



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 SEP 16 AM 8:22
CITY CLERK
SALEM MASS.

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date: 1/1/2019

Ending Date: 8/31/2019

Type of Report: (Check one)

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

Jillian Mulholland

Candidate Full Name (if applicable)

City Council Ward 3 Salem

Office Sought and District

85 Summer St #2R Salem MA 01970

Residential Address

E-mail: jillmulholland@gmail.com

Phone # (optional):

Committee To Elect Jill Mulholland

Committee Name

Harald Nielsen

Name of Committee Treasurer

85 Summer St #2R Salem MA 01970

Committee Mailing Address

E-mail: harrynielsen1026@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)	1565.00
Line 3: Subtotal (line 1 plus line 2)	1565.00
Line 4: Total expenditures this period (page 5, line 14)	1131.57
Line 5: Ending Balance (line 3 minus line 4)	443.43
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: Salem Five	

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: 9/13/19

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: 9/13/19

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)
7/15/2019	Victoria Augspurger 13607 Springtide Ct Orlando, FL 32826	250	Organizer, SEIU
7/16/2019	Jennifer Augspurger 411 Walnut St. #3141 Green Cove Springs, FL 32043	25	
7/22/2019	Helaine Berg 9 Nightingale Ln. Salem, MA 01970	50	
7/16/2019	Elizabeth Bradt 22 Larchmont Rd. Salem, MA 01970	50	
7/15/2019	Tim Cauley 568 Briarcliff Road Pittsburgh, PA 15221	10	
7/17/2019	Michael Christesen 2620 13th St. NW, Apt. B203 Washington, DC 20001	5	
7/17/2019	Christina Eckert 14 Annas Way Boxford, MA 01921	25	
8/4/2019	Deborah Everett 65 Cavendish Circle Salem, MA 01970	200	Registered Nurse, Boston Children's Hospital
8/18/2019	Deborah Everett 65 Cavendish Circle Salem, MA 01970	150	Registered Nurse, Boston Children's Hospital
7/23/2019	Deborah Everett 65 Cavendish Circle Salem, MA 01970	50	Registered Nurse, Boston Children's Hospital
7/19/2019	Marsha Finkelstein 2 Clifton Ave. Salem, MA 01970	25	
7/16/2019	Selam Gebregziabher 21165 Garden Ave. #7 Hayward, CA 94541	10	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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)
8/18/2019	Alison Harris 67 Prospect St. #2 Salem, MA 01970	25	
7/15/2019	Tanner Holcomb 1056 Princeton Ave. Salt Lake City, UT 84105	5	
7/15/2019	Kristian Hoysradt 100 Washington Street Unit 55 Salem, MA 01970	25	
7/19/2019	Chandler Jackson 102 Squire Court Summerville, SC 29485	10	
7/15/2019	Ariel Lankry PO BOX 3356 Ponte Vedra, FL 32004	100	
7/15/2019	Claire Mancill 707 Regina Circle Oakland, FL 34787	50	
7/15/2019	Philisea Matthews 428 W. Railroad Ave. Batesburg, SC 29006	5	
7/15/2019	Katie McBrine 157 Central Street Hingham, MA 02043	100	
7/17/2019	Alice Merkl 28A Federal St. Unit 2 Salem, MA 01970	25	
7/15/2019	Krishna Motta 200 Bittern Court New Hartford, NY 13413	10	
7/15/2019	Peter Mulholland 140 Townsend St. Pepperell, MA 01463	100	

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

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

Line 11: TOTAL RECEIPTS IN THE PERIOD

← 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
7/21/19	ActBlue	366 Summer St Somerville MA 02144	Processing Fee	38.20
8/4/19	ActBlue	366 Summer St Somerville MA 02144	Processing Fee	7.90
8/18/19	ActBlue	366 Summer St Somerville MA 02144	Processing Fee	5.93
8/25/19	ActBlue	366 Summer St Somerville MA 02144	Processing Fee	2.97
8/8/19	Massachusetts Democratic Party	11 Beacon St Suite 410 Boston MA 02108	VoteBuilder Software	500.00
8/3/19	Thriftco Printing	56 Pulaski St Peabody MA 01960	Printed Campaign Materials	350.47
8/13/19	Thriftco Printing	56 Pulaski St Peabody MA 01960	Printed Campaign Materials	226.10
Line 12: Total Expenditures over \$50 (or listed above)				1131.57
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1131.57

* 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 16 on page 1.

[illegible]

* 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
<div style="display: flex; justify-content: space-between; align-items: center;"> Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) </div>				

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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/24/19	Philippa Nielsen 46 Jersey St #2 Marblehead MA 01945	50	
7/15/19	Manny Orozco 12101 University Blvd #2433	25	
7/16/19	Sophia Powers 4501 Mixson Ave #105 North Charleston SC 29405	10	
7/29/19	Megan Riccardi 23 Orchard St Salem MA 01970	50	
7/15/19	Rachel Schmidt 3908 W Roscoe St #3 Chicago IL 60618	5	
7/15/19	Samantha Slayton 6405 Lake Meadow Dr Burke VA 22015	10	
7/15/19	Tanya Stepasiuk 10 Burnside St #2 Salem MA 01970	50	
7/15/19	Trinity Whit 2307 Tompkins Ave Albany GA 31705	10	
Line 9: Total Receipts over \$50 (or listed above)		1565.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1565.00	← 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.