

Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission Beginning Date: 7.29.2023 Ending Date: Fill in Reporting Period dates: Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election vear-end report dissolution Candidate Full Name (if applicable) Phone # Phone # **SUMMARY BALANCE INFORMATION:** Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 12) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 15) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6, line 18) Line 7: Total (all) outstanding liabilities (page 7, line 19) Line 8: Total out-of-pocket expenses this period (page 8, line 22) Line 9: Name of bank(s) used: Affidavit of Committee Treasurer: 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 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 of on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with 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, 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

(Candidate's signature)

#### **SCHEDULE A: RECEIPTS**

4.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar ear. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of 50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. It tach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
9.8.23	B.23 Bain Masse, Bonnie ZZR West Ave Salem MA				
10.20.23	Bixby, Tucker 300 main St Wenham MA	25000	Financial Advisor Avete Wealth Mgt		
9.6.23	Brien, Avery 20ESSEX St Apt 2 Salem MA	10000			
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10.9.23	Cohen, Jeff 12 Hancock St Salem MA	2000	Retired		
7.28.23	Cohen Jef 12 Hancrock St Salem MA	10000	Retired		
9.13.23	Pavis, Kyle 89 canal St Salem	10000			
9.13:23	Hapworth, Ty 6 Brown St Salem	10000			
	Lezama, Charity 33Fairview Rd Salem	50000	Exec. Director YMCA		
	Lutts Rachel 92 Ornest Salem	10000			
9.13.23	mirarda, Amanda 650 Ocean Ave #427 Revere MA	250%	DEI Consulting Boston Scientific		
9.13.23	Miranda, Regina 9 Farror Ave Hyderark	25000	· self. Employed Nanny		
11.06.23	Mahoney, John 73 Mosfat Rd Salem MA	10000			

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7.6.23	Minanda, Veronica loan	392.06	student
9.8.23	miranda, Veronica Joan	675,54	student
10.28.23	mironda, Veronica	3,402.6	Student
9.13.23		25000	self-employed
9-14-23	Truex Erin 5 Dunkap St Salem MA	10000	
Line 10: Total Rece	eipts over \$50 (or listed above)	7,050,20	* If you have itemized receipts of \$50 and
Line 11: Total Rece	eipts \$50 and under (not listed above)	1,261	under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL I	RECEIPTS IN THE PERIOD	8,311.20	← Enter on page 1, line 2

## **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9.26:23	Beebe, Jue Winning Campaign Str	399 River Rd Hudson MA	consult	15000
7.6.23	Thriff-Co Printing	56 Pulaski St Peabody MA	coro signs	36900
9.8.23	Thrifto	11 //	postcards + palm cards	67554
10.28.23	Winning Campaign Strategies	399 River Rd Hugson MA	mailers	3,4026

## **SCHEDULE B: EXPENDITURES (continued)**

**	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		4,597.14
		Line 14: Expenditures \$50 and under (not listed above)		189.87
		Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	4.787.0

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

A.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

elude the candidate or committee name and a-page number on each additional page.				
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9.13.23	Jessica Kane	Salem MA	kick of party food retc	20000
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 16: In-Kind Contributions over \$50 (or listed above)		20000
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
Enter on page 1, line $6 \rightarrow$		Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD 700		

## **SCHEDULE D: LIABILITIES**

M.G.L. v. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
11-23-23	Verbrica Miranda	64 Rainbowter Salen MA	reimbursement	3489.7

Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)

### SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			should include only those expenditures not itemized above.
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			← Enter on page 1, line 8