

Form CPF M 102: Campaign Finance Report **Municipal Form** 2023 OCT 30 AM 11: 29

Office of Campaign and Political Finance

of Massachusetts	CITY	., v [:3.			File with	: City or Town Cler	k or Election Commission
Fill in Reporting P	eriod dates:	Beginning Date:	01/01/	2023	Ending Date:	09/30/2023	
Type of Report: (0	Check one)						
8th day preceding	preliminary	⊗ 8th day preceding electrons	ction [30 day after	election y	ear-end report	dissolution
Patricia Morsillo				Committee to	Elect Patricia Mo	rsillo	
C	andidate Full Nam	e (if applicable)			Com	mittee Name	
Salem City Councilor	- Ward 3			Lindsay Morsi	llo		
	Office Sought a	and District			Name of Co	mmittee Treasurer	
53 Broad St Salem, I	MA 01970			53 Broad St	Salem, MA 01970	0	
	Residential	Address			Committee	Mailing Address	
E-mail:	pattiforsale	m@gmail.com		E-mail:	l.mors	sillo@comcast.ne	et
Phone # (optional):	9	78-317-4697		Phone # (optional):	978-764-731	1

SUMMARY BALANCE INFORMAT	TION:
Line 1: Ending Balance from previous report	1726.59
Line 2: Total receipts this period (page 3, line 11)	1775.00
Line 3: Subtotal (line 1 plus line 2)	3501.59
Line 4: Total expenditures this period (page 5, line 14)	966.32
Line 5: Ending Balance (line 3 minus line 4)	2535.27
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	1500.00
Line 8: Name of bank(s) used: Salem Five	

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, Date: 09/30/2023 Signed under the penalties of perjury: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) 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, Jours, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the ting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55. campaign finance activity of all persons

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

Signed under the penalties of perjury:

(Candidate's signature)

Date: 09/30/2023

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)
08/16/2023	Robert Couillard 19 Callabrese Street Salem, MA 01970	500.00	Not employed
09/06/2023	Robert Couillard 19 Callabrese Street Salem, MA 01970	500.00	Not employed
08/06/2023	Isa Leshko 21 1/2 Broad Street Salem, MA 01970	100.00	Artist self-employed
08/14/2023	Denise Regan 65 Broad Street Salem, MA 01970	100.00	Attorney self-employed
08/17/2023	Helen Sides 35 Broad Street Salem, MA 01970	200.00	Architect self-employed
10/12/2023	Theodore Stolz 4 Brittania Circle Salem, MA 01970	100.00	Not employed
10/09/2023	Margaret Van Deusen 391 Essex Street Salem, MA 01970	100.00	Not employed
Line 9: Total Rece	ipts over \$50 (or listed above)	1600.00	
Line 10: Total Receipts \$50 and under* (not listed above) 175.00			
Line 11: TOTAL RECEIPTS IN THE PERIOD 1775.00			← 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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	,		

	ts over \$50 (or listed above)		
ne 10: Total Receip	ots \$50 and under* (not listed above)		
ne 11: TOTAL RI	ECEIPTS 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
07/09/2023	ActBlue Tech Services	366 Summer Street Somerville, MA 02144-3132	Service Fee	1.9
08/06/2023	ActBlue Tech Services	366 Summer Street Somerville, MA 02144-3132	Service Fee	3.9
08/20/2023	ActBlue Tech Services	366 Summer Street Somerville, MA 02144-3132	Service Fee	31.6
08/27/2023	ActBlue Tech Services	366 Summer Street Somerville, MA 02144-3132	Service Fee	1.98
09/10/2023	ActBlue Tech Services	366 Summer Street Somerville, MA 02144-3132	Service Fee	19.75
10/15/2023	ActBlue Tech Services	366 Summer Street Somerville, MA 02144-3132	Service Fee	7.90
10/09/2023	Staples	17 Paradise Road Salem, MA 01970	Mailer Supplies: Envelopes, paper; Post-It Notes	38.73
10/18/2023	Staples	17 Paradise Road Salem, MA 01970	Mailer Supplies: stickers	36.08
10/23/2023	Staples	17 Paradise Road Salem, MA 01970	Mailer Supplies: Envelopes	6.36
09/09/2023	Thriftco	56 Pulaski Street Peabody, MA 01960	Palm Cards	314.29
10/09/2023	Thriftco	56 Pulaski Street Peabody, MA 01960	Palm Cards	225.60
10/16/2023	Thriftco	56 Pulaski Street Peabody, MA 01960	Palm Cards balance (10/09/2023 order)	14.10
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	702.32
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	O
	Enter on page 1, line 4	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	966.32

^{*} 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
10/20/2023	US Post Office	2 Margin Street Salem, MA 01970	Mailer Supplies: Stamps	264.00
		Line 12: Expenditures over \$5	0 (or listed above)	264.00
		Line 13: Expenditures \$50 and	under* (not listed above)	0
		Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	966.32

^{*} 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	
				1	
		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 →	£ 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} 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
07/19/2019	Patricia Morsillo	53 Broad Street Salem, MA 01970	Loan to campaign	1500.00
	Enter on page 1, line 7	→ Line 18: TOTAL OUTST	ANDING LIABILITIES (ALL	1500.00