

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 Reporting Period dates: Beginning Date: 9-/-	21 Ending Date: 10-26-21
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Candidate Full Name (if applicable) Candidate Full Name (if applicable) Consider Sought and District Consider Sought and District Residential Address E-mail: Phone # (optional):	Committee Name Committee Name Committee Treasurer Committee Malling Address E-mail: Phone #(optional): The Committee Malling Address The Committee M
	PANDODAY ATEROAL
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 Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 5) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used:	14) 6 14) 6 16) 6 16) 6
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, distursements, in-kind confinance activity of all persons acting under the authority of on behalf of this committee in ac Signed under the penalties of perjury:	ntributions and liabilities for this reporting period and represents the campaign coordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 10-21-21
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the beactivity, of all persons acting under the authority or on behalf of this committee in accoincurred any liabilities nor made any expenditures on my behalf during this reporting persons activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this committee.	est of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, eriod that are not otherwise disclosed in this report. est of my knowledge and belief, a true and complete statement of all campaign n-kind contributions and liabilities for this reporting period and represents the

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.)

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)		
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(7.7)	A II: 35 CFFICE S, MASS.				
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- A - 1	ZGZI TOWN TOWN				
			,		
Line 9: Total Rece	ipts over \$50 (or listed above)	1701			
Line 10: Total Rece	pipts \$50 and under* (not listed above)				
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	100	← 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)
		40 mm and 10 mm	
			- A 75 %
			TOWN OF TOWN OF
			TET LIVE
;			ASS.
Line 9: Total Recei	ipts over \$50 (or listed above)	100	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	W///	← 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.)

Data Data	To Whom Paid	A diduses	Dymnaga of Evnanditura	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		T1 - 10 - 10 - 10 - 10		
	•	Line 12: Total Expenditure	s over \$50 (or listed above)	
		Line 13: Total Evnanditures	\$50 and under* (not listed above)	
		Line 15. Lotal Expenditures	650 and under (not listed above)	<u> </u>
		1	DITURES 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.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid	A diduces	D 25 E 114	
Date Faid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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	1	The state of the s		
		Line 12: Expenditures over \$	550 (or listed above)	
		Line 13: Expenditures \$50 an	nd under* (not listed above)	
	_			
		Line 14: TOTAL EXPEND	ITURES IN THE PERIOD 3 should 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.

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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			TOWN CLEAN'S CATICE TOWN OF SAUGUS, MASS.	
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			137 888,	
				,
		Line 15: In-Kind Contribution	s 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 C	ONTRIBUTIONS	

^{*} 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

SCHEDOLE D: LIABILITIES

M.G.L. c. 55 requires committees to reporting period. as those liabilities incurred during this reporting period.

	OIAG LIABILITIES (ALL)	Line 18: TOTAL OUTSTANI	Enter on page 1, line 7 →	
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			DEFICE MASS.	
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зипошА	ьпгроѕе	Address	эиО томУ оТ	Дяее Іпсигтед



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

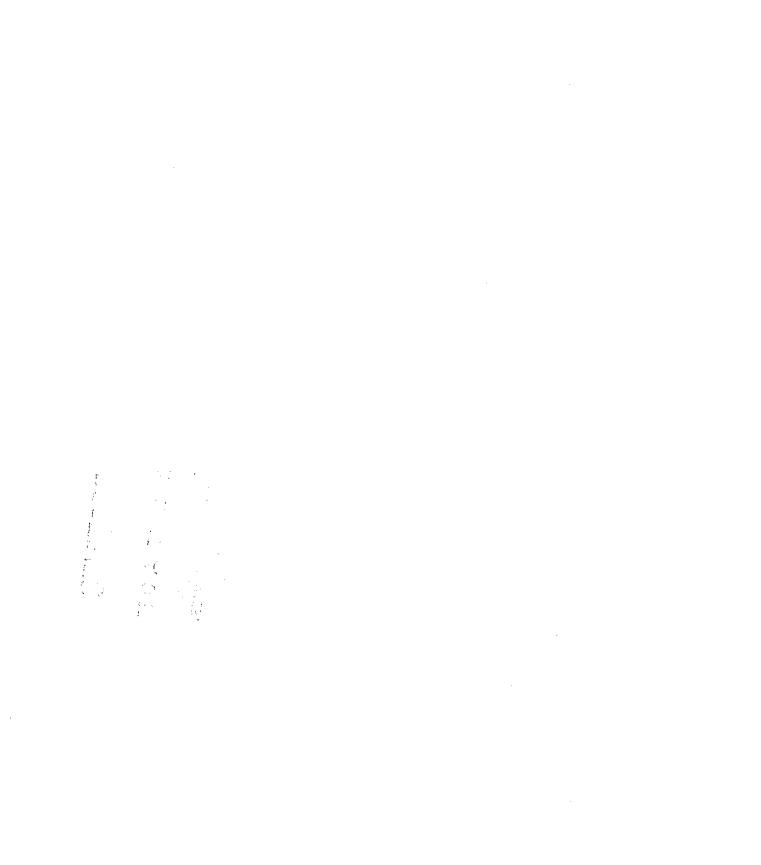
Fill in Reporting Period dates: Beginning Date: 10/	File with: City or Town Clerk or Election Commission 26/2 Ending Date: /// 2/2/
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Candidate Full Name (if applicable) SAUGUS BOAFO OF SELECTMEN Office Sought and District TOCEANNEW AVENUE Residential Address E-mail: CCBIEF & COMCAST. NET Phone # (optional): 781-244-3210	Committee Name Name of Committee Preasurer Committee Mailing Address E-mail: Phone # (optional):
	NOT SO IT
SUMMARY BALANC	TE INFORMATION:
Line 1: Ending Balance from previous report	-*680.51
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	-680.51
Line 4: Total expenditures this period (page 5, lin	ne 14) # 1004,06
Line 5: Ending Balance (line 3 minus line 4)	- 1684:57
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	\$3450.00
Line 8: Name of bank(s) used:ASTE	en Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes 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:	l contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	oox 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	he 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 filing a 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	he best of my knowledge and belief, a true and complete statement of all campaign ats, in-kind contributions and liabilities for this reporting period and represents the this committee in accordance with the requirements of M.G.L. c. 55.
Sigued under the penalties of perjury:	Relief (Candidate's signature) Date: 10-24-21

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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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			TOWN O
			NOF SAUGUB, MASS.
			MASS.
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)	8	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	A	← Enter on page 1, line 2

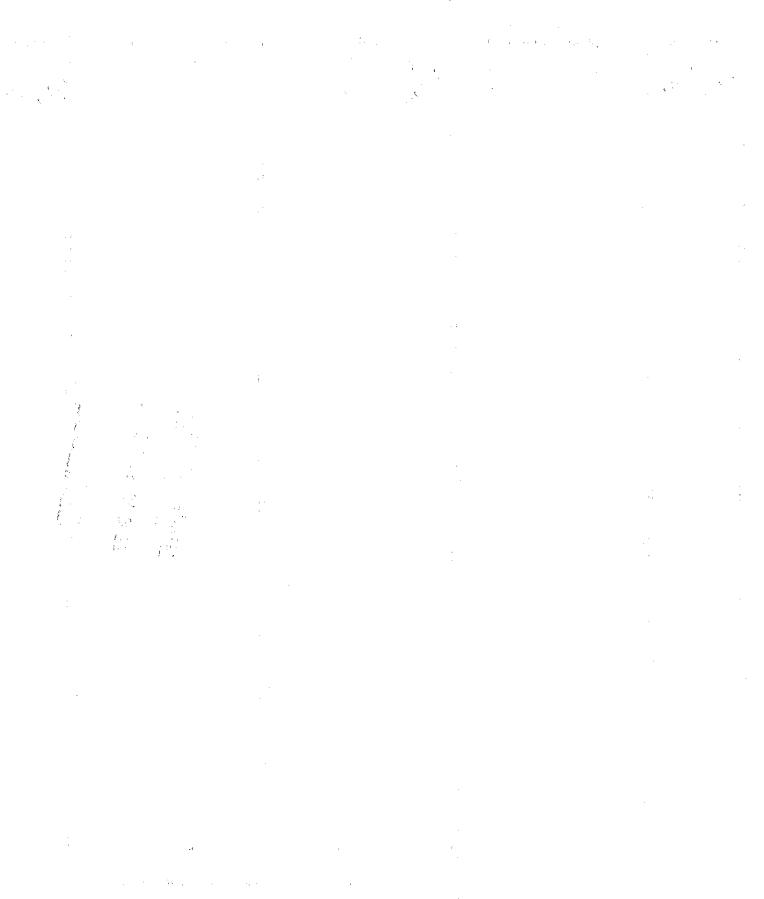
^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	Connolly Printing			
15/2021	Comony Firming	178 GILL STREET WOBURN, MA OIGOI	1 COST CAROS	18/201 D.
		WOBURN, MA OBOI	183 X 5 3	RO4.06
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			6, M.S.	
			85. 53	
				-
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	mder* (not listed above)	
	Enter on page 1, line 4 g	Line 14: TOTAL EXPENDIT	TRESIN THE PERIOD	\$1000101
* TC (!	nized expenditures of \$50 and under			1004.00

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemize above.



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178 GH Street, Woburn MA 01801 • 781-932-8885 ConnollyPrinting.com + 8004067206 Fax: (781) 932-8544

Email: kevinc@connollyprinting.com Website: http://www.connollyprinting.com

Invoice Invoice # Date 31000 10/1/2021

Bill To

Committee to Elect Corinne Riley 7 Oceanview Avenue Saugus, MA 01906

Г	P.O. No.	Terms	Due Date	Rep	Ship Via	Woburn
		due on receipt	10/6/2021	KC		F.O.B

<u> </u>						
	Description		Item Code	Quantity	Price Each	Amount
Product: Post Cards • 8.5 in x 5.5 in Post Card • 100# Coated Cardstock • Sides: Double Sided Color Prints **TITING IT TO THE STRUCK **STRUCKS SPECIAL STRUCKS Product: Frames or Stakes		PC	1005	2000	\$0.41 \$1.25	\$820.00 \$125.00
RECEIVED 1871 OCT 25 A 8:53 TOWN CLERK'S OFFICE	TCWN OF SAUGUS, MASS.					

In the event the customer doesn't pay in accordance to the payment terms above, the customer agrees to pay a late charge of 1.6% 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:	\$945.00
(6.25%)	\$59.06

Total:	\$1,004.06
i Otai.	Ψ1,004.00

Payments/Credits	\$0.00
	ΨΟΙΟΟ

RECEIVED

2021 OCT 25 A 8: 53 :

TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.

53-179/113 9999 DOLLARS Benefit \$ 1004.06 444 0 // EO 406481978° One thousand four do Nos **Eastern Bank**1-800-EASTERN'easternbank.com ...O.1.301798: ACCOUNT NO. _: PAY TO THE ORDER OF

Mark Harris (1983)

STAR COLOR

100 to 10

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
9/1			<u>-</u>	
/11/17	CORINNER RILEY	Saugus MADGA	Campaign	12000.00
11/8/17	Corners & River	7 Oceanverster Saugus MA01906	Loan to	\$162M
	COPINET TREE	Saugus MATOGOD	Campuin	79.00
The state of the s				
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	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	1840.00



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

01 14d03d04tb30tb	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	0/1/A-2/ Ending Date: 10/25/202/
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
HAROLD D VAING	
Candidate Full Name (if applicable) SAUGUS BOAND OF SELECT! Office Sought and District	Committee Name
SAUGUS BOARD OF SELECTION	Name of Committee Treasurer
Office Sought and District	
24 School 5t, Residential Address	Committee Mailing Address E-mail:
E-mail: Hydan 246 Comorst. Det	E-mail: 32 2 ()
E-mail: // ydens 246 Comerst. Det Phone # (optional):	Phone # (optional):
SUMMARY BALA	NCE 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 14) 573, 34
Line 5: Ending Balance (line 3 minus line 4)	573,34
Line 6: Total in-kind contributions this period	(page 6)
Line 7: Total (all) outstanding liabilities (page	573.39
Line 8: Name of bank(s) used:	1) an e
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, infinance activity of all persons acting under the authority or on behalf of this committee.	e best of my knowledge and belief, a true and complete statement of all campaign finance kind contributions and liabilities for this reporting period and represents the campaign tee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: /whil D. 3n/	(Treasurer's signature) Date: 10/25/2021
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this rep	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, sorting period.
finance activity, including contributions, loans, receipts, expenditures, disburse campaign finance activity of all persons acting under the authority or on behalf	to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the fof this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) 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)
	(4)	1000	
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ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	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 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.)

герогі ан ехрено	ditures. Please include your comm To Whom Paid	ontee name and a page number of	u each page.)	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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	}		5-5-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7	
			Transition of the Control of the Con	
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H 100				
			The state of the s	
		Line 12: Total Expenditures over	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under (not listed above)	
	,	Ente 13. Foral Expenditures \$30	and under (not usied above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES 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.

Page 4

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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E)			
A Description of the Control of the			
Line 9: Total Rec	eipts over \$50 (or listed above)	1	
Line 10: Total Re	ceipts \$50 and under* (not listed above)		
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.

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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	8401			
] [[
				1
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on nage 1 line 4 -	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	
	Enter on page 1, mie 4 -	n include them in line 12. Line 12.		

^{*} 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
]				
		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	

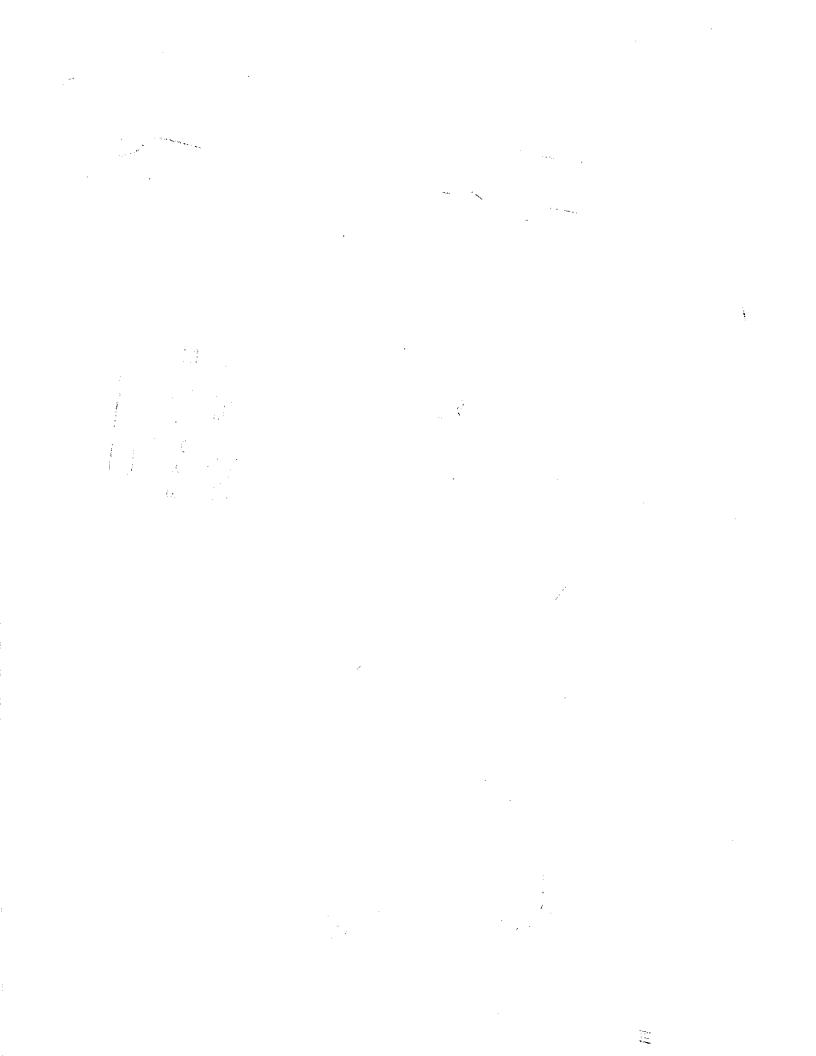
^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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
			:	Seg. 9 11
			TOWN	
			OCLERK OF SAUG	
			TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.	
		·		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	





Fill in Reporting Period dates:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Beginning Date:

Ending Date:

File with: City or Town Clerk or Election Commission

Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	30 day after election year-end report dissolution
DARREN Melullovyh Candidate Full Name (if applicable) Select Man Office Sought and District 52 AVBUNN ST Residential Address E-mail: Darren Mil & Comcust.	DMeCHOUSD ACKIA Committee Name VIN SERITO Name of Committee Treasurer TLAUNDVEN Committee Mailing Address Maria F.
Phone # (optional):	Phone # (optional):
(C) (G)	
Line 7: Ending Balance from previous report Line 3: Total receiptis his period (page 3, line 11) Line 3: Subtotal (line plus line 2) Line 4: Total expenditures this period (page 5, line Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 5) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used:	14) 1000 14) 15:00
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best o activity, including all contributions, loans, receipt, expenditures, disbursements, in-kind co finance activity of all persons acting under the authority or on behalf of this committee in activity of the penalties of perjury:	intributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: 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 bactivity, of all persons acting under the authority or on behalf of this committee in accommitteed any liabilities nor made any expenditures on my behalf during this reporting process of the committee	period.
Candidate without Committee OK Candidate with independent activity find gase 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	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 committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature)

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.

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
911/21	VIN SERINO	150	•
9/2/21	V. CorbETT	150	
9/2/21	P. Nicolo	100	
9/13/21	A. Cogliano	100	
10//	FRED MOONE	50	
10/2	Bohena	20	
10 15	C. HowarD	100	
10/10	Bill Nicolo	100	TOWN G
10/10	Jim Wiess	70	CERK'S LERK'S SAUGUS
10/18	B.11 Hessenen	100	G 58
10/10	John Palinyo .	100	
10/10	Joel tringle	100	
Line 9: Total Recei	pts over \$50 (or listed above)	3	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	4	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	VV	← 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)
	9: 59		
	SUS, S. C.F.		
	7 25 7 25 CERK FSAUG		
٦	TOWN OLERK'S TOWN OF SAUGUS	Adversary 11	
		,	
Line 9: Total Reco	l Leipts over \$50 (or listed above)		
	eipts \$50 and under* (not listed above)		
	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.

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 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	
	(inplication listing)	7.444.035	Tarpose of Expenditure	1 mount	
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	S A 9 59				
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			a turning of		
		L	[
		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 → 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.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(p-mooriear fishing)	Accircos	1 at pose of Expenditure	Amount
		Wanter 1997	·	
	MA-15.			
	88°,			
	# \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			
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	1 4 46			
	I OCT		Art and a second a	
			1	
			d	
		Line 12: Expenditures over \$50	O (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Y9 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
. Y.C		Line 14: TOTAL EXPENDIT r, include them in line 12. Line 13 s		

^{*} 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
				£
]			TOWN	[
			1	
			25 SAUGE	·
			CLERK'S OFFICE OF SAUGUS, MASS.	
And Andrews				
				1
		Line 15: In-Kind Contributions	s 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 C	ONTRIBUTIONS	

^{*} 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
		Z021 OCT 2	5 A 9:591	
		TOWN CLE	RK'S OFFICE UGUS, MASS.	
		TOWN OF S	UGUS, MASS.	
		A control of the cont		
1		10 minutes 10 mi		
1			``	
	The second secon			7
-				
<u> </u>	Futar on page 1 line 7	→ Line 18: TOTAL OUTSTANL	OING LIARILITIES (ALL)	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	1 1 2021 Ending Date: OCT 26, 2021	1
Type of Report: (Check one)	30 day after election ☐ year-end report ☐ dissolu	tion
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolu	JOII
MICHAEL T. SERINO Candidate Full Name (if applicable) SELECTMAN - SRUGUS	Committee Name	
54 GRTES Rd - SRUGUS	Name of 60 minittee Beasurer	
Residential Address E-mail: MICHREL SERINO @ YRhoo. Com	Committee Mailing Address E-mail:	
Phone # (optional): 781.131.0987	Phone # (optional):	
SUMMARY BALANC	EINFORMATION:	
Line 1: Ending Balance from previous report	१९. उप	
Line 2: Total receipts this period (page 3, line 11)	1,000.00	
Line 3: Subtotal (line 1 plus line 2)	1,019.34	
Line 4: Total expenditures this period (page 5, line	14) 963.81	
Line 5: Ending Balance (line 3 minus line 4)	55. 53	
Line 6: Total in-kind contributions this period (pa	ge 6) 167. 83	
Line 7: Total (all) outstanding liabilities (page 7)	1,000.00	
Line 8: Name of bank(s) used: E RS七日	RN 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 of finance activity of all persons acting under the authority or on behalf of this committee in	ontributions and liabilities for this reporting period and represents the campai	nance gn
Signed under the penaltics of perjury:	(Treasurer's signature) Date:	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ouly)	
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 acting incurred any liabilities nor made any expenditures on my behalf during this reporting	ordance with the requirements of M.G.L. c. 55. I have not received any cont	ign finance ributions,
Candidate without Committee OR Candidate with independent activity filing see 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 thi	best of my knowledge and belief, a true and complete statement of all campa in-kind contributions and liabilities for this reporting period and represents to committee in accordance with the requirements of M.G.L. c. 55.	ign he
Signed under the penaltics of perjury:	(Candidate's signature) Date: 10.25	. 51

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.)

Data Dandara	Name and Residential Address		Occupation & Employer		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		

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<u> </u>					
ine 9: Total Receip	ots over \$50 (or listed above)				
ine 10: Total Recei	pts \$50 and under* (not listed above)				
ne 11: TOTAL R	ECEIPTS IN THE PERIOD		Freton on more 1 line 2		
		. L	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)
8.25.21	MICHAEL J. SERINO 54 GALES Rd - SAVOUS	1,000.00	RETIRED GENERAL ELECTRIC
			·
`		,	
1			
			DEI OCI 25 A
; .			SHOUS N
			ASS.
Line 9: Total Rece	eipts over \$50 (or listed above)	1,000.00	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	0	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	1,000.00	← 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 (alphabetical listing) Address Purpose of E	
	1 63
	e produce iil
	2 5 Hi
	3 11
MASS.	Grinden Managar W
	C W
	ellon
Line 12: Total Expenditures over \$50 (or listed a	nove)
22. Total Expolicities 6401 \$50 (of listed a	
Line 13: Total Expenditures \$50 and under* (not	listed above)
,	
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE P	

^{*} 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
9.17.21	STAPLES	444 BROADWAY 5AU 6US	PRIATING	557.81
10.15.21	u, s, P, S.	437 Lincoln AVE SAUGUS	STRAPS	348.00
10.25.21	USPS	Lincoln Aue Saugus	STAMPS	58.00
				·
			TOWN TOWN	R ₀
	<u>.</u>		125 A DERK'S TEANBUS	
			OFFICE MASS.	Ü
	<u> </u>	Line 12: Expenditures over \$50	(or listed above)	963.81
Line 13: Expenditures \$50 and under* (not listed above)				0
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 963.5			

^{*} 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.

				3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		, tar	: , .	
<u> </u>				Fig. !
			유연 의	
			OWN OF SAUGUE, MASS.	S
1. ,			34 ·	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	167, 83
3	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	167.83

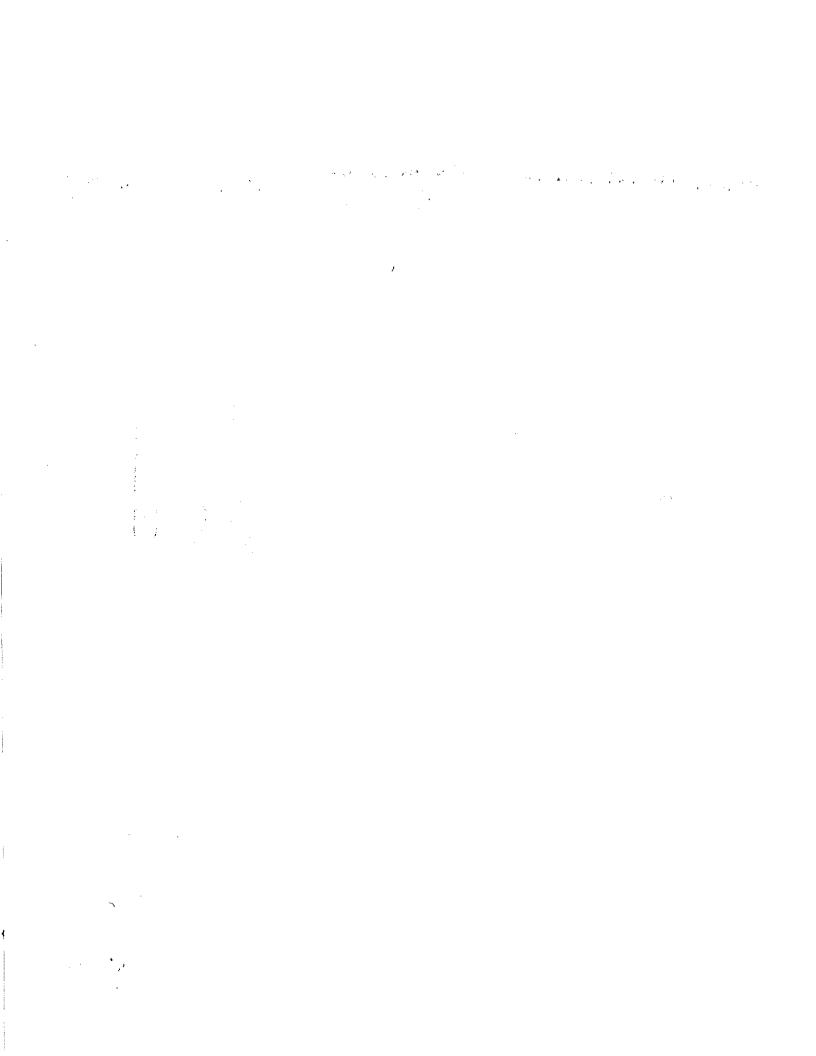
^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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 Duc	Address	Purpose	Amount
8.72.51	MICHAEL I. SERIN	54 GAZES Rd SRVGVS	トロガン	1,000.00
			7021 0 1707	
			N OCT 25	
			CLERK'S OFFICE	†
	.:			
Total and the state of the stat				
				70 mm
				L C C C C C C C C C C C C C C C C C C C
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANL	DING LIABILITIES (ALL)	1,000.00





Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	Ending Date: 1/425/2/
Type of Report: (Check one)	
☐ 8th day preceding preliminary X 8th day preceding election	30 day after election year-end report dissolution
Domunic Montano Candidate Full Name (if applicable) Board of Felectness Office Sought and District South Dalve Residential Address B-mail: electnessessessessessessessessessessessessess	Committee Name Name of Committee Trepsurer Committee Mailing Andress E-mail: Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$ 440.89
Line 2: Total receipts this period (page 3, line 11)	\$ 100.00
Line 3: Subtotal (line 1 plus line 2)	\$ 540, 89.
Line 4: Total expenditures this period (page 5, lin	ne 14) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Line 5: Ending Balance (line 3 minus line 4)	-500.33
Line 6: Total in-kind contributions this period (pa	age 6) Ø
Line 7: Total (all) outstanding liabilities (page 7)	\$500.33
Line 8: Name of bank(s) used: EASTER	W BANK.
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the besactivity, 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 Caudidate: (check 1 b	
Candidate with Committee and no activity independent of the committee	ne best of my knowledge and belief, a true and complete statement of all campaign finance occordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Caudidate without Committee OR Candidate with independent activity filing some carrier 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	ne best of my knowledge and belief, a true and complete statement of all campaign ts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 10 25 21

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)
10/19/21	LISA O'BOMO PONUL 8 CODARST SHAMP	\$50	
10/19/21	Navey O'Brus Palled B. LEDARST SALEME	OZ#	
:			
1			
			10 mm 11 mm
			FSAUGE 25
			P 1: 55
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)	#100	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	#/00	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 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.

0	7	Line 17: TOTAL IN-KIND CC	Enter on page 1, line 6 → Enterson wh	, , , , , , , , , , , , , , , , , , ,
	350 & under (not listed above)	Line 16: In-Kind Contributions	-	
	over \$50 (or listed above)	Line 15: In-Kind Contributions		
				1
	34.			
	OCT 25 P 1: 55 CLERK'S OFFICE OF SAUGUB, MASS.			
	OUT 25			
	2021 O NWOT TOWN			
. 198				
Value	Description of Contribution	Residential Address	From Whom Received*	Date Received

of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

bəziməti ton sər	should include only those expenditu	r, include them in line 12. Line 13	ebnu bns 02\$ to sandibnaed bazim	* If you have ite
	LURES IN THE PERIOD	Line 14: TOTAL EXPENDY	Enter on page 1, line 4 →	
	under* (not listed above)	Line 13: Expenditures \$50 and		
	0 (or listed above)	Line 12: Expenditures over \$5		
			(A) (A) (A)	
			1 2	
			(G. J.)	DVII V COM
JunomA	Purpose of Expenditure	Address	To Whom Paid (alphabetical listing)	Date Paid

SCHEDALE B: EXPENDITURES (continued)

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 expen		rittee name and a page number or	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/21/21	Home Depot	Sky Bastoury Strepts	woo for signs to be held	115,27
10/8/21	Bamen on the Chap.	www. Bannersontacher		293.45
10/18/21	Sachem Sismuss	124 MARS T SAYS	D) SIGNS + Starcos.	623.50
10/22/21	5'Achu Sijnuls	124 MAIN ST	More STAKES FOR SIGNS.	\$ 9.00
-			70	,
			WN CLE	
·	2 10		K'S OFFICE	
			88. 82 - S2 - S2 - S2 - S2 - S2 - S3 - S3 - S	
4				
		Line 12: Total Expenditures over	er \$50 (or listed above)	1032.33
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1041.22

^{*} 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 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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			·
			, and
			DATE OF SAUGUS, MA
	100 / 100 /		FFICE ANSS.
	11.3		
Line 9: Total Reco	cipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD * If you have itemized receipts of \$50 and under, include them in line 9. Line 10 show			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.



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

) Massacituseus	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	9/10/2021 Ending Date: 10/25/2021
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	a 30 day after election year-end report dissolution
Elizabeth Marchest Candidate Full Name (if applicable)	NON E Committee Name
BOARD OF SELECTMAN, SINGUS, MAY Office Sought and District	Name of Committee Treasurer
34 School St., Shugus, MA 01900 Residential Address	Committee Mailing Address
B-mail: EMARCHESEPC WYAHOO. COM	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALA	NCE INFORMATION:
Line 1: Ending Balance from previous report	-0 .
Line 2: Total receipts this period (page 3, line	5 86.50
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5	5, line 14) 586.50
Line 5: Ending Balance (line 3 minus line 4)	- 0 Q E E T
Line 6: Total in-kind contributions this period	
Line 7: Total (all) outstanding liabilities (page	
Line 8: Name of bank(s) used: PEONES	C UNITED BANK ST W
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to th activity, including all contributions, loans, receipts, expenditures, disbursements, infinance activity of all persons acting under the authority or on behalf of this commit	ne best of my knowledge and belief, a true and complete statement of all campaign finance -kind contributions and liabilities for this reporting period and represents the campaign ttee 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	k 1 box only)
activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this rep	
Candidate without Committee OR Candidate with independent activity finance activity, including contributions, loans, receipts, expenditures, disburse campaign finance activity of all persons acting under the authority or on behalf	t, to the best of my knowledge and belief, a true and complete statement of all campaign ements, in-kind contributions and liabilities for this reporting period and represents the if of this committee in accordance with the requirements of M.G.L. c. 55.
and under the penalties of perjury: Constitute Ma	10/25/21 Date: 10/25/21

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)
10/10/21	Elizabeth MANCHESE 34 School St Shools, IND 01906	586 50	Altonney / Office Munager MARCHESE SPONIS THERAPY
	ASS.		
name 3 co	25 P		
	EWN CL CWN 2 CL		
Line 9: Total Recei	ipts over \$50 (or listed above)	58650	
Line 10: Total Rece	sipts \$50 and under* (not listed above)	-0-	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	586,50	← 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)	
			拉	
			OF SAUG	
			S OFFICE S	
•				
Line 9: Total Re	ceipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)				
	L RECEIPTS IN THE PERIOD zed receipts of \$50 and under, include them in	Line 11: TOTAL RECEIPTS IN THE PERIOD		

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.)

	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
	SACHEM SIUN	124 MAIN ST		
10/10/21	WORKS	SAUVUS. MA 01906	SIGNS	586.50
	p-0-1-100			
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1 1 to 1				
	Francis - Andrews			
	•			
		Time to The tr	hear that	
		Line 12: Total Expenditures ove	r \$50 (or listed above)	556.50
•	Line 13: Total Expenditures \$50 and under* (not listed above)			
			· · · · · · · · · · · · · · · · · · ·	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	584.50

^{*} 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

				Processing and the second
			1000	
			. , ,	201 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Town The Thirty of the Thirty]
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			RK'S	
			ASS.	
		1	\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	J	Line 12: Expenditures over	\$50 (or listed above)	
		Line 13: Expenditures \$50 ar	nd under* (not listed above)	
	Enter on page 1, line 4	Line 14: TOTAL EXPEND	ITURES 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.

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
	MASS.			
	OET 125 CLERK SESAUGU			
	TOWN TOWN			
			·	
	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 C	ONTRIBUTIONS -	0 -

^{*} 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 Duc	Address	Purpose	Amount
-				
7				
			,	**************************************
			170 W 170 W	1.
			TOWN CLE	
			SAER 25	
			25 D 3 15 ERRY'S OFFICE SAUGUS, MASS.	
			-	
MITHE				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	10



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

t) istopartitions	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 11 20	Ending Date: 10 25 21			
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election . 30 day after	er election year-end report dissolution			
Candidate Full Name (if applicable) BOATO OF SELECTANCO Office Sought and District Charles Falls of Maril. Com	Committee Name Vie A Cycohii Name of Committee Treasurer HTChing HILRE SAUGUS Committee Mailing Address mber (optional) [781].233 1978			
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subsetal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) 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) Line 8: Name of bank(s) used:	5,298.27 5298.27 4,100.00 1198.27			
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 althority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Candidate with Committee and no activity independent of the committee in accordance with the requirements of M.G.L. c. 55. Date: Candidate with Committee and no activity independent of the 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 OB Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and if its, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans Recipts, 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's signature) Date: Date: Candidate's signature) Date: Date: Date: Candidate's signature)				

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/19/20	JEXT CLIONIN LOW repayment	6 Hitching Hill	PARTIAL REPAY OF LOSW	4100
		14 W		
	A II: 5			3
	CT 28 CLERK OF SAUG			
	Z021 TOWN TOWN			1
	Line 12: Expenditures over \$50 (or listed above) 4/00			
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 4/00			
		Line 14: TOTAL EXPENDIT		4100

^{*} 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 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
VATIOUS 2015-201	CANDIDATE INGLIN	6 threhing thill	LOANS	2,332.82
2019	(\ '		LOAN /Advance	2,50
2020	nephyment			(4,100)
·				
		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	·	
				35. 15 × 15
			DWN CH	
			28 A II:	
			FFICE AASS.	
		Mr. 18		

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

702.8





Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI IMASSICINISCUS	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date:	N 20 Ending Date: 10 35 3				
Type of Report: (Check one)					
	30 day after election year-end report dissolution				
Candidate Full Name (if applicable) Board of Salatta and Office Sought and District Ballque St Saugus MA 01906 Residential Address E-mail: debrec paratta Comail com Phone # (optional): 181-233-9720	Committee Name Mark Pentta Name of Committee Treasurer Bulleve St Says MA 01906 Committee Mailing Address E-mail: debrach and take 9 g mails Com Phone # (optional): 781-383-9720				
SUMMARY BALANCI	E INFORMATION:				
Line 1: Ending Balance from previous report	128.00				
Line 2: Total receipts this period (page 3, line 11)	6,125-00				
Line 3: Subtotal (line 1 plus line 2)	6,253.00				
Line 4: Total expenditures this period (page 5, line	5,635.80				
Line 5: Ending Balance (line 3 minus line 4)	617.20				
Line 6: Total in-kind contributions this period (page	ge 6)				
Line 7: Total (all) outstanding liabilities (page 7)	25.169.58				
Line 8: Name of bank(s) used: E=s+ \$\gamma_{\operatorname{S}} \tag{5}					
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. C. 20.55.					
Signed under the penalties of perjury:	(Treasurer's signature) Date:				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)					
Candidate with Committee Candidate with Com					
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	, in-kind contributions and liabilities for this reporting period and represents the				
Signed under the penalties of perjury:	(Candidate's signature) Date: 10/35/1				

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.)

report all receipts. Please include your committee name and a page number on each page.)				
Data Dandari d	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
	William Legal			
10-18-71	35 Wilber- Ave. Sugs, MA 01906	100-00		
	1 Saugus, MA 01906			
	Dabre Punette			
10-76-51	1 Ballerre St., Scusus	6,000	5.14 Site Monager Finance	
F	. 3000000		Self Site Monager Finance Victoria Realty Director	
W-1000				
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<i>ξ</i>				
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		1		
Line 9: Total Recei	pts over \$50 (or listed above)	6,100.00		
Line 10: Total Rece	ipts \$50 and under* (not listed above)	25.00		
	DOCUMENTO IN THE DEDICE			
ane 11: TOTAL F	RECEIPTS IN THE PERIOD	6,125.00	← Enter on page 1, line 2	
If you have itemized	receints of \$50 and under include them in lin	0 1 in a 10 ab and	d include only those receipts not itemized above	

^{*} 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)
			707.1 70WA
			OCT 28 CF SAUGE
			CF SAUGES, MASS.
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
1 /	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
* If you have itemize	d receipts of \$50 and under, include them in line	e 9. Line 10 shou	Id 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.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/21	Advocte Niuspopi	573 Briderry Everath, MA 02149	Ads	600.00
16/01	BT Cons Center	BT (000 (2007 to 13 North St. Vait101 Wore, MA 01082	5,5,05	800.00
10/27/21	BT Copy Center	13 No. 4 L St. Unition Wore, MA 01082	Postcards	1,935
10/27/21	USPS	Sausus Postoffice 437 Lincoln Ave. Saucus, MA 01906	Postage	939
16/26/01	US\$ 5	Sough Port office 437 Granta Ave. Soughs, MA 01406	Postage	967.60
10/27/21	US\$ S	Sources Post Office Glass Lincoln Ave. Sources, MA 01906	Postusa	349.20
			· ·	
		Line 12: Total Expenditures over	er \$50 (or listed above)	5590.80
		Line 13: Total Expenditures \$50	and under* (not listed above)	45.00
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				

^{*} 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)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		<i>/</i>		
				I

			72 23	
			NANO, UNAO,	
			Fig. 8	1.5
			1 2 8 S S S S S S S S S S S S S S S S S S	
			\(\s\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
		Line 12: Expenditures over \$50	O (or listed above)	(j
Line 13: Expenditures \$50 and under* (not listed above)				
Eme 15. Expenditures 450 and under (not listed above)				
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
		include them in line 12. Line 13 s		<u> </u>

^{*} 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
2				
Type Type Type Type Type Type Type Type				
				1
1				
\$		·		
Y		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	

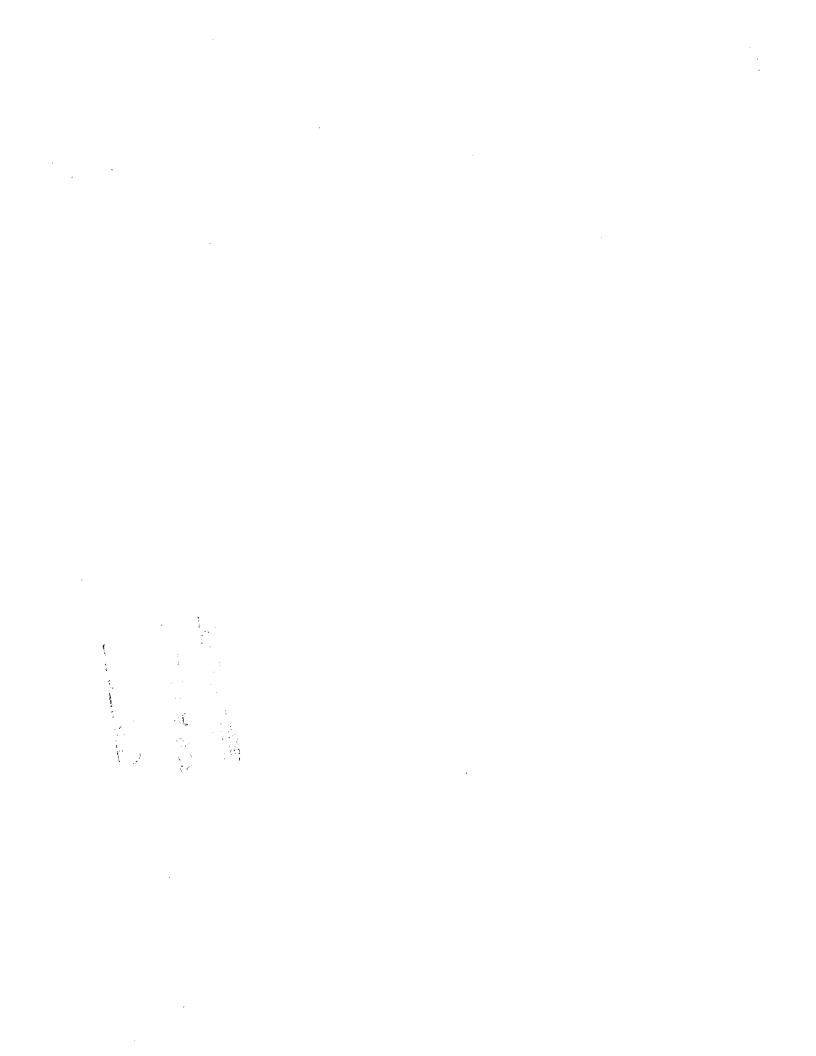
^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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
2011-2019	Debre C Penutte	Ballense St. Sauss, MA Olgob	Sigus, Patemes, Mailings, Ads	19,169,58
10-96-31	Dabra C. Panutta	1 Ballevic St. Scuss, MA 01906	Signs, Postcards, Mullings, Ads	6,000.00
			DWN CLE	7
			S S S S S S S S S S S S S S S S S S S	
The Control of the Co			\$ 3	
1				





Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date: 10/26/21
Type of Report: (Check one)	
☐ 8th day preceding preliminary ★ 8th day preceding election ☐ 30 day	after election year-end report dissolution
Composition of Candidate Full Name (if applicable) Candidate Full Name (if applicable) Composition of Candidate Full Name (if application of Candidate Full Nam	Committee Name M. Fonse Ca Tr. Name of Committee Treasurer I sonworks Way Sangus 01906 Committee Mailing Address Leo Fonz 13 @ GMAIL. Com optional):
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowl activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions finance activity of all persons acting under the authority of on behalf of this committee in accordance versions are perfured and the committee of perjury: 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 keep activity, of all persons acting under the authority or on behalf of this committee in accordance with incurred any liabilities nor made any expenditures on my behalf during this reporting period that a Candidate without Committee Candidate without Committee	and liabilities for this reporting period and represents the campaign with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 10/26/2 nowledge and belief, a true and complete statement of all campaign finance in the requirements of M.G.L. c. 55. I have not received any contributions, are not otherwise disclosed in this report.
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind con	

(Candidate's signature)

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)
1,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4			
	. 22 SS.		
	28 A 8 22 RW'S OFFICE URBUS, MASS.	The state of the s	
	OWN OF SAL		
7.75-22			
Line 9: Total Rece	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)	:	
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.

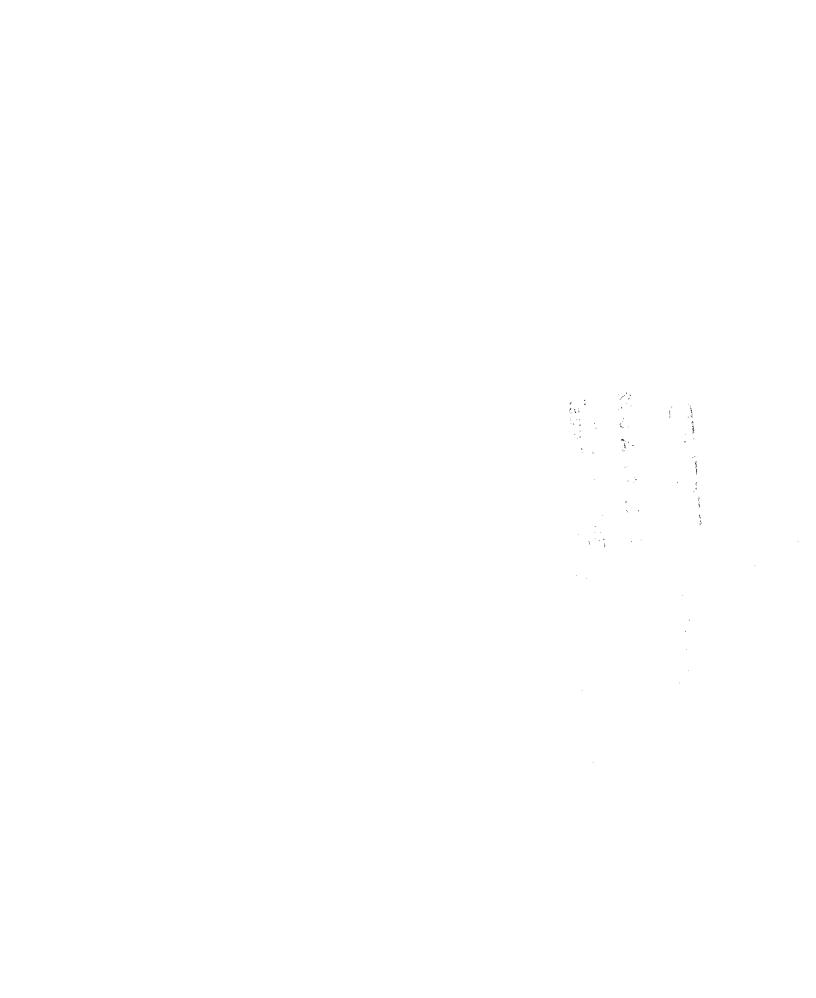
	ı	

-

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Table 1			
			The state of the s
	·		
	8: 22 GFFICE MASS.		
	28 & A & S & A & S & A & S & A & S & A & S & A & S & A & S & A & S & S		
Ĉ.	ZDZI DCT TOWN CT TCWN CF		
Line 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)		
	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.



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 an expent		nittee name and a page number on	react page.)			
Dodo Doda	To Whom Paid	A Aduces	Dunnage of Evnenditure	Amount		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
10/22/21	Staples	Rouge 1, Sangus	Campaign Flyers	115.81		
10/11/21	Park Press	15main St, Saugus	Yard Signs	826.82		
	23	6				
	A B CFF CFIS, MASS					
	ZIZI GCT 28 TOWN CLERITOWN OF SAUR					
	120.7 WOT WOT					
The state of the s						
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	2		
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	0		
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 no						

^{*} 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)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount

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		No. in Control of Cont	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
]		
	E	1] [
	∑3. S. S.			
	8: 23 FFICE MASS.			
	28 A			
				1
	00 00 W C#			
Mac of L	2021 C TOWN TCWN			***************************************

				- Contraction of the Contraction
		Line 12: Expenditures over \$	50 (or listed above)	
		I in a 12 a Demonstration of the	d d k (a + 1! - + - 1 - !)	
		Line 13: Expenditures \$50 and	u under* (not listed above)	
	Enter on page 1, line 4	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	
		er, include them in line 12. Line 13		<u></u>

^{*} 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
	8: 23 / FFICE ASS.			
	28 A 8 BRR'S OF			
	1021 OCT 1021 OCT 1021 OCT			
			The state of the s	
		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	

^{*} 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
	44.			
	A 8: 23 A 8: 23 A A SS.			
	CT 28 A			
	2021 TOWN TCWN			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	

Lorna Carton

From:

Leo Fonseca < lfonseca@lyonsgroup.com>

Sent:

Wednesday, October 27, 2021 11:04 AM

To:

Lorna Carton

Subject:

Fwd: Order Confirmation

Here's 3

Sent from my iPhone

Begin forwarded message:

From: Jason Goodrow <jgoodrow@gmail.com>
Date: October 27, 2021 at 11:01:53 AM EDT
To: Leo Fonseca <lfonseca@lyonsgroup.com>

Subject: Fwd: Order Confirmation

Here you go.

----- Forwarded message ------

From: <copyprintsupport@staples.com>

Date: Fri, Oct 22, 2021 at 1:12 PM Subject: Order Confirmation

To: <jgoodrow@gmail.com>

TOWN CLERK'S OFFICE

III OCT 28 A 8:23



Hello Jason

Thank you for choosing Staples. Below is the summary of your recent order. We will send you another email when it's ready for pickup.

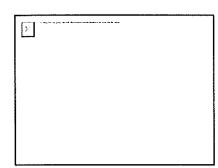
Order Number: 6930343070

Order Date: Oct. 22nd, 2021

Store Pickup Items

Saugus Store • 444 Broadway (Route 1), Saugus, MA, 01906

Pickup Person: Jason Goodrow



Leo Election Flyer (1).pdf Qty Price

Simple Print 100 \$109.00

No Binding • Head To Head • True

Order Summary

Pickup Subtotal \$109.00

Estimated Tax \$6.81

Order Total \$115.81

Pickup Person Info

Pickup Person - Jason Goodoo wordene? Wyser wordood 177940665

Email - jooodoo wordoo wordoo

Payment Method

BECEINED

the section of the section

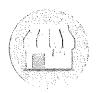
Your order was paid online. Please have a valid ID along with a copy of this order confirmation. Once pay online orders are produced, your credit card will be charged and you will receive a "Ready for Pick Up" notification email.

Need Help?

Call 1-888-333-3199

Things you might be interested in

Business Cards	Banners	Poster	Signs	
		[:_] &sec_a-		
	Find You	r Nearest Store	TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.	RECEIVED



"我们是自己有关的自己是自己的。"

15 MAIN ST SAUGUS, MA 019062347 +1_978-774-0564

TOWN OF SAUGUS; MASS.

\$826,82

\$0.00

Subtotal

Total Taxes

\$

326

PAYMENT ID: 9B32TXJ19M18A Cashier: Stephanie

Hide Details

Card: American Express 1006 October 11, 2021, 3:05 PM Method: TELEPHONE ORDER Auth ID: 223090 Reference ID: 128400506356

DATE

AMERICAN EXPRESS

October 11, 2021 3:05 pm /50Vit-86

1006

View the Privacy Policies for Clover

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