



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2018 JAN 19 AM 11:17

CITY CLERK
SALEM, MASS.

Fill in dates:

Reporting Period Beginning 10 / 25 / 2017 Ending 12 / 31 / 2017

Type of report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

Josh Turiel

Full Name of Candidate (if applicable)

City Council Ward 5

Office Sought and District

238 Lafayette Street Salem

Residential Address

Salem, MA 01970

Tel. No. (optional)

Josh Turiel for City Council

Committee Name

Jane Ann Turiel

Name of Committee Treasurer

238 Lafayette Street

Committee Mailing Address

Salem, MA 01970

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 1814.99

Line 2: Total receipts this period (page 2, line 11) \$ —

Line 3: Subtotal (line 1 plus line 2) \$ 1814.99

Line 4: Total expenditures this period (page 3, line 14) \$ 1304.05

Line 5: Ending balance (line 3 minus line 4) \$ 510.94

Line 6: Total in-kind contributions this period (page 4) \$ —

Line 7: Total (all) outstanding liabilities (page 4) \$ —

Line 8: Name of bank(s) used Salem Five

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 or 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 (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the 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.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

[illegible]

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

CONNOLLY PRINTING

178 Gill Street, Woburn MA 01801 • 781-932-8885
ConnollyPrinting.com • 800-406-7286

Fax: (781) 932-8885
Email: kevinc@connollyprinting.com
Website: http://www.connollyprinting.com

Bill To

Committee To Elect Josh Turiel
238 Lafayette St
Salem, MA 01970-4741

P.O. No.	Terms
	due on receipt

Description

Product: Mailed Post Cards

- 8.5 in x 5.5 in Postcards, addressed, postal prep & mailed, w/ur bug
- 100# Coated Cardstock
- Sides: Double Sided
- Color Prints



Product: Postage

- PRSRTD STD LETTER

Product: Mailed Post Cards

- 8.5 in x 5.5 in Postcards, unaddressed, w/union bug
- 100# Coated Cardstock
- Sides: Double Sided
- Color Prints



CONNOLLY PRINTING
178 Gill St
Woburn, MA 01801
781-932-8885

10/31/2017 13:40:41
Terminal ID No.: 70035059

Credit Sale:

Transaction #: 7
Card Type: Visa
Account: *****9318
Entry: Manual

Amount: USD\$979.05

Ref. Number: 730417010412
Auth. Code: 03163C
Batch Number: 8
Response: APPROVAL 03163C

CUSTOMER COPY

Thank you

X.....

SIGNATURE

MERCHANT COPY

Thank you

Invoice

Date	Invoice #
10/30/2017	23810

Ship Via	Woburn
	F.O.B

Price Each	Amount
\$0.56	\$613.20

1095 \$0.22 \$238.27

PCM1005 150 \$0.56 \$84.00

Thank you for doing business with Connolly Printing.

In the event the customer doesn't pay in accordance to the payment terms above, the customer agrees to pay a late charge of 1.8% per month of the total amount of any late payment. The customer also agrees to pay any collection expenses incurred to collect any unpaid amounts, including reasonable attorney's fee due to litigation arising out of collection of any unpaid amounts owed by customers. Pricing assumes a 2% discount for cash or checks. The 2% cash discount does not apply to credit cards and will be added back.

Subtotal: \$935.47

(6.25%) \$43.58

Total: \$979.05

Payments/Credits \$0.00

Balance Due \$979.05

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.

This page may be copied 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
11/19/17	It Starts w/me! Melanie McKinnon	2C Fletcher Way Salem, MA 01970	Thanksgiving Fundraiser An the Needy.	75 00
11/2/17	Root, Inc.	Shetland Park-Suite 35 Congress Street Salem, MA 01970	28501 Election Party Fundraiser	150 00
12/12/17	Salem Children's Charity	1 Frederick St. Salem, MA 01970	Provides for children in need w/in Salem	100 00
10/31/17	ThriftCo Printing	56 Polariski St. Salem, MA 01970	Direct Mailing	979 05
			Line 12: Expenditures over \$50	1304 05
			Line 13: Expenditures \$50 and under*	
			Line 14: TOTAL EXPENDITURES	1304 05

Enter on page 1, line 4

Enter on page 1, line 4

*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* 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.

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
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	