

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 SEP -9 PM 4: 36

Fill in Rep	porting Period dates ALEM, Beginning Date: May	16, 2019	Ending I	Pate: Sep	9, 2019	k or Election	Commission
1 - ^	eport: (Check one) preceding preliminary	☐ 30 day	after election	year-e	nd report	dissol	ution
Kristin Pang	allo	Pangall	o for Salem				
	Candidate Full Name (if applicable)			Committee 1	Name		
Salem Scho	ol Committee	Theresa	Moutafis				
as puffice (	Office Sought and District	C2 A1		ne of Committe	e Treasurer		
25 Buffum S	Residential Address	62 Appi	eton St., Salem I	mmittee Mailin	ar Address		
E-mail:	krismi@mac.com	E-mail:		ingalloforsale	=	com	
		-		9411010104	e ga	-	
Phone # (option	nal): (508) 864-0292	Phone # (e	opuonat):				
Γ	SUMMARY BALANC	E INFO	RMATION:				
	Line 1: Ending Balance from previous report					0	
	Line 2: Total receipts this period (page 3, line 11)				<b>9305</b>		
	Line 3: Subtotal (line 1 plus line 2)				<b>2305</b>		
	Line 4: Total expenditures this period (page 5, line	e 14)			1796.4	2	
	Line 5: Ending Balance (line 3 minus line 4)				508.5	3	
	Line 6: Total in-kind contributions this period (pa	ge 6)			0		
į.	Line 7: Total (all) outstanding liabilities (page 7)				C		
	Line 8: Name of bank(s) used: Salam Fi	VC					
I certify that I had activity, including tinance activity	ommittee Treasurer:  ave examined this report including attached schedules and it is, to the best ng all contributions, loans, receipts, expenditures, disbursements, in-kind c of all persons acting under the authority or on behalf of this committee in the penalties of perjury:	ontributions :	and liabilities for this	reporting perion of M.G.L. c. 55.	d and represer	II campaign I its the campa	ign
			(Treasurers	signature)		1.161	
Candidate I certify the activity, of	with Committee at I have examined this report including attached schedules and it is, to the fall persons acting under the authority or on behalf of this committee in act by liabilities nor made any expenditures on my behalf during this reporting	best of my kr cordance with	the requirements of	M.G.L., c. 55. I	have not rece	t of all campa ived any conf	ign finance ributions,
l certify the	without Committee at I have examined this report including attached schedules and it is, to the rivity, including contributions, loans, receipts, expenditures, disbursements, finance activity of all persons acting under the authority or on behalf of this	in-kind cont	ributions and liabilitie	es for this repor	ting period and f M.G.L. c. 55	d represents t	
Signed under the	he penalties of perjury:		(Candidate's	signature)	Date: _		

#### 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.)

	Name and Residential Address	ge number on ea	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
7131119	Jamie + Robert Daniell 36 Buffum St Salem, MA 01970	9 100	
9/9/19	Steven Peldmann Solom, ma Olgno	00 G #	Owner Gulu-Gulu (afé
6196119	AJ Hoffman 3 Victory Rd Salom, MA 01970	9100	
6126119	Salvatore Pargallo 25 Buffun St Salem MA 01970	<sup>8</sup> 500	Retired
6137/19	Dianc Smith 23 Concord Avc Platsburgh, Nº 13001	001#	
5/24/19	Sarah Starton 10 Uni 09 St #3 Calcinum A 01970	B100	
5/24/19	Patricia Zoido ID Andrew HA Salda, MA OIGNO	<b>\$100</b>	
Line 9: Total Recei	pts over \$50 (or listed above)	006,1#	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	501,10	
	RECEIPTS IN THE PERIOD	a,305	Enter on page 1, line 2

<sup>\*</sup> 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	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ine 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)		
ine 11. TOTAL D	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> 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 expend		nittee name and a page number on	each page.)	r
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
210EK	3 Kitchens Catering	118 Washington St Salom, MA Olano	Mick-off party	\$ 304
7/15/19	Connolly Printing	1786111 St WODULD, MA 01801	Campaign materials (signs, etc.)	<b>2</b> 646'80
7/15/19	Connolly Printing	178 6111 St WODULU WW USON	Campaign motorias (signs, etc.)	8401.63.
9/5/19	Staples	Solom, MA UGOD	Printing Scrukes	11.866
915/19	Staples	12 Paradisc Rd Salom, MA 01920	Printing Services	(0.6Cg
915/19	United States Postal Service	Smargin St Salem, MA 0100	Stamps	\$55
		Line 12: Total Expenditures ov	er \$50 (or listed above)	*1,603,55
Line 13: Total Expenditures \$50 and under* (not listed above)				193.92
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		(h. 9b. 18

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

## **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
1					
İ					
11					
		1			
		Line 12: Expenditures over \$50	(or listed above)		
		Line 13: Expenditures \$50 and	under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		
		1	hould include only those expenditure		

<sup>\*</sup> 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)	Ō
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

<sup>\*</sup> 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
	Enter on page 1. line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	