

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 OCT 29 AM 8: 56

CITY CLERK	File with: City or Town Clerk or Election Commission
	D119 Ending Date: 10/28/19
Type of Report: (Check one)	
☐ 8th day preceding preliminary	30 day after election year-end report dissolution
Kristin Pangallo	Pangallo for Salem
Candidate Full Name (if applicable)	Committee Name
Salem School Committee Office Sought and District	Name of Committee Treasurer
25 Buffum St.	(2) Appleton St, Salem, MA 01970
Residential Address	Committee Mailing Address
E-mail: hrismi@mac.com	E-mail: pangalloforsalem@gmail.com
Phone # (optional): 508 - 864 - 0392	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	120.85
Line 2: Total receipts this period (page 3, line 11)	1420
Line 3: Subtotal (line I plus line 2)	154 0.85
Line 4: Total expenditures this period (page 5, lin	ne 14) 15a7.01
Line 5: Ending Balance (line 3 minus line 4)	13.84
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	76.91
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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind clinance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	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 accincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the
signed under the penalties of perjury: Luster Pangallo	(Candidate's signature) Date: 10/29/19

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)
9118119	Hathleen Cocates 51 Heatherne St Salemina 01970	100	
9/15/19	Steven Feldmann 22 Orne St Salon MA 01970	200	Owner Gulu-Gulu (afé
9192119	Dominick Pangallo 25 Buffum St Salem, MA 01970	a50	Chief of Staff City of Salem
10 8 19	Salvatore Pangallo 25 Buffum St Salemima 01970	100	Retired
d[3J] 1d	Michael Pisani 30 Weatherly Dr Salem, MA 01970	100	
0190110	Newin - Jennifer Wessell 5 prescott St, Apt a Salemina 61970	100	
		1.	
ine 9: Total Receip	ots over \$50 (or listed above)	850	
Line 10: Total Recei	pts \$50 and under* (not listed above)	570	
	ECEIPTS IN THE PERIOD	1490	← 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)
			, , , , , , , , , , , , , , , , , , , ,
1			
ne 9: Total Receipts	s over \$50 (or listed above)		
ne 10: Total Receipt	ts \$50 and under* (not listed above)		
ne 11: TOTAL RE	CEIPTS IN THE PERIOD		← 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.

report all expenditures. Please include your committee name and a page number on each page.) To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
9127119	Compolly Printing	128 Gill 24	Signs	637.5C
101281191	Facebook	Mento Park, cA 94025	Ads	75
10128/19	Facebook	1601 willow Rd mento Part, CA 94035	Ads	75
10138119	6008lc	Mountain View, cA 94043	Ads	80.61
10/38/19	Stoples	17 Paradisc Rd Salem, MA 01970	Flyers	318.74
10138110	USPS	Salem, mA 01970	Stamps	08.201
		Line 12: Total Expenditures over	r \$50 (or listed above)	1043.65
Line 13: Total Expenditures \$50 and under* (not listed above)			233.36	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	1295.01

^{*} 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
		V		
		Line 12: Expenditures over \$5	50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	Tintan 1 15 4			
		Line 14: TOTAL EXPENDIT	should include only those expenditures	

^{*} 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	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
ଧାନାଣ	Next Day Flyers	8000 Haskell Ave Van Nuys, CA 91405	Postcards	76.91
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	76.91