

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2071 SEP -7 PM 1:39

of Massachuseus	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Y CLE Beginning Date: SALEM, MASS.	8 2 Ending Date: 8 28 2
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Veronica Mirarda Faustino Candidate Full Name (if applicable) City Councillor Ward 7 Office Sought and District Letter Reinbow Ter Salem, MA 01970 Residential Address E-mail: Veronicam faustino agmail. Cam Phone # (optional): 857-318-9817	Committee to Elect Veranca Muanda Committee Name Faustino Karen Larson Name of Committee Treasurer LY Rainbaw Ter Salem, HA 01970 Committee Mailing Address E-mail: Veranca mfaustino agmail.com Phone # (optional): 857-318-9817
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	Ø
Line 2: Total receipts this period (page 3, line 11)	988
Line 3: Subtotal (line 1 plus line 2)	988
Line 4: Total expenditures this period (page 5, lin	le 14) 1488
Line 5: Ending Balance (line 3 minus line 4)	\$-500
Line 6: Total in-kind contributions this period (pa	ige 6)
Line 7: Total (all) outstanding liabilities (page 7)	\$500
Line 8: Name of bank(s) used:	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 and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	
Candidate 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 ac incurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received 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 Signed under the penalties of perjury:	s, in-kind contributions and liabilities for this reporting period and represents the
original amount one beministes on berlint).	(Contract)

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.)

B / B · ·	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
7			
1			
ne 9: Total Recei	pts over \$50 (or listed above)		
ne 10: Total Recei	pts \$50 and under* (not listed above)		
no 11. TOTAL D	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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(urphabetical fisting required)		
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	988	← 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			
		Line 12: Total Expenditures over			
		Line 13: Total Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line 4 →	→ Line 14: TOTAL EXPENDITURES IN THE PERIOD			

^{*} 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
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and t	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1488

^{*} 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 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)			
		Line 16: In-Kind Contributions	\$50 & under (not listed above)			
	Enter on page 1, line 6 →	er 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 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

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DATE RECEIVED NAME & RESIDENTIAL ADDRESS (ALPHABETICALLY) AMOUNT

900	SUM
÷ 0000	
\$100	7/27/2021 Zachary Nix 76 Barstow St. Salem, MA 01970
\$100	6/24/2021 Ty Hapworth 6 Brown St. Salem, MA 01970
\$25	8/17/2021 Susan Richman 1077 Webster St. Needham, MA 02492
\$100	8/20/2021 Shannon Murphy 553 Broadway Revere, MA 02151
\$50	7/27/2021 Rachel Hand 21 Mulberry St. Beverly, MA 01915
\$25	8/17/2021 Rachel Gordon 10 Eastern Ave. Greenfield,MA 01301
\$50	7/5/2021 Megan Riccardi 23 Orchard St. Salem, MA 01970
\$25	7/5/2021 Matthew Lepkowski 76 Barstow St. Salem, MA 01970
\$50	8/15/2021 Malinda McLean P.O Box 260208 Boston, MA 02126
\$20	8/4/2021 Lorelee Stewart 7 Barnes Rd Salem, MA 01970
\$50	8/10/2021 Lisa Peterson 68 Broad St. Salem, MA 01970
\$50	8/17/2021 Lisa Peterson 68 Broad St. Salem, MA 01970
\$50	8/2/2021 Kim Driscoll 16 Glenn Ave Salem, MA 01970
ŞSU	6/21/2021 Kate Jordan 9 Cedarcrest Ave Salem, IMA 01970
\$35	8/16/2021 Karen Crosbie 93-95 Bridge St. Unit 4 Salem, MA 019/0
\$25	8/15/2021 Dawn Murphy 350 Vane St. Revere, MA 02151
\$77.77	8/28/2021 Christine Madore 20 Federal St. Salem, MA 01970
\$100	6/21/2021 Bridget Cannon 30 Beech St. Reading, MA 01867
\$25	7/6/2021 Andrea French 7 Cleveland Rd. Salem, MA 01970
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Total

OCCUPATION & EMPLOYER (FOR CONTRIBUTIONS OF \$200 OR MORE)

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Expenses	Date	\$	Liabilities	Date
Act Blue Fee	8/22/2021	\$9.30	Veronica Faustino Campaign Loan	. /
Act Blue Fee	8/15/2021	\$4.95		6/18/21
Act Blue Fee	8/1/2021			• •
Act Blue Fee	8/8/2021			
Act Blue Fee	7/13/2021	\$9.09		
Act Blue Fee	7/13/2021	\$3.96		
Fausty Art Design & Photography	,,,	45.50		
Headshots	6/21/2021	\$500		
Vistaprint Doorhangers	8/4/2021	191.86		
Alicia Finch Logo Stickers	7/17/2021	100		
Thank you cards	7/14/2021	15.96		
Salem Retreat Constituent Meet	J 6/23/2021	10.30		
Gulu Gulu Constituent Meet Up	8/6/2021	27.61		
Thriftco Printing Yard Signs	8/23/2021	486.94		
Jolie Tea Meeting with Teasurer	7/17/2021	11.78		
Fausty Art Business Cards	7/7/2021	\$30		
Domain Name Website	6/19/2021	6.16		
Website Host Easy WP	6/19/2021	7.88		
Website Host Easy WP	7/19/2021	7.88		
Website Host Easy WP	8/19/2021	7.88		
Pens, Stickers, post it notes	8/17/2021	22.8		
Women in Government Membersh	7/20/2021	25		
Total	Sum	\$1,488		

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Liabilitles

Amount

Loan \$1,500 to Campaign from Veranica Faustino

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