

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts 2022 JAN 20 AM 9: 19	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates FRM Beginning Date:	16 2 Ending Date: 12 31 21
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Candidate Full Name (if applicable) Councils AT LARGE Office Sought and District Office Sought and District Office Sought and District AND SALEM, MA Residential Address E-mail: TIANAFERNANDEZ 2021 @ OUTLOW. CMM Phone # (optional): 978 - 401 - 7555	Committee to Elect Yvan terunce Committee Name CESARINA REDRIGUEZ - FELIZ Name of Committee Treasurer O1970 13 Itills DE AVE SALEM MA Committee Mailing Address E-mail: JUANA FERNANDEZ 2001 DOUT (OK. COM Phone # (optional): 978-401-7555
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	\$ 250,81
Line 2: Total receipts this period (page 3, line 11)	Ø
Line 3: Subtotal (line 1 plus line 2)	# 250.01
Line 4: Total expenditures this period (page 5, line	14)
Line 5: Ending Balance (line 3 minus line 4)	# 250.81
Line 6: Total in-kind contributions this period (page	e 6)
Line 7: Total (all) outstanding liabilities (page 7)	# 1,611.72
Line 8: Name of bank(s) used: EASTERU	BANK
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in accommittee in accommittee activity of all persons acting under the authority or on behalf of this committee in accommittee in accommittee activity.	ntributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	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 be activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting persons.	rdance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separal I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this configured under the penalties of perjury:	est of my knowledge and belief, a true and complete statement of all campaign n-kind contributions and liabilities for this reporting period and represents the

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.)

D. (D.)	Name and Residential Address	A	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
1				
====				
- 1				
11				
111				
			L	
e 9: Total Receipt	ts over \$50 (or listed above)			
e 10: Total Receip	ts \$50 and under* (not listed above)			
. 11. TOTAL DE	CCEIDTS IN THE BEDIOD	N		
e 11: TOTAL RE	CCEIPTS IN THE PERIOD	No.	← 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)

	e e
ine 9: Total Receipts over \$50 (or listed above)	
ine 10: Total Receipts \$50 and under* (not listed above)	
ine 11: TOTAL RECEIPTS IN THE PERIOD If you have itemized receipts of \$50 and under, include them in line	← Enter on page 1, line 2

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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.)

Data Bata	To Whom Paid	A ddunes	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				===
411				
^				
8				
		Line 12: Total Expenditures over	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50 and under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		1

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
][
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Line 12: Expenditures over \$50 ((or listed above)	
		Line 13: Expenditures \$50 and ur	nder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	a

^{*} 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
1		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 CO	ONTRIBUTIONS	6

^{*} 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
8/13/21	JUANA F. FERNANDEZ	13 Hillsroe Ave SAlen, UA 01970		1,362.81
9/24/21	JUANA F. FERNANDEZ	(1	BANNERS	# 137.59
10/18/21	JUANA F. FERNANDEZ	l _l	LOSO & SCHOULS FOR SIGNS	# 111.32
	Enter on page 1, line 7 → I	ine 18: TOTAL OUTSTANDI	NG LIABILITIES (ALL)	\$1611.72

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