

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| Dill : D  | 2019 Of The with: City of Town Clerk or Election Com  |
|---|---|
| Fill in Reporting Period dates: Beginning Date: JAN. 1  | 2017 Ending Pile (1 6667, 18, 2019  |
| Type of Report: (Check one)   | SALEM, MASS.  |
| 8th day preceding preliminary 8th day preceding election 30 c   | day after election  |
| MICHAEL CUSICK  Candidate Full Name (if applicable)   | ichael Cusick for Ward 4  |
| WARD 4 CITY COUNCILLOR, SALEM, MA Office Sought and District  | Committee Name Nancy Gilberg Name of Committee Treasurer  |
| 19 PUTNAM ST, SALEM, MA Residential Address   | Name of Committee Treasurer  5 Aurora Ln, Salem, MA  Committee Mailing Address  Michael Cusick forward 4 0  |
| E-mail: mecusick@aya.yale.ed  | Committee Mailing Address   |
| Phone # (optional): 978 - 210 - 9077 Phone #  | gmail.com   |
| SUMMARY BALANCE INFO  | DRMATION:   |
| Line 1: Ending Balance from previous report   | 0   |
| Line 2: Total receipts this period (page 3, line 11)  | 1096.00   |
| Line 3: Subtotal (line 1 plus line 2)   | 1096,00   |
| Line 4: Total expenditures this period (page 5, line 14)  | 979.84  |
| Line 5: Ending Balance (line 3 minus line 4)  | 116.16  |
| 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  |   |
| idavit of Committee Treasurer:  ertify that I have examined this report including attached schedules and it is, to the best of my knowled in the including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and the authority of all persons acting under the authority or on behalf of this committee in accordance with a under the penalties of perjury:  OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)  | dge and belief, a true and complete statement of all campaign finance and liabilities for this reporting period and represents the campaign the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: |
| 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 best of my know activity, of all persons acting under the authority or on behalf of this committee in accordance with the incurred any liabilities nor made any expenditures on my behalf during this reporting period.  | wledge and belief, a true and complete statement of all campaign finance to requirements of M.G.L. c. 55. I have not received any contributions,  |
| Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my know finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions finance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity or on behalf of this committee. | vledge and belief, a true and complete statement of all campaign utions and liabilities for this reporting period and represents the ecordance with the requirements of M.G.L. c. 55.                         |
| d under the penalties of perjury: Mu Cusick   | (Candidate's signature) Date: 10/27/19  |

## **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.)

| Name and Residential Address                               |  |         | Occupation & Employer (for contributions of \$200 or more) |
|--|--|---------|--|
| Date Received  | (alphabetical listing required)                | Amount  |  |
| 8/3/19   | MATT BOULDRY<br>18 Abbott, St., Salem, MA      | 250,00  | Casting Director for CP Casting                            |
| 7/26/19  | MICHAEL CYSICK<br>19 Putnam St, Salem, MA      | 50.00   |  |
| 8/2/19   | KIMBERLEY DRISCOLL<br>16 Glenn Ave., Salem, MA | 50.00   |  |
| 8/29/19  | KIMBERLEY DRISCOLL<br>16 Glenn Ave., Salem, MA | 50.00   |  |
| 8/29/19  | ALICE MERKL<br>28A Federal St. #2, Salem<br>MA | 50.00   |  |
| 8/30/19  | JOSEPH O'NEIL<br>B MacArthur Rd, Bevery,       | 100,00  |  |
| 8/29/19  | LINDA STARK<br>11 Church St.#305, Salem        | 50.00   |  |
| 8/6/19   | HADAS WEBB<br>33 Hanson St, Salem, MA          | 50.00   |  |
| 8/1/19   | PAUL WRIGHT<br>67 Butler St., Salem, MA        | 100.00  |  |
| 7/27/19  | JOHN YOUNG<br>126 Boston St, Salem, MA         | 100.00  |  |
|  |  | -       |  |
|  |  |         |  |
| Line 9: Total Receipts over \$50 (or listed above)  850,00 |  | 850,00  |  |
|  |  | 246.00  |  |
| Line 11: TOTAL R   | ECEIPTS IN THE PERIOD                          | 1096,00 | ← 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 expenditures. Please include your committee name and a

| Date Paid (alphabetical listing)  Address Purpose of Expenditure  Amount  9/3//9   Scarlet Letter Press   To Colonial Rd. Salem, MA    10/18/19   Scarlet Letter Press   To Colonial Rd. Salem, MA    8/30/19   Stop + Shop   19 Howley St. Peabody, MA    9/19/19   Thriftco Printing   Peabody, MA    9/19/19   Thriftco Printing   Peabody, MA    10/18/19   Stop + Shop   19 Howley St. Peabody, MA    10/18/19   Thriftco Printing   Pinthy Signs   Pinthy Signs    10/18/19   Pinthy Signs   Pinthy Signs   Pinthy Signs    10/18/19   Pinthy Signs    10/1 | report all expenditures. Please include your committee name and a page number on each page.) |                                     |         |                        |        |  |
|--|--|-------------------------------------|---------|------------------------|--------|--|
| Press   Salem, MA   Printing   209.88   10/18/19   Scarlet Letter   10 Colonial Rd. Salem, MA   Printing   200,8   8/30/19   Stop + Shop   19 Howley St. Peabody, MA   Refreshments   95.3   9/19/19   Thriftco   Thriftco   Thrifting   Thriftco   Thrifting   Printing   Printi   | Date Paid  | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |  |
| Salem, MA Printing 200,8  8/30/19 Stop + Shop 19 Howley St. Peabody, MA Refreshments 95,33  9/19/19 Thriftco Printing 56 Pulas ki St. Peab ady, MA Yard signs 445.2  Line 12: Total Expenditures \$50 and under* (not listed above) 28,51  | 9/3/19   | Press                               | 111     | Printing               | 209.88 |  |
| Peabody, MA    Peabody, MA   Maintain   13.33  | 10/18/19   |                                     |         | Printing               | 200,81 |  |
| Line 12: Total Expenditures \$50 and under* (not listed above)  28. 51   | 8/30/19  | Stop + Shop                         |         | Refreshments           | 95.35  |  |
| Line 13: Total Expenditures \$50 and under* (not listed above)  28. 5/   | 9/19/19  |                                     | 11      | Yard signs             | 445.29 |  |
| Line 13: Total Expenditures \$50 and under* (not listed above)  28. 5/   |  |                                     |         |                        |        |  |
| Line 13: Total Expenditures \$50 and under* (not listed above)  28. 5/   |  |                                     |         |                        |        |  |
| Line 13: Total Expenditures \$50 and under* (not listed above)  28. 5/   |  |                                     |         |                        |        |  |
| Line 13: Total Expenditures \$50 and under* (not listed above)  28. 5/   |  |                                     |         |                        |        |  |
| Line 13: Total Expenditures \$50 and under* (not listed above)  28. 5/   |  |                                     |         |                        |        |  |
| Line 13: Total Expenditures \$50 and under* (not listed above)  28. 5/   |  |                                     |         |                        |        |  |
| Line 13: Total Expenditures \$50 and under* (not listed above)  28. 5/   |  |                                     |         |                        |        |  |
| Line 13: Total Expenditures \$50 and under* (not listed above)  28. 5/   |  |                                     |         |                        |        |  |
| Line 13: Total Expenditures \$50 and under* (not listed above)  28. 5/   | Line 12: Total Expenditures over \$50 (or listed above) 95/33                                |                                     |         |                        |        |  |
| Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD   | Line 13: Total Expenditures \$50 and under* (not listed above) 28. 5/                        |                                     |         |                        |        |  |
| you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized   |  |                                     |         |                        |        |  |

\* If y 50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## **SCHEDULE A: RECEIPTS (continued)**

| D. D. Jania          | Name and Residential Address           | Amount | Occupation & Employer (for contributions of \$200 or more) |
|----------------------|--|--------|--|
| Date Received        | (alphabetical listing required)        | Amount | (for contributions of \$200 or more)                       |
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| Line 9: Total Receip | ots over \$50 (or listed above)        |        |  |
| Line 10: Total Recei | pts \$50 and under* (not listed above) |        |  |
| Line 11: TOTAL R     | 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.