

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

|   | File with: City or Town Clerk or Election Commission  |
|---|---|
| Fill in Reporting Period dates: Beginning Date: IRN   | 1,2023 Ending Date: OCT 30, 2023  |
| Type of Report: (Check one)   |   |
| 8th day preceding preliminary 8th day preceding election  | 30 day after election year-end report dissolution   |
| MICHAEL JAMES SERINO  |   |
| SELECTMEN SAUGUS  | Committee Name  |
| Office Sought and District  54 GATES Rd SRUGUS  | Name of Committee Treasurer   |
| B-mail: MICHREL SERINO @ YRhoo.Com  | Committee Mailing Address  E-mail:  |
| Phone # (optional): 781 • 331 • 0987  | Phone # (optional):   |
|   |   |
| SUMMARY BALANCI   |   |
| Line 1: Ending Balance from previous report   | 55.53   |
| Line 2: Total receipts this period (page 3, line 11)  | 700.00  |
| Line 3: Subtotal (line 1 plus line 2)   | 755.53  |
| Line 4: Total expenditures this period (page 5, line  | 55H · 86  |
| Line 5: Ending Balance (line 3 minus line 4)  | 200.67  |
| Line 6: Total in-kind contributions this period (pa   | ge 6) 247.29  |
| Line 7: Total (all) outstanding liabilities (page 7)  | 1,000.00  |
| Line 8: Name of bank(s) used:   | TERN BANK ER  |
| 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 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:  | Trate:  |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo   | (1) (1)   |
| 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 activity, of all persons acting under the authority or on behalf of this committee in activity and liabilities nor made any expenditures on my behalf during this reporting          | be best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period. |
| Candidate without Committee OR Candidate with independent activity filing so I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the | e best of my knowledge and belief, a true and complete statement of all campaign<br>s. in-kind contributions and liabilities for this reporting period and represents the                   |
| Signed under the penalties of perjury:  | October (Candidate's signature) Date: 10-30-23  |

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# SCHEDULE A: RECÉIPTS (continued)

| Date Received     | Name and Residential Address (alphabetical listing required) | Amount  | Occupation & Employer (for contributions of \$200 or more) |
|-------------------|--|---------|--|
| 10.2.23           | PETER MANDOGIAN<br>50 BALLARD ST. SAUGUS                     | 100.00  |  |
| 8.13.43           | MICHAEL I. SERINO<br>54 GATES Rd SAUGUS                      | 6.00.00 | RETIRED  |
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|                   |  |         |  |
| Line 9: Total Rec | ceipts over \$50 (or listed above)                           | 700.00  |  |
| Line 10: Total Re | ceipts \$50 and under* (not listed above)                    |         |  |
|                   | RECEIPTS IN THE PERIOD                                       | 700.00  | 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 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.)  To Whom Paid |   |                                  |                               |        |
|--|---|----------------------------------|-------------------------------|--------|
| Date Paid  | (alphabetical listing)                  | Address                          | Purpose of Expenditure        | Amount |
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| <u> </u>   | las men                                 | Line 12: Total Expenditures ov   | er \$50 (or listed above)     |        |
|  |   | Line 13: Total Expenditures \$50 | and under* (not listed above) |        |
|  | Enter on page 1, line $4 \rightarrow$   | Line 14: TOTAL EXPENDIT          | URES IN THE PERIOD            | 1911   |

<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)

| SCHEDULE B: EAFENDITURES (COMMINGEN)                   |  |                                |  |         |
|--|--|--------------------------------|--|---------|
| Date Paid  | To Whom Paid<br>(alphabetical listing) | Address                        | Purpose of Expenditure                                 | Amount  |
| 9.14.23  | CONNOLLY<br>PRINTING                   | NO BURD, MA                    | LAWN<br>SIGNS  | 290.86  |
| 10-23-23   | US PS                                  | 437 LINXAN AVE<br>SAUGUS MA    | STAMPS   | 264.00  |
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| Line 12: Expenditures over \$50 (or listed above)  554 |  |                                |  |         |
|  |  | Line 13: Expenditures \$50 and | l under* (not listed above)                            | Ó       |
|  |  | Line 14: TOTAL EXPENDI         | TURES IN THE PERIOD should include only those expendit | 554.86  |

<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 5

### 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 |
|--|--|--------------------------------|-----------------------------|-------|
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|  |  |                                |                             |       |
|  |  | 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 $6 \rightarrow$  | Line 17: TOTAL IN-KIND CO      | ONTRIBUTIONS                |       |

<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.

Page 6

### 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 | Phone Whom Design 4+                  | D                                    |  |        |
|---------------|---------------------------------------|--------------------------------------|--|--------|
| Date Received | From Whom Received*                   | Residential Address                  | Description of Contribution  | Value  |
| 10.20.23      | PAUL D. SERINO                        | SH GATES Rd                          | PRINTING   | 190 00 |
|               |                                       | SAUGOS, MA                           | FLYERS   | 199.80 |
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|               |                                       | Line 15: In-Kind Contributions       | over \$50 (or listed above)  | 199.80 |
|               | ٨.                                    | Line 16: In-Kind Contributions       | \$50 & under (not listed above)  | 42.49  |
|               | Enter on page 1, line $6 \rightarrow$ | Line 17: TOTAL IN-KIND CO            | ONTRIBUTIONS   | 242.29 |
| 470           |                                       | as contributes may then \$50 in a co |  |        |

<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.

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.

| Date Incurred | To Whom Due               | Address                    | Purpose                | Amount   |
|---------------|---------------------------|----------------------------|------------------------|----------|
| 8.25.21       | MICHAEL J. SERINO         | SY GATES RO<br>SAUGUS, MFI | LOFN                   | 1,000.00 |
|               |                           |                            |                        |          |
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|               | Enter on page 1, line 7 = | Line 18: TOTAL OUTSTAN     | DING LIABILITIES (ALL) | 1,000.00 |



# Form CPF M 102: Campaign Finance Report Municipal Form

RECEIVED

Office of Campaign and Political Finance

| of Massachusetts  | File with: City or Town Clerk or Election Commission  |
|---|---|
| Fill in Reporting Perice Magnetin 30 Aegipning Date:  | 20/22 Ending Date: 10/30/23   |
| Type of Report: (Check one) LERK'S OFFICE  8th day preceding preliminary  8th day preceding election  | 30 day after election  year-end report dissolution  |
| Candidate Full Name (if applicable)   | Committee Name  |
| 27 Pulled Sought and District Press MA  | Name of Committee Treasurer   |
| Residential Address   | Committee Mailing Address   |
| Telephone Number (optional):  | Telephone Number (optional):  |
| SUMMARY BALANC  | E INFORMATION:  |
| Line 1: Ending Balance from previous report   | 17400   |
| Line 2: Total receipts this period (page 3, line 11   | 2,600   |
| Line 3: Subtotal (line 1 plus line 2)   | 2, 1)9  |
| Line 4: Total expenditures this period (page 5, lin   | ne 14) 2999   |
| Line 5: Ending Balance (line 3 minus line 4)  | 350   |
| Line 6: Total in-kind contributions this period (p  | age 6)  |
| Line 7: Total (all) outstanding liabilities (page 7)  |   |
| Line 8: Name of bank(s) used:   | in saple  |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority of on behalf of this committee in Signed under the penalties of perjury: | d contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 10/36/23              |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b  | ox 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 activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting                  | ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period. |
| Candidate without Committee OR Candidate with independent activity filings.  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures; disbursemen campaign finance activity of all persons acting under the authority on on behalf of the            | ne best of my knowledge and belief, a true and complete statement of all campaign<br>ts, in-kind contributions and liabilities for this reporting period and represents the                   |
| Signed under the penalties of perjury:  | (Candidate's signature) Date: 10/20/23  |

### 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) |  |
|--|--|--|--|--|
| 8/18/23  | THOMAS ROSSI  500 OCHAN ARE UNIN 602  RESPENSE NA 02151      | 500 a                                  | Sort ompayer   |  |
| 10/1/27  | Scott COGNEAN  | 5000                                   | Busies Ouron<br>Soit Empaya                                |  |
| 10/1/23  | SAM Caylina Say MA<br>310 Cinech he Say MA                   | 7,000                                  | ROTIDED, AUNT  |  |
| 10/10/23   | PARALLE CATINO  JI ARROWSHEAD POR SALIS                      | 300                                    | Business oven/<br>Serfonpoyer                              |  |
| 10/10/23   | THE RICHMO JAMY LOTING 22 HOWEY 7. 1 SAND OND                | 300                                    | Framing Donoman in Memory of Richard CARRY                 |  |
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| Line 9: Total Receip   | pts over \$50 (or listed above)                              | 82,600 W                               |  |  |
| Line 10: Total Recei   | pts \$50 and under* (not listed above)                       | F                                      |  |  |
| Line 11: TOTAL RECEIPTS 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. |  |  |  |  |

<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.

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# SCHEDULE A: RECEPTS (continued)

| Date Received       | Name and Residential Address (alphabetical listing required)   | Amount     | Occupation & Employer (for contributions of \$200 or more) |
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|                     |  |            | TOWN OF SAUGUS, MASS.                                      |
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| Line 9: Total Recei | pts over \$50 (or listed above)  |            |  |
| Line 10: Total Rece | ipts \$50 and under* (not listed above)  |            |  |
| Line 11: TOTAL F    | RECEIPTS 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

report all expenditures. Please include your committee name and a page number on each page.)

| - I oport an expend | To Whom Paid   | nittee name and a page number or   | reach page.)                        | T           |
|---------------------|--|--|-------------------------------------|-------------|
| Date Paid           | (alphabetical listing)   | Address  | Purpose of Expenditure              | Amount      |
| 1.1                 | Sachem   | My Man 9   | Signi                               | \$ 1,222 00 |
| 9/8/2               | Sakhem<br>Sign works   | SAM MA 0128  | <b>D</b> *                          | 1,000       |
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| 9/23/23             | Sacher<br>Sign Mans  | Say MA 0100  | Cign                                | 1,000       |
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|                     |  | The state of the s |                                     |             |
|                     | . [1   | Line 12: Total Expenditures over   | \$50 (or listed above)              | 2,444 -     |
|                     | Line 13: Total Expenditures \$50 and under* (not listed above) |  |                                     |             |
|                     | Enter on page 1, line $4 \rightarrow 1$                        | Line 14: TOTAL EXPENDITU   | RES IN THE PERIOD                   | 2,444       |
| If you have itamin  |  |  | uld include only those expenditures |             |

\* 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 |
|-----------|-------------------------------------|---------------------------------|------------------------------------|--------|
|           |                                     | 1. 18 1                         | RECEIVE                            |        |
|           |                                     |                                 | 2023 OCT 30 A II                   | - 0.00 |
|           |                                     |                                 | TOWN CLERK'S OF TOWN OF SAUGUS, MY | \$\$.  |
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|           |                                     | Line 12: Expenditures over \$50 | 0 (or listed above)                |        |
|           |                                     | Line 13: Expenditures \$50 and  | under* (not listed above)          |        |
|           | Enter on page 1, line 4 →           | Line 14: TOTAL EXPENDIT         | URES IN THE PERIOD                 |        |

<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 |
|---------------|---------------------------|--|-----------------------------|-------|
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| <u> </u>      |                           | 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 → | Line 17: TOTAL IN-KIND CO                                      | ONTRIBUTIONS                |       |

<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.

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.

| Date Incurred | To Whom Due              | Address  | Purpose                  | /ED<br>Amount |
|---------------|--------------------------|--|--------------------------|---------------|
| ·             |                          |  | 2023 OCT 30              | A 11: 22      |
|               |                          |  | TOWN CLER<br>TOWN OF SAU | GUS, MASS.    |
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|               | Enter on page 1 line 7 → | Line 18: TOTAL OUTSTANI  | DING LIABILITIES (ALL)   | ,             |



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| of Massachusens   | File with: City or Town Clerk or Election Commission   |
|---|--|
| Fill in Repo  | orting Period dates: Beginning Date: 1/1/2003 Ending Date: 10/30/2003  |
| ,   | port: (Check one) receding preliminary 8th day preceding election 30 day after election year-end report dissolution  |
| 5   | Candidate Full Name (if applicable)  E (ect MAN Office Sought and District  HTChing HU Rd SAUgus Residential Address  TVC PATS FAN Chotmail. Com anal): (781) 233-1978  Committee Name  Committee Name  TVIE A - Cacolini Name of Committee Treasurer  (A SAUgus MAC 1906  E-mail: TVIes 10 1097 C Normail. Com Phone # (optional): 781 233 1978   |
|   | SUMMARY BALANCE INFORMATION:   |
| 1   | Line 1: Ending Balance from previous report  |
|   | Line 2: Total receipts this period (page 3, line 11)   |
|   | Line 3: Subtotal (line 1 plus line 2)  |
|   | Line 4: Total expenditures this period (page 5, line 14)   |
| 2   | Line 5: Ending Balance (line 3 minus line 4)   |
|   | Line 6: Total in-kind contributions this period (page 6)   |
|   | Line 7: Total (all) outstanding liabilities (page 7)  ### Hold 10 35.82  |
|   | Line 8: Name of bank(s) used: EASTERN BANK   |
| I certify that I activity, included finance activity. Signed under FOR CAN  Candida  I certify to activity, incurred  Candida  I certify to activity, incurred  Candida | Committee Treasurer: 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 ding all contributions, loans, receipts expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign by of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.  The penalties of perjury:  (Treasurer's signature)  DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)  In the with Committee and no activity independent of the committee 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 of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Thave not received any contributions, any liabilities nor made any expenditures on my behalf during this reporting period.  The without Committee OR Candidate with independent activity filing separate report 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 activity, including contributions loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the infinance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements prime and represents the infinance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements prime and represents the infinance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements prime and represents the infinance activity of all persons acting under the authority or on behalf of this committee in accordance wi |
| Signed under  | r the penalties of perjury: Date: 10/30/20   |

### 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   | 1.     | Occupation & Employer                |
|---------------------------------|--|--------|--------------------------------------|
| Date Received                   | (alphabetical listing required)  | Amount | (for contributions of \$200 or more) |
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| ine 9: Total Recei              | pts over \$50 (or listed above)  |        |                                      |
| ine 10: Total Rece              | ipts \$50 and under* (not listed above)  | 1      |                                      |
| ine 11: TOTAL R                 | RECEIPTS 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 A: RECÉIPTS (continued)

| Date Received     | Name and Residential Address (alphabetical listing required) | Amount      | Occupation & Employer (for contributions of \$200 or more)   |
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| Line 9: Total Rec | eipts over \$50 (or listed above)                            |             |  |
| Line 10: Total Re | ceipts \$50 and under* (not listed above)                    |             |  |
| Line 11: TOTAL    | RECEIPTS IN THE PERIOD                                       | 17.         | Enter on page 1, line 2  |

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.) |  |                                     |   |        |
|--|--|-------------------------------------|---|--------|
|  | To Whom Paid   |                                     |   |        |
| Date Paid  | (alphabetical listing)   | Address                             | Purpose of Expenditure                  | Amount |
| 10/14/23   | SAChem Sign  | MAIN ST. SAUGUS                     | Signs / STAKES                          | 740.50 |
|  |  | 1                                   |   |        |
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|  |  |                                     |   |        |
| , it is  |  | Line 12: Total Expenditures over    | er \$50 (or listed above)               | 740.50 |
| ,  | Line 13: Total Expenditures \$50 and under* (not listed above) |                                     |   |        |
|  | Enter on page 1, line $4 \rightarrow$                          | Line 14: TOTAL EXPENDIT             | URES IN THE PERIOD                      | 740,50 |
| Ψ TC 1   | inad assess ditasses af \$600 and and day                      | include them in line 12. Line 13 sh | . 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |        |

<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)

| Date Paid | To Whom Paid<br>(alphabetical listing) | Address                  | Purpose of Expenditure   | Amount |
|-----------|--|--------------------------|--|--------|
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|           |  |                          |  |        |
|           |  | Line 12: Expenditures ov | ver \$50 (or listed above)                                       |        |
|           |  |                          | 0 and under* (not listed above)                                  |        |
|           | i vijedo žesto žesto                   |                          |  |        |
|           | Enter on page 1, line 4 -              |                          | NDITURES IN THE PERIOD  ne 13 should include only those expendit |        |

<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 5

# 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 |
|--|---------------------------------------|--|-----------------------------|-------|
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|  |                                       |  |                             |       |
|  |                                       | 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 $6 \rightarrow$ | → Line 17: TOTAL IN-KIND CONTRIBUTIONS                         |                             | - II- |

<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.

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.

| Date Incurred                           | To Whom Due                | Address                         | Purpose                  | Amount    |
|---|----------------------------|---------------------------------|--------------------------|-----------|
| VAVIOUS                                 | CANDIDATE<br>JERREY Crioni | 6 Bitching BII<br>Rdy Sagrys MA | BAL OF LOAD<br>DCampaign | 1025.82   |
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|   |                            |                                 |                          |           |
|   | Enter on page 1, line 7 →  | Line 18: TOTAL OUTSTAN          | DING LIABILITIES (ALL)   | \$ 102508 |

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# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

| Of Magagoridaens  | File with: City or Town Clerk or Election Commission  |  |  |  |  |
|---|---|--|--|--|--|
| Fill in Reporting Period dates: Beginning Date:   | Ending Date: 0<130/23   |  |  |  |  |
| Type of Report: (Check one)  8th day preceding preliminary  8th day preceding election  | 30 day after election year-end report dissolution   |  |  |  |  |
| Sebastiun Di Modica   |   |  |  |  |  |
| Candidate Full Name (if applicable)   | Committee Name  |  |  |  |  |
| Seloctman Office Sought and District  | Name of Committee Treasurer   |  |  |  |  |
| 11 Bristole St Scenus   |   |  |  |  |  |
| Residential Address   | Committee Mailing Address   |  |  |  |  |
| Telephone Number (optional): 781-953-2377   | Telephone Number (optional):  |  |  |  |  |
| SUMMARY BALANC  | E TNEODMATION.  |  |  |  |  |
| SUMMARY BALANC.   | E INFORMATION.  |  |  |  |  |
| Line 1: Ending Balance from previous report   |   |  |  |  |  |
| Line 2: Total receipts this period (page 3, line 11)  |   |  |  |  |  |
| Line 3: Subtotal (line 1 plus line 2)   |   |  |  |  |  |
| Line 4: Total expenditures this period (page 5, line  | 0 2 3   |  |  |  |  |
| Line 5: Ending Balance (line 3 minus line 4)  | 22/0 3 3  |  |  |  |  |
| Line 6: Total in-kind contributions this period (page   | ge 6) SER W   |  |  |  |  |
| Line 7: Total (all) outstanding liabilities (page 7)  |   |  |  |  |  |
| Line 8: Name of bank(s) used:   | Stern Bank ST   |  |  |  |  |
| 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) Date:   |  |  |  |  |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box  | x 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 activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting   | 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, period. |  |  |  |  |
| Candidate without Committee OR Candidate with independent activity filing set<br>yeertify that I have examined this report including attached schedules and it is, to the<br>finance activity, including contributions, loans, receipts, expenditures, disbursements,<br>campaign finance activity of all persons acting under the authority or on behalf of this   | best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the                     |  |  |  |  |
| Signed under the penalties of periury   | (Candidate's signature) Date: OCT 30, 202   |  |  |  |  |

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# SCHEDULE A: RECEIPTS (continued)

| Date Received    | Name and Residential Address (alphabetical listing required)           | Amount | Occupation & Employer (for contributions of \$200 or more) |
|------------------|--|--------|--|
|                  |  |        |  |
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| Line 9: Total Re | ceipts over \$50 (or listed above)                                     |        |  |
| Line 10: Total R | eceipts \$50 and under* (not listed above)                             |        |  |
|                  | L RECEIPTS IN THE PERIOD zeed receipts of \$50 and under, include them |        | ← Enter on page 1, line 2                                  |

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.)

| eport all expendi | To Whom Paid   |  |                               |  |
|-------------------|--|--|-------------------------------|--|
| Date Paid         | (alphabetical listing)   | Address  | Purpose of Expenditure        | Amount   |
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|                   |  | Line 12: Total Expenditures over   | r \$50 (or listed above)      |  |
| ¥                 |  | Line 13: Total Expenditures \$50   | and under* (not listed above) |  |
|                   |  | The rate rate of the rest of t | and under (Her hard above)    |  |
|                   | Enter on page 1, line 4 →  | Line 14: TOTAL EXPENDITU   | RES IN THE PERIOD             |  |

<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)

| n to Deta       | To Whom Paid (alphabetical listing) | Address                      | Purpose of Expenditure                                     | Amount  |
|-----------------|-------------------------------------|------------------------------|--|---------|
| Date Paid  S-22 |                                     | TAXAN GID                    | Signs  | 382,50  |
| 8-22-73         | Sochensiyas                         |                              | Sighs  | 388.00  |
|                 | Seehen                              |                              | Sighs  | 530,00  |
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|                 |                                     |                              |  |         |
|                 | 1                                   | Line 12: Expenditures over   | \$50 (or listed above)                                     | 2210,50 |
|                 |                                     | Line 13: Expenditures \$50 a | nd under* (not listed above)                               |         |
|                 | Enter on page 1, line 4 -           | )                            | OITURES IN THE PERIOD  3 should include only those expendi | 2210.5C |

\* 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 5

# 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 |
|---------------|---------------------------|-----------------------------------|--------------------------------|-------|
|               |                           |                                   |                                |       |
|               |                           |                                   |                                |       |
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|               |                           |                                   |                                | - /   |
| 6             |                           | Line 15: In-Kind Contributions    | over \$50 (or listed above)    |       |
|               |                           | Line 16: In-Kind Contributions \$ | 350 & under (not listed above) |       |
|               | Enter on page 1, line 6 → | Line 17: TOTAL IN-KIND CO         | ONTRIBUTIONS                   |       |

<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.

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.

| Date Incurred | To Whom Due               | Address                  | Purpose  | Amount |
|---------------|---------------------------|--------------------------|--|--------|
|               |                           |                          |  | ,      |
|               |                           |                          |  |        |
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|               |                           |                          |  |        |
|               | Enter on page 1, line 7 - | > Line 18: TOTAL OUTSTAN | DING LIABILITIES (ALL)   |        |

| Deposit Balance | PAID IN FULL   | All Price Quotes Good For 30 Days 4 X 6 SIGNS | 50% deposit on all orders  | <b>Date Po#</b> A 10.24.2023                                 |  | Company Name Sebastian D |
|-----------------|--|---|----------------------------|--|--|--------------------------|
| Sig             |  | Description                                   | balance due u              | ALL CREDIT CARD PURCHASES ARE SUBJECT TO A 4% PROCESSING FEE | 781-941-8007 124 Main ST. SAUGUS, MA 01906 FAX :781-941-8009 | SACHEM INVOICE           |
| nature          | Bucket Labor \$ In Shop Labor Artwork Materials Install Tax Total \$530.00 |   | pon completion of delivery | Material   | Font ngtColor  | ripti                    |

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| iture  | ce Signature   | Deposit Balance   |
|--|--|---|
| Bucket Labor \$ In Shop Labor Artwork Materials \$365.00 Install \$ Tax \$23.00 Total \$388.00 |  | PAID IN FULL  |
|  | <b>Description</b> \$300.00 \$65.00                                | All Price Quotes Good For 30 Days  9TY 30: LAWN SIGNS DOUBLE SIDED  9TY 1: 2 X 3 SINGLE SIDED |
| pon completion of delivery   |  | 50% deposit on all orders balance due   |
| Material   | ALL CREDIT CARD PURCHASES ARE SUBJECT TO A 4% PROCESSING FEE       | <b>Date Po</b> # A  |
|  | 781-941-8007<br>124 Main ST. SAUGUS, MA 01906<br>FAX :781-941-8009 |   |
| QTY 31 Size Lgth Hgt   | SIGN WORKS   | company Name Sebastian D To:  |
| ,  |  |   |

| Tax Total <b>ature</b>          | ice Sign   | Balance                           | Deposit                  |
|---------------------------------|--|-----------------------------------|--------------------------|
| Artwork  Materials \$360.00     |  | ELECT                             | co                       |
| Bucket Labor\$                  |  |                                   |                          |
| AID IN FULL                     |  |                                   |                          |
|                                 | Description  | All Price Quotes Good For 30 Days | All Price                |
| due upon completion of delivery | balance  | posit on all orders               | 50% deposit              |
| Material CORO                   | ALL CREDIT CARD PURCHASES ARE SUBJECT TO A 4% PROCESSING FEE       | Po#                               | <b>Date</b><br>8.22.2023 |
| PR                              | 781-941-8007<br>124 Main ST. SAUGUS, MA 01906<br>FAX :781-941-8009 |                                   |                          |
| Size Lath 6 Hat 4               | JIGI\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                            |                                   | To:                      |
| OTY 2                           | VACIEM<br>VACIEM   | Sebastian D                       | Company Name             |

