNITY** WITH **PRIDE**



Dear Ian,

Thank you for registering for the 2023 North Shore Pride Parade. We look forward to welcoming you to march with us on June 24, 2023 in Salem, MA!

- Location for the start of the parade is Shetland Park, 27 Congress St. Salem, MA .
- Line up begins at 10:30 a.m. and the Parade kicks off at 12:00pm ending in the Salem Common.

Please print this invoice for your records.

INVOICE

Primary Registrant: Ian McLeod
Company: Ian McLeod for City Council

Marching Group
Subtotal: \$90.00

Total: \$90.00

If you have any questions, please reach out to parade@northshorepride.org or info@northshorepride.org.

TotalEvent
INVOICE

Invoice No.: SP0235122

Invoice Date: 5/23/2023

Ian McLeod for Salem City Council Ward 4
4 Heritage dr apt 37
Salem, MA 01970

Named Insured: Ian McLeod for Salem City Council Ward 4

Policy No.	Coverage Type	Premium
U23SE10345	Special Event Liability	\$65.00

Total Due by 6/23/2023

\$65.00
US DOLLARS

**CONFIRMATION OF COVERAGE
COMMERCIAL LINES POLICY**

Policy and Certificate issued by U.S. Specialty Insurance Company

Producer's Name and Address:
HCC Specialty
401 Edgewater Place, Suite 400
Wakefield, MA 01880

Producer's Code: 84213

Scheduled Subscribed Exhibitor: Ian McLeod for Salem Cit Subscribed Exhibitor Certificate Number: 25

Mailing Address: 4 Heritage dr apt 37, Salem, MA US 01970

Business: N/A

Form of Business: N/A

Confirmation of Insurance under Master Policy Number: U23SE10345

Master Policy Issued to:

Subscribed Exhibitors of 2023 NorthShore Pride Festival + Parade

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Certificate Period: From 6/22/2023 12:00:01 AM To 6/26/2023 12:00:01 AM

In consideration of the payment of the premium charged and subject to all the terms and conditions in the Master Policy, the Company certifies the Scheduled Subscribed Exhibitor shown in this Confirmation of Coverage is insured under the Master Policy described herein. The insurance afforded the Scheduled Subscribed Exhibitor is only with respect to the Coverage(s) provided by the Master Policy, and described below. The Limits of Insurance, Coverages and the Confirmation of Coverage Period applicable to such Scheduled Subscribed Exhibitor as specified in this Confirmation of Coverage are provided by endorsement to the Master Policy.

This Certificate is not the contract of insurance. It is solely evidence of insurance provided under the Master Policy. A copy of the master Policy and any schedules and endorsements applicable to the above Named Insured are available on request to the Producer named above.

COVERAGE	LIMITS OF INSURANCE
COMMERCIAL PROPERTY COVERAGE – Including Crime and Inland Marine Coverage	N/A
BOILER AND MACHINERY COVERAGE	N/A
COMMERCIAL GENERAL LIABILITY:	
General Aggregate Limit (Other Than Products – Completed Operations):	\$5,000,000
Products-Completed Operations Aggregate Limit:	\$1,000,000
Personal and Advertising Injury Limit:	\$1,000,000
Each Occurrence Limit:	\$1,000,000
Damage to Premise Rented to You	\$300,000
Hired Auto Non-Owned Liability	N/A
EMPLOYEE BENEFITS LIABILITY	
Aggregate Limit	N/A
Each Claim Limit	N/A
Deductible N/A	

Premium \$ 65.00

Includes Terrorism for a Premium of \$1.00

PROPERTY AND CRIME DEDUCTIBLES (Other than for Earthquake, Flood and Certain Other Perils as specified):	N/A
Glass Deductible:	N/A
Crime N/A	
Earthquake Deductible: (Earthquake Coverage Excluded for the State of California and other locations as specified in this confirmation of coverage)	N/A
Flood Deductible: With respect to locations wholly or partially within Special Flood Hazard Areas (SFHA), areas of 100-year flooding, as defined by the Federal Emergency Management Agency (if these locations are not excluded elsewhere in this policy with respect to the peril of flood), the deductible for each occurrence shall be;	N/A
Flood Deductible/Location all other locations:	N/A
Named Windstorm Deductible/Location (except FL and "Tier I" counties in GA, LA, MS, NC, SC and Texas as shown below)	N/A
Named Windstorm Deductible/Location (Florida Only) Within 15 miles of the coast in Florida: Remainder of Florida:	N/A
Named Windstorm Deductible/Location ("Tier I" Counties as defined below:	N/A

All reference herein to "Tier I", "Tier I Windstorm" or similar "Tier I" references, shall be defined as all locations situated within *Tier I Counties* as specified below:

Alabama: Baldwin, Mobile;
Georgia: Bryan, Camden, Chatham, Glynn, Liberty, McIntosh;
Louisiana: Cameron, Iberia, Jefferson, Lafourche, Orleans, Plaquemines, St. Mary, St. Bernard, St. Tammany, Terrebonne, Vermilion;
Mississippi: Hancock, Harrison, Jackson;
North Carolina: Beaufort, Brunswick, Carteret, Craven, Dare, Hyde, New Hanover, Onslow, Pamlico, Pender;
South Carolina: Beaufort, Berkeley, Charleston, Colleton, Georgetown, Horry, Jasper;
Texas: Aransas, Brazoria, Calhoun, Cameron, Chambers, Galveston, Jackson, Jefferson, Kenedy, Kleberg, Matagorda, Nueces, Orange, Refugio, San Patricio, Victoria, Willacy;
All other states: As provided by endorsement hereto (if any).

NOTE: If two or more deductible amounts in this policy apply to a single occurrence, the total to be deducted shall not exceed the largest deductible applicable

Countersigned:

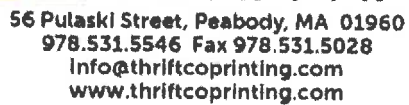
By:

Date

5/23/2023



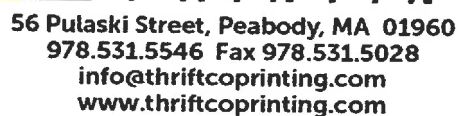
Authorized Representative



Date: 6/13/23

Customer PO:

Quantity	Description	Amount
100	18 X 24 CORRO SIGNS	\$ 569.00
100	WIRES	\$ 125.00
1	3' X 8" BANNER with pole pockets	\$ 159.50
2,000	PALM CARDS	\$ 395.80
1	ARTWORK	\$ 45.00
	CONVENIENCE FEE	\$ 45.30
SUBTOTAL		\$ 1,339.60
TAX		\$ 78.08
SHIPPING		
TOTAL		\$ 1,417.68



Date: 9/5/23

Customer PO:

[illegible]

Your site just got even better.

You are now the proud owner of **ianforsalem.blog**! Time to update your business cards.

Billed To

October 15, 2023

ianforsalemcitycouncil

ianforsalemcitycouncil@gmail.com

Visa **** * 7850

Order Summary

Receipt ID: 85728908

Transaction ID:

CH_301TINAFIZ01BR941SQ3EFTC

Item	Price
WordPress.com Personal	
ianforsalem.blog	\$48.00
(Expires: October 15, 2024) Manage subscription	Tax: \$3.00
.blog Domain Registration	
ianforsalem.blog	Actual price: \$22.00
(Expires: October 15, 2024) Manage subscription	Discount: \$22.00
Subtotal	\$48.00
Sales Tax	\$3.00
Total paid	\$51.00

This charge will show up on your statement as WordPress