Commonwealth of Massachusetts Fig. 1. Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Pall.

| SALL | | 1 | Fil | e with: City or Town Cle | rk or Election Commis |
|---|--|-----------------|--|---|--|
| Fill in Reporting Period dates: | Beginning Date: | 0/19/1 | 9 Ending Da | | 19 |
| Type of Report: (Check one) | | | | | |
| 8th day preceding preliminary | 8th day preceding election | ☐ 30 da | y after election | year-end report | dissolution |
| Stephen G. | Dibble | | | to elect S | teplan D.J.bl |
| Candidate Full Name (i Mo Ph Office Sought and | r Rd | _ | Pamelz C. | Committee Name | y |
| Salem, MA | 01970 | _ | 19 Mosts | of Committee Treasurer | |
| | ePziks, com | E-mail: _ | Comn | nittee Mailing Address | |
| Phone # (optional): 978-74 | 1-7315 | Phone # (| optional): 978- | -744-7315 | 5 |
| | SUMMARY BALAN | CE INFO | RMATION: | | |
| Line 1: Ending Balan | ce from previous report | | 14(| 0183 | |
| Line 2: Total receipts | this period (page 3, line 1 | 1) | 232 | 5,00 | |
| Line 3: Subtotal (line | 1 plus line 2) | | 247 | 71,83 |] |
| Line 4: Total expendi | tures this period (page 5, li | ne 14) | 209 | 9,50 |] |
| Line 5: Ending Balance | ce (line 3 minus line 4) | | 37 | 2.33 |] |
| Line 6: Total in-kind of | contributions this period (p | age 6) | 7 | 27,50 |] |
| 1 | tanding liabilities (page 7) | L | 50 | 5,35 |] |
| Line 8: Name of bank | s) used: E25tern | Bank | | | |
| ridavit of Committee Treasurer: extify that I have examined this report including at ivity, including all contributions, loans, receipts, earce activity of all persons acting under the authorized under the penalties of perjury: OR CANDIDATE FILINGS ONLY: | xpenditures, disbursements, in-kind ity or on behalf of this committee in | accordance wit | d lightlities for this renor | ting period and represents G.L. c. 55. | campaign finance the campaign |
| Candidate with Committee and no activity ine I certify that I have examined this report including activity, of all persons acting under the authority incurred any liabilities nor made any expenditure | dependent of the committee ag attached schedules and it is, to the or on behalf of this committee in acc | best of my kno | wledge and belief, a true he requirements of M.G.L. | and complete statement of c. 55. I have not receive | f all campaign finance d any contributions, |
| Candidate without Committee OR Candidate I certify that I have examined this report includin finance activity, including contributions, loans, re campaign finance activity of all persons acting un | g attached schedules and it is, to the | best of my know | utions and liabilities for t | his conscrine needs down a | all campaign epresents the |
| ed under the penalties of perjury: | | | (Candidate's signat | ure) 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.)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|-----------------------|--|-------------|--|
| 10/29/19 | SUSAN & FANTER ABUSHARKA 4 Harrison Rd, Salem, MA | 100,- | * |
| 1029/19 | RICHARD BENCO | 25,- | |
| 10/29/19 | Mark Bair 8 Fairview Rd, Salem, MA | 50,- | |
| 10/29/19 | Pom Boardway 46 Moffold Rd, Solan, MA | 100, | |
| 10/29/19 | Ellen & Robert Bouchard 23 Linden Ave, Solar, MA | 50, | |
| 10/29/19 | Robert Camire 10 Frances Rd, Salam, MA | 100, — | |
| 10/29/19 | Elyse & Mott Coruso #301 1 comol way Solem, MA | 50, — | |
| 10/29/19 | TIM CLARKE 63 RIVERVIEW AVE, DENVIS, MA | 100, — | |
| 10/29/19 | Patrick Curtin 19 Raymond Ave, Salers, MA | 100,— | |
| 10/29/19 | MAKIA * Kevin Doly 33 INTERVALE Rd, Solen, MA | 100, — | |
| 10/29/19 | Delinderstere DellorBno 62 MofBH Rd, Solem, MA | 100, — | |
| 10/29/19 | Claire-Marie Gauthi et & Mike Omeara, 3 intervole Rd, Solan | 100, | |
| Line 9: Total Receip | ts over \$50 (or listed above) | | 9 |
| Line 10: Total Receip | ots \$50 and under* (not listed above) | | |
| | ECEIPTS IN THE PERIOD | 0. 1:- 10.1 | 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) |
|-----------------------|---|--------|---|
| 10/29/19 | Mahababul Haque 161 Stetson Ave, Swanzett p | 25,— | |
| 10/29/19 | Jessica Herbert 70 Webb St, Solem, MA | 150,- | |
| 10/29/9 | Leo Higgins Jr, 17 Greenway Rd, Selan, MA | 50.— | |
| 11/12/19 | Linda & Tim Jenkins 18 Broad St, Salen, MA | 100, — | |
| 10/29/19 | Judith & Jomes Kezrney 1/2 Cambridge St, Salam | 50,- | |
| 10/29/19 | Paul Labrie 11 Hemennay Rd, Salan, | 200,- | Retired |
| 10/29/19 | Betsy Merry 413 Lzfayette St. Solem | 100,- | |
| 10/29/19 | Belinde & Phil Pstison 76 Moffst Rd, Solem | 25, | |
| 1/12/19 | Dru & Frank Pegnato ZS Buchanan Rd, Solan | 100. | |
| 10/29/19 | Anne Sterling 29 Orchard St, Salam | 50, | |
| 10/29/19 | STAN SVENSSON 5 VISTO Dr. Donves, MA | 100, | |
| 11 ' ' 111 | John Tachuck, 1 moffett Rd, Solan M21k Tuttle 12 Claveland Rd, Solan | 100,00 | |
| | Chuck VonBrun, 3 River St, Solem Justin Whither, 10 River St, Solem | 100, — | |
| Line 9: Total Receipt | s over \$50 (or listed above) | 2325 | |
| - | ts \$50 and under* (not listed above) | 0 | |
| | ceipts of \$50 and under, include them in line 9 | | Enter on page 1, line 2 include only those receipts not itemized above. |

Page 3

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.) | | | | |
|--|----------------------------|-----------------------------------|--------------------------|------------|
| 74 . 34 . 3 | To Whom Paid | | D 67 | |
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount |
| 10/31/19 | SALEM HIGH SCHOOL | 77 Willson Street | Publicity at 4 city | 112 |
| 12/3/19 | Music Boosters | Salin, MA 01970 | Councillors retrement | 25. |
| | 140215 12021502 | 32001, 1017-01970 | 300 110111100 1001110000 | |
| 10/31/19 | Staples | 17 Prodise Rd | Copying Services | 249,50 |
| ' '''' | | Selem, Mrs 01970 | | |
| | | | | |
| 12/11/19 | The Solum Children's Chart | P.O. BOX 102 | Publicity at City | 1000, |
| 1 - 1 1 1 1 | | 5 xlen, MA 01970 | hide event | |
| | | | | |
| 10/31/19 | United States | 2 Marsin St | Stemps for ward | 875,- |
| 10/21// | Post office | Selem, MA 01970 | wide merling | |
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| | | | | 2 - 22 (2) |
| Line 12: Total Expenditures over \$50 (or listed above) | | | 2099,50 | |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | |
| | | mie 15. rotai Expenditures \$50 t | (Hot listed above) | |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 2099, 50 | | | | |
| f you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized | | | | |

^{*} 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)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|-----------|-------------------------------------|------------------------------------|-------------------------|--------|
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| | | Line 12: Expenditures over \$50 (| | |
| | | Line 13: Expenditures \$50 and unc | der* (not listed above) | |
| | | Line 14: TOTAL EXPENDITUE | | |

^{*} 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 6 on page 1.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|---------------|---------------------------|--------------------------------|---------------------------------|-------|
| 10/29/19 | George Barbuzzi | 17 Preston Rd Salem, MA | 50 postaje Stamps | 27,50 |
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| | | Line 15: In-Kind Contributions | over \$50 (or listed above) | 27,50 |
| | | Line 16: In-Kind Contributions | \$50 & under (not listed above) | |
| | Enter on page 1, line 6 → | Line 17: TOTAL IN-KIND CO | ONTRIBUTIONS | 27.50 |

* 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.

Page 6

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.

| | To XXII To | | | | |
|--|----------------|----------------------------------|------------------------------|--------|--|
| Date Incurred | To Whom Due | Address | Purpose | Amount | |
| 10/2/15 | Steve Dibble | 74 Moffst Rd Solem, MA 01970 | Open bank account | 34.04 | |
| 10/29/19 | Stephon Dibble | 74 MoRst Rd Selen, MA 01970 | Copying & Folding 21 Stoples | 130,34 | |
| 10/29/19 | Stephen Dibble | 74 Moffstt Rd Szłom, MA 01970 | Envelopes From Staples | 93,47 | |
| 10/29/19 | Stephan Dibble | 74 Mo Ast Rd Solam, MA 01970 | Stamps from post office | 247,50 | |
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| | | | | 505.35 | |
| Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | | | | 34.04 | |