

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts 2022 JAN 20 PM 6: 38		File	e with: City or Town Cler	k or Election Commission
Fill in Reporting Period dates: CITY Regioning Date: 10	26 21	Ending Dat		21
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	☐ 30 day	after election	year-end report	dissolution
Stephanie Rodriguez  Candidate Full Name (if applicable)  Ward 4 City Councillo C. Essex	Comm		Committee Name	Pod
9 Heritage Dr. #31 Salem, MA 01970  Residential Address	9 Her	itage Dr. #	of Committee Treasurer  Salem (1)  mittee Mailing Address	NA 01970
E-mail: Stephanie 4ward 4@ gmail.com	E-mail:	118.7	4 ward 4 Car	nail.com
Phone # (optional):	Phone # (o	161	)	
	J [			
SUMMARY BALANC	E INFO	RMATION:		
Line 1: Ending Balance from previous report		\$ 606	.77	
Line 2: Total receipts this period (page 3, line 11)	)	\$ 625	). 00	
Line 3: Subtotal (line 1 plus line 2)		\$1,231.77		
Line 4: Total expenditures this period (page 5, lin	ie 14)	\$1,809.60		
Line 5: Ending Balance (line 3 minus line 4)		- \$577	.83	
Line 6: Total in-kind contributions this period (pa	\$1,05	30.00		
Line 7: Total (all) outstanding liabilities (page 7)		0		
Line 8: Name of bank(s) used: Eastern	Bank			
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 finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions a	nd liabilities for this rep	porting period and represe M.G.L. c. 55.	all campaign finance nts the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)			( (
Cardidate 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 actincurred any liabilities nor made any expenditures on my behalf during this reporting	cordance with	the requirements of M.	G.L. c. 55. I have not rece	t of all campaign finance vived any contributions,
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	s, in-kind contri	ibutions and liabilities f	for this reporting period an quirements of M.G.L. c. 55	nd represents the
Signed under the penalties of perjury:	ger/	(Candidate's sig	gnature) Date:	1/20/22

### **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)
		0	
11/18/21	Greg Mooney 402 Groveland St. Haverhill MA 01830	\$100.00	
11/15/21	Maribel Steadman 6 Lowell St. Salem, MA 01970	\$ 100. w	
11/15/21	Melissa Rodriquez 730 S Los Angeles Los Angeles, CA 90014	\$ (00.00	
11/21/21	Stephanie Rodriguez 9 Heritage Dr. #31 (Personal Salem, MA 01970 Loan	\$250.00	Marketing Social Media Relations
ine 9: Total Recei	pts over \$50 (or listed above)	\$ 550,00	N
ine 10: Total Rece	ipts \$50 and under* (not listed above)	\$75.00	
ine 11: TOTAL R	RECEIPTS IN THE PERIOD	*625.00	← 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		,	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Receipts \$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.

#### **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

		nittee name and a page number on	tuta Fugari	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/22/21	John Gannon	14 Katherine Rd. Watertown, MA 02472	Attorney - Recount	\$1,250.00
11/02/21	Steve's Market	36 Margin St. Salem, MA, 01970	Dinner for Volunteers (Election Day)	\$79.97
11/22/21	The Tin WhisHe	241 Jefferson Ave. Salem, MA 01970	Dinner For Volunteers (Recount Day)	\$53.02
Line 12: Total Expenditures over \$50 (or listed above)			\$1,382.99 \$426.61	
Thank You cards	5, mini gifts for volunteers,	Line 13: Total Expenditures \$50 and under* (not listed above)		
Thank You cards, mini gifts for volunteers, Line 13: Total Expenditures \$50 and under* (not listed above)  ##26.61  Line 13: Total Expenditures \$50 and under* (not listed above)  ##26.61  Line 14: TOTAL EXPENDITURES IN THE PERIOD  #1,809.60				

<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		
		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 EXPENDITURES IN THE PERIOD					
I.C.,			hould include only those expenditure	es not itemized		

<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	
11/24/21	Committee to Elect David F	eni 5 Wyman Dr. Salem MA 01970	Donation for recount expenses	\$550.60	
11/21/21	Steve Kapantis for War	5 23A Wysteria St. Salem, MA 01970	Donation for recount expense	\$500.00	
		Line 15: In-Kind Contributions over \$50 (or listed above) \$1,050.00			
		Line 16: In-Kind Contributions S		0	
Enter on page 1, line 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					

<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
		Line 18: TOTAL OUTSTAN	DINC LIABILITATES (ALL)	