

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

Commonwealth of Massachusetts		File with: City or Town Clerk or Medical Comme	nission
Fill in Repo	orting Period dates: Beginning Date: No	V9, 202) Ending Date: OCT 30, 23	A II: 2
Type of Re	eport: (Check one)	# POWN OF SAL	JGUS MASS
-	preceding preliminary 8th day preceding election		n
JOSEP	H DENNIS GOULD	SAVGUS SCHOOL COMMITTEL	
(0)	Candidate Full Name (if applicable) COL COMMUTTEL SHUGIS	Committee Thank	
	according to the American	Name of Committee Treasurer	ī
6 5	ERWOWN SAVGUS 01906	Committee Mailing Address	
E-mail:	DGOVID1969@AOL.COM	E-mail: e MORESCHI @ SAUGOS NA, G	200
Phone # (option	nal): 6172574847	Phone # (optional):	
Γ	SUMMARY BALA	NCE INFORMATION:	
	Line 1: Ending Balance from previous report	-0-	
	Line 2: Total receipts this period (page 3, lin	= 11) - 0 -	
	Line 3: Subtotal (line 1 plus line 2)	- 0 -	
	Line 4: Total expenditures this period (page	5, line 14) 297,30	
	Line 5: Ending Balance (line 3 minus line 4)	297,50	
	Line 6: Total in-kind contributions this perio	d (page 6)	
	Line 7: Total (all) outstanding liabilities (pa	,	
. 1	Line 8: Name of bank(s) used:	NA	
activity, inclufinance activity Signed unde	uding all contributions, loans, receipts, expenditires, disbutsements, it of all persons acting under the authority or on behalf of this commer the penalties of perjury:	(Treasurer's signature)	nance gn
FOR CAN	NDIDATE FILINGS ONLY: Affidavit of Candidate: (ch	eck 1 box only)	
I certify activity incurred	y, of all persons acting under the authority of on benait of this commind d any liabilities nor made any expenditures on my behalf during this	is, to the best of my knowledge and consistence in accordance with the requirements of M.G.L. c. 55. I have not received any contreporting period.	ign finance ributions,
Caudid I certify finance campai	date without Committee $\overline{ ext{OR}}$ Candidate with independent activity that I have examined this report including attached schedules and it.		

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.)

70 / 70 - 4 7	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Panount	
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			Material Services
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<u> </u>			
Line O. Total Day	ceipts over \$50 (or listed above)	-0-	
LIE 7. IOM KE	Series and the for trainer manage.		1
Line 10. Total Re	ceipts \$50 and under* (not listed above)	-0-	* 1 1 4 August Beergang ger
LILE IO. LOIAL NO	outhou had are arread (mor imbode acco. a)		
Line 11. TOTAL	RECEIPTS IN THE PERIOD	-0-	← Enter on page 1, line 2
DIRECTIVITO TOTAL	d deposit would de la service a service de la service de l		uld 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)
			RECEIVED WIN CLERK'S OFFI WIN OF SAUGUS, MASS
			A II: A II: A II: A II:
			- S C 2
	3.		
·			
Line 9: Total Re	ceipts over \$50 (or listed above)	-0-	
Line 10: Total R	eceipts \$50 and under* (not listed above)	~ 0-	
Line 11: TOTA	L RECEIPTS IN THE PERIOD	-0-	← Enter on page 1, line 2
* If you have item	ized receipts of \$50 and under, include them in	line 9. Line 10 sho	ould include only those receipts not itemized above.

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.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
9/19/23	SIENWORKS	124 MAIN ST SAUGUS 01906	LAWN SNOWS	297.50
1111107		3AUGUS 01906		217.00
			2023	
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			30 B	6
			AUG.	11
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	Chair State State Chair State	And the state of t	ALASTON AND LANGUAGE AND	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	29750
		Line 13: Total Expenditures \$50	and under* (not listed above)	0
	7	T: 14. TOTAT EVERNING	מעומים שונויף און פשמוו	297,30
		Line 14: TOTAL EXPENDIT		

^{*} 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
		·		
			TOWN TOWN	
			CLERK OF SAUG	ECEIV
			S OFFICE S,MASS.	/ED
	3.			
Lincoln		Line 12: Expenditures over \$	50 (or listed above)	
		Line 13: Expenditures \$50 and	d under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI		29750

^{*} 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
			TO ETINOT	R
			OL CALCAN	RECEIVED
			OF SAUGUS, MASS.	2
			·	
	*			
L		Line 15: In-Kind Contribution	s over \$50 (or listed above)	0
	in the second of	Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	CONTRIBUTIONS calendar year, you must report the r	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 Due	Address	Purpose	Amount
			2.2	
			TOWN OF SUUGUS, MISS.	CE CE
			ERW'S OF	m
		,	NSS.	
	3.			
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	Dage 7





SIGNUOTES OTY 10

124 Main ST. SAUGUS, MA 01906 781-941-8007 FAX:781-941-8009

ALL CREDIT CARD PURCHASES

PO排

Date

ARE SUBJECT TO A

Font.

Color.

Material .

50% deposit on all orders balance due upon completion of delivery.

4% PROCESSING FEE 9.19.2023

All Price Quotes Good For 30 Days

Description **GTY 10: LAWN SIGNS DOUBLE SIDED** \$200.00 **GTY 20:STEP STAKES** \$80.00



Labor_ JOHN OF SAUGUS, MASS.

OSEPH "DEN

2023 OCT 19 A II: 22

\$280.00 Materials_ Artwork

\$17.50 Tax Install

\$297.50

Total

RECEIVED

SCHOOL COMMITTEE

Rinnaduus