

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

		File with: City or Town Clerk or Election Commissio
Fill in Reporting Period dates:	Beginning Date:	Ending Date: 10/25/21
Type of Report: (Check one)	***************************************	
	₹ 8th day preceding election	30 day after election year-end report dissolution
Christopher	P. 17:100	
Chris topher Candidate Full Name (Committee Name
Savsus Toward Office Sought and	n Meeting d District	Name of Committee Treasurer
	new Ave	
Residential Ac E-mail: CC 1 ley @ C		Committee Mailing Address E-mail:
Phone # (optional):		Phone # (optional):
particular and a second and a s		
	SUMMARY BALANC	NCE INFORMATION:
Line 1: Ending Bala	ance from previous report	-647.47
Line 2: Total receip	ts this period (page 3, line 11	(1)
Line 3: Subtotal (lin	ne 1 plus line 2)	- 647.47
Line 4: Total expen	ditures this period (page 5, li	line 14)
Line 5: Ending Bala	ance (line 3 minus line 4)	-647.47
Line 6: Total in-kin-	d contributions this period (p	(page 6)
Line 7: Total (all) o	outstanding liabilities (page 7)	7) 66 647.47
Line 8: Name of bar	nk(s) used:	none
activity, including all contributions, loans, receip	ots, expenditures, disbursements, in-kind	best of my knowledge and belief, a true and complete statement of all campaign finance nd contributions and liabilities for this reporting period and represents the campaign
finance activity of all persons acting under the au Signed under the penalties of perjury:	athority or on behalf of this committee in	in accordance with the requirements of M.G.L. c. \$5 Date: (Treasurer's signature)
FOR CANDIDATE FILINGS ONLY	/ Affidavit of Candidate: (check 11	box only)
Candidate with Committee		ala sa m
I certify that I have examined this report inc activity, of all persons acting under the auth	ority or on behalf of this committee in a	the best of my knowledge and belief, a true and complete statement of all compaign finance a accordance with the requirements of M.G.L. c. 550 Frave notificeived any contributions, ting period that are not otherwise disclosed in this teport.
Candidate without Committee Candidate without Committee Candidate without Committee C	cluding attached schedules and it is, to the	the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the Chis candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	hull	(Candidate's signature) (Candidate's signature)

g og at Carlotten

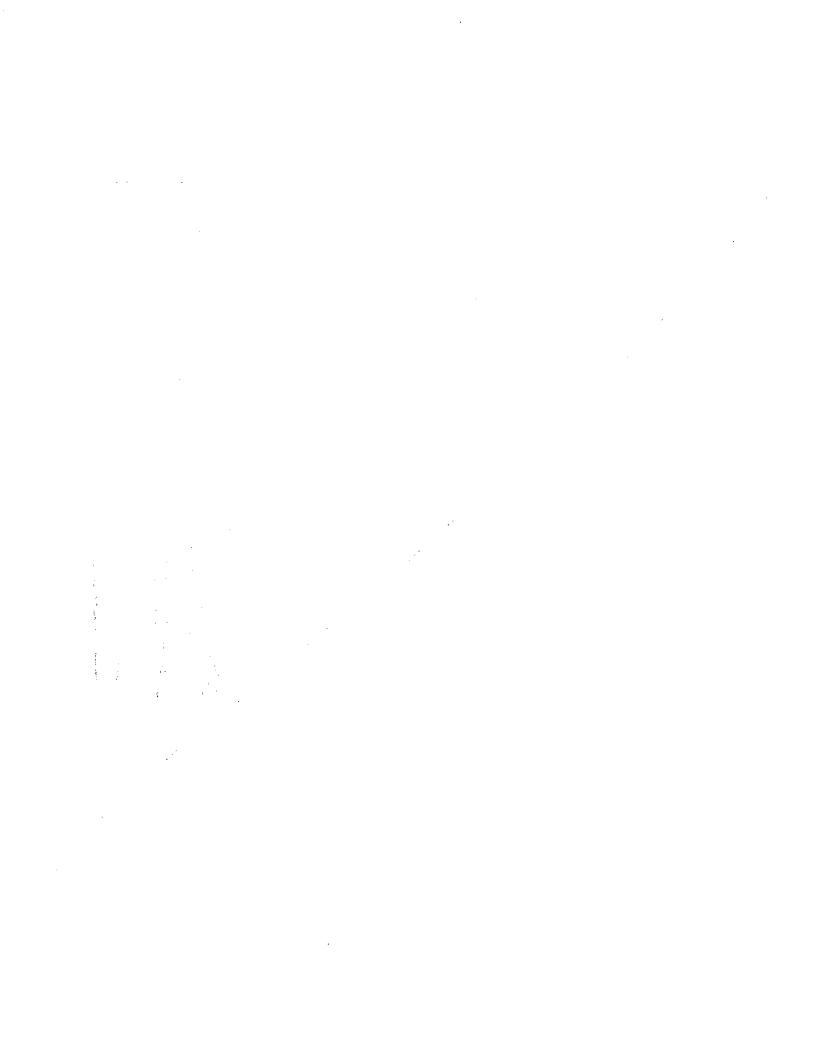
SCHEDULE A: RECEIPTS

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.)

Name and Residential Address Date Received (alphabetical listing required) Amount (for c			Occupation & Employer (for contributions of \$200 or more)
Nate Received	(alphabetical listing required)		(101 CONTIDUCIONS OF \$200 OF MOTE)
			to the second
			782 Tov
			TOWN OF TOWN OF
			25 P
			b: 40
			, (1)
	The state of the s		
Line Or Total Page	ipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

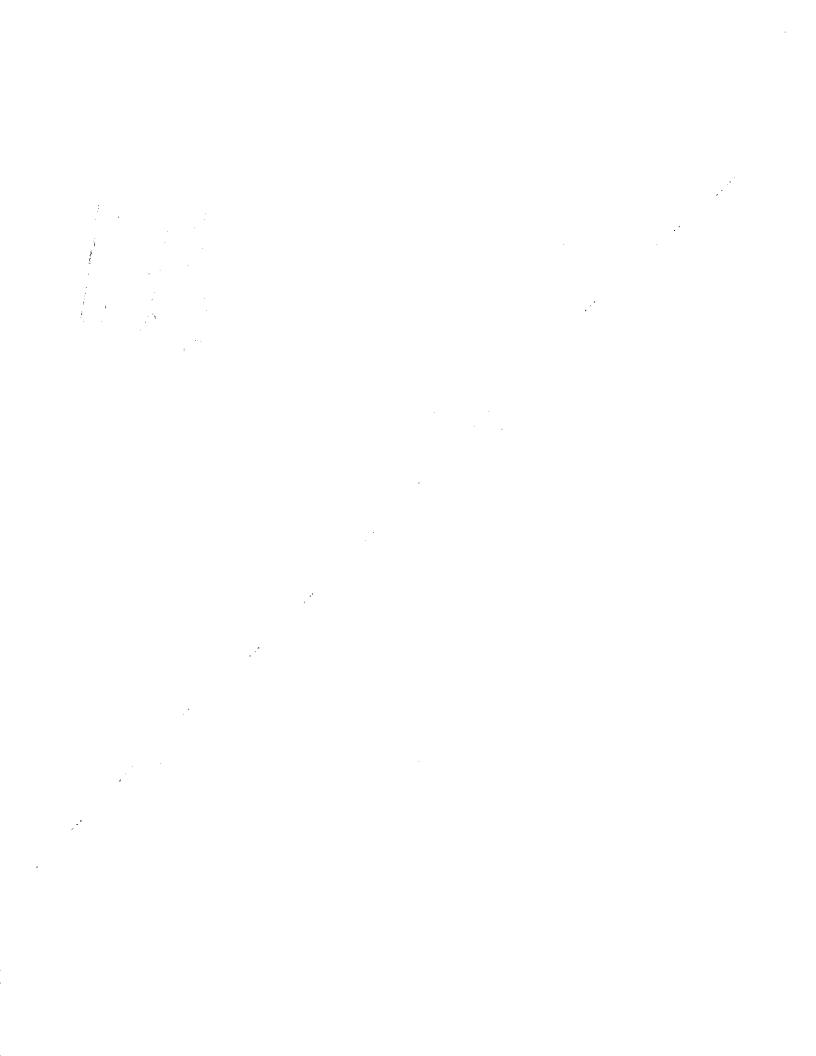
^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			OLERK POLERK
			D S. LO
Line 9: Total Rece	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	0	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

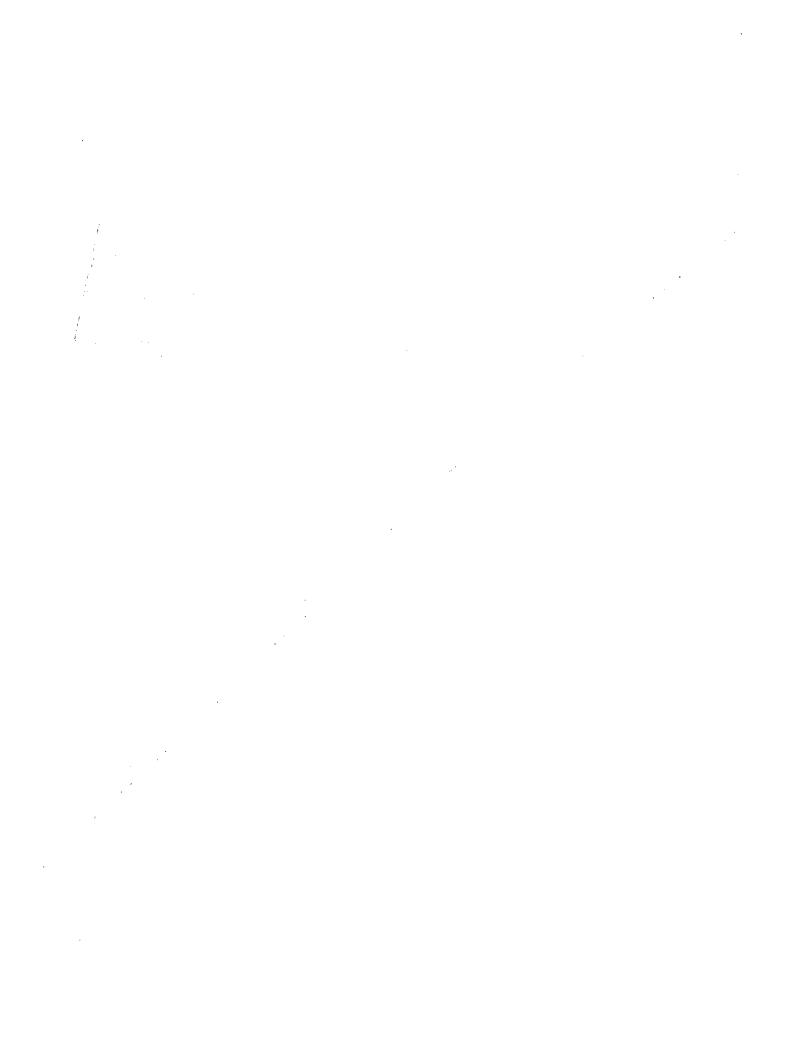
M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, 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 all expenditures. Please include your committee name and a page number on each page.)					
Data Baid	To Whom Paid	A	Dunn oce of Europediture	A a 4	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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				$\parallel \ \ \ \ \ \ \ \ \ \ \ \ \$	
				\	
				<u></u>	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	0	
		Line 13: Total Expenditures \$50) and under* (not listed above)	A	
		Zino 10. 10tai Experienteres 450	and and (not noted above)		
	Entor on page 1 line 4 ->	Line 14: TOTAL EXPENDIT	HRES IN THE PERIOD		
	Enter on page 1, time 4 7	include them in line 12. Line 12 al			

^{*} 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 3	
			BOT 3	
			The many s	
			D & MASS.	
			\$5. 55.	7
M	1	Line 12: Expenditures over \$50) (or listed above)	0
		Line 13: Expenditures \$50 and to	under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	\bigcap

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

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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
			TOWN C	7
			5 0	
			S WASS.	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	6

^{*} 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
10/11/19	Christopher Riley	7 Oceanism Are Savors, mA	Loanto Compeis u	847.47
				and the
			TO T	2
			TOWN OF SAM	201
			COS, MASON	5
			,,,,,	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	647.47

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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

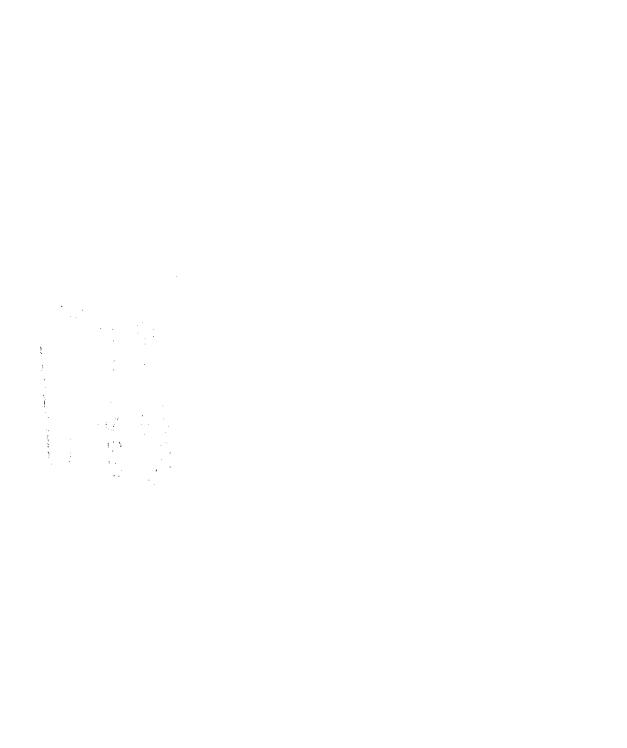
Fill in Reporting Period dates: Beginning Date: Jan 1	, 2021 Ending Date: 10/25/2021
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
Katrina L. Berube	n/a
Candidate Full Name (if applicable)	Committee Name
Town Meeting Member, Precinct 9 Office Sought and District	Name of Committee Treasurer
14 Glen Road, Saugus, MA 01906	
Residential Address	Committee Mailing Address
E-mail: katrina.berube@outlook.com	E-mail:
Phone # (optional):	Phone # (optional):
	The same of the sa
SUMMARY BALANC	<u>5 x 0 </u>
Line 1: Ending Balance from previous report	S S D B S S S S S S S S S S S S S S S S
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	285.40
Line 4: Total expenditures this period (page 5, lin	ne 14) 285.40
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pa	age 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: n/a	
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:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ov aniv)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the	e 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,
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, disbursement campaign finance activity of all persons acting under the authority or on behalf of the Signed under the penalties of periury:	s, in-kind contributions and liabilities for this reporting period and represents the
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.

(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.)

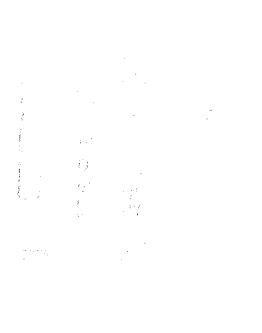
-Larran sandhar	Please include your committee name and a pa	-8	,
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/29/2021	Katrina L. Berube 14 Glen Road Saugus, MA 01906	85.40	nvestment Associate
10/12/2021	Katrina L. Berube 14 Glen Road Saugus, MA 01906	200.00	Investment Associate J.P. Morgan Chase
			TOWN OF TOWN OF
			CERK'S FAUGUS
			S. 33.
Line 9: Total Rec	eipts over \$50 (or listed above)	285.40	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	О	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	285.40	← Enter on page 1, line 2



SCHEDULE A: RECEIPTS (continued)

	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
		TOTAL	
			114 - 487
			TOWN OF
			25 P SAUGUS,
			S: 33
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/29/2021	Vistaprint	275 Wyman Street Waltham, MA 02451	500 Postcards & 24 Stickers	85.40
10/12/2021	US Post Office	321 Main Street Wakefield, MA 01880	500 Postcard Stamps	200
			ZOZI OCI 25 TOWN OLERP TOWN OF SAU	
			25 P S 33 ERK'S D-FICE SAUGUS, MASS.	
			\$ \tag{\tag{\tag{\tag{\tag{\tag{\tag{	
		Line 12: Total Expenditu	res over \$50 (or listed above)	285,41
			es \$50 and under* (not listed above)	
	Eutonomaga I lino 4 -	I ino 14: TOTAL EVPEN	NDITURES IN THE PERIOD	285,4

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

		LE B: EXPENDITURES (C		
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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			OCT 25	177
			25 SAUG	
			5 0 0	
			II 35 52 I	
			S: 3	
	300			
Line 12: Expenditures over \$50 (or listed above)				
Line 13: 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.

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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-				
Annual Control of Cont				
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1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			WN OF SA	
			5 P S Bu	
			\$ 34 ·	
		Line 15: In-Kind Contribution	us over \$50 (or listed above)	
			s \$50 & under (not listed above)	
		Line 10, m-12mg Conditions	5 \$50 & under (not listed above)	

^{*} 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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-				
			70	ass .
			N OLER	
			P 5:	; ;



Sent: From:

Subject: ┆

Berube, Katrina Fwd: Your Vistaprint Order Is Confirmed Wednesday, October 20, 2021 3:21 PM Katrina Berube

7031 DCT 25 P 5: 34

TOWN OF SAUGUS, MASS.

Begin forwarded message:

Date: September 29, 2021 at 6:35:00 AM EDT From: Vistaprint < vistaprint@tm.vistaprint.com>

To: Subject: Your Vistaprint Order Is Confirmed

Your Vistaprint Order Confirmation

Reply-To: Vistaprint < noreply@vistaprint.com>

indiliant X

Add Vistaprint to your address book

Track it

Your Order Number:

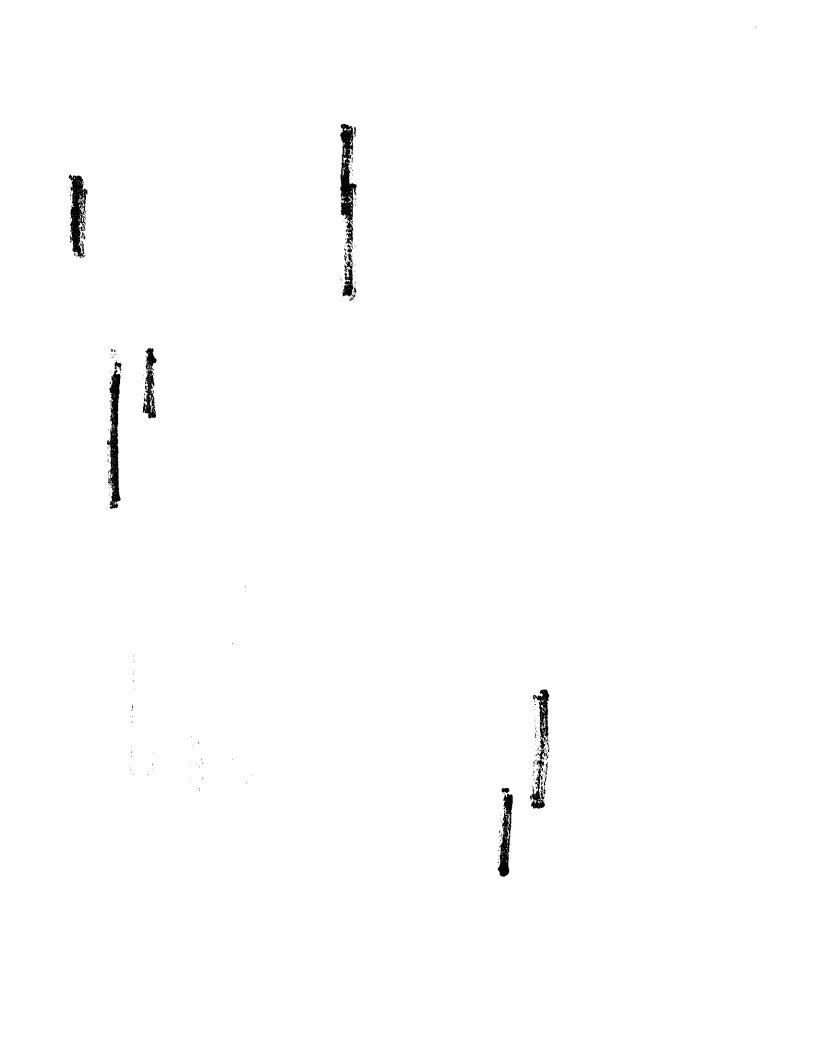
THANK YOU FOR YOUR ORDER

Here are your order details:

Hi Katrina,

Order Date: 9/29/2021
Delivery Option (*): Priority

You can expect to receive items in your order by: 4" x 6" postcard - standard matte October 7 Small Sticker - Circle October 7



RECEIVED

5: 34 2021 OCT 25

TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.

Order Summary

Payment Type: Mastercard

× Edit Your Design

Base Price

Small Stickers - Circle Qty: 24

Matte Sticker Stock

Item Total

X

Item Total

Edit Your Design

Base Price

4" x 6" postcards - standard matte
TMM 2021
Oty: 500

\$7.63

INCLUDED

\$8.48 \$7.63

\$67.50 \$60.75

\$60.75

Merchandise: \$68.38

Shipping Charges: \$11.99 Sales Tax: \$5.03

Total: \$85.40

輯

Shipping To:

Vistaprint Netherlands BV Hudsonweg 8 Venlo, The Netherlands 5928LW

Sold By

Katrina Berube

14 Glen Road Saugus MA 01906 US

Edit Shipping Address (Address cannot be updated after your order has printed.)

" " US IIJL SEKVICE.

WAKEFIELD 321 MAIN ST WAKEFIELD, MA 01880-9998 (800)275-8777

10/12/2021	(000/2/0-	-0///	10:56 AM
Product	Qty	Unit Price	Price
Barns Coll	4	\$40.00	\$160.00
Barns	100	\$0.40	\$40.00
Grand Total:			\$200.00
Credit Card Remit Card Name: Account #: Approval #: C Iransaction #	51628		\$200.00
AID: A0000000 AL: Mastercar	041010 d		nip
PIN: Not Requ	ired	Masterca	ırd

USPS is experiencing unprecedented volume increases and limited employee availability due to the impacts of COVID-19. We appreciate your patience.

In a hurry? Self-service klosks offer quick and easy check-out. Any Retail Associate can show you how.

Preview your Mall Track your Packages
Sign up for FREE @
https://informeddelivery.usps.com

Earn rewards on your business account purchases of Priority Mail labels with the USPS Loyalty program by using Click and Ship. Visit www.usps.com/smallbizloyalty for more info.

United States Postal Service NOW HIRING NATIONWIDE Career Path Positions with Benefits Apply online at www.usps.com/careers

All sales final on stamps and postage. Refunds for guaranteed services only. Thank you for your business.

Tell us about your experience. Go to: https://postalexperlence.com/Pos or scan this code with your mobile device,



or call 1-800-410-7420.

UFN: 248330-0880

Receipt #: 840-50180146-3-4340779-2

Clerk: 07

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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: 18-26-21	Ending Date: Nova 2- 2021
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day a	fter election year-end report dissolution
Candidate Full Name (if applicable) Town Meets 4 Member 1 C Office Sought and District 12 SAUCL HAVE REAV. Residential Address E-mail: R22A Jin G Johns. Com Phone # (optional): 751-307-5894 Phone # (optional)	Committee Name Name of Committee Treasurer Committee Milling Address ptional):
SUMMARY BALANCE INFO	RMATION:
Line 1: Ending Balance from previous report	Ö
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)	\$50
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:	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my known activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribution finance activity of all persons acting under the authority or on behalf of this committee in accordance Signed under the penalties of perjury:	with the requirements of M.G.L. c. 55.
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 best of my 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.	y knowledge and belief, a true and complete statement of all campaign finance with the requirements of M.G.L. c. 55. I have not received any contributions,
Caudidate without Committee OR Caudidate with independent activity filing separate report including attached schedules and it is, to the best of me finance activity, including contributions, loans, receipts expenditures, disbursements, in-kind committee campaign finance activity of all persons acting under the authority or on behalf of this committee.	contributions and liabilities for this reporting period and represents the see in accordance with the requirements of M.G.L. c. 55. Date: 10-5-21,
Signed under the neualties 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.

(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	ase melude your committee name and a p Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10-50	Jan A Ross A	450	(xor contributions of \$200 of more)
	over \$50 (or listed above)		
	\$50 and under* (not listed above)		
	EIPTS IN THE PERIOD sipts of \$50 and under, include them in line	F. Line 10 should	Enter on page 1, line 2 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)
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			DCI -S A IO 13 WN CLERK'S OFFICE WN CF SAUGUS, MASS.
			A IO
			SSE U
Line 9: Total Re	ceipts over \$50 (or listed above)		
Line 10: Total Re	eceipts \$50 and under* (not listed above)		
	L RECEIPTS IN THE PERIOD		Enter on page 1, line 2 ould 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.)

-Ear + em oxhom	To Whom Paid	nittee name and a page number or	u caeu page.)	· ·
Bate Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Total Expenditures ove	er \$50 (or listed above)	-
		Line 13: Total Expenditures \$50	and undark (not lists de la	
		rano 12, 10tat raybettatintes \$20	and miner. (not fished above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	IRES IN THE PERIOD \	
Frank harra ita!		include them in line 12. Line 13 she	\L	

* 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
	Junes ATURN	125AJ. J. AUR	\$50	950.
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			V CLERK NOF SAUG	
			TOWN CLERN'S OFF DE TOWN OF SAUGUS, MASS.	
			• 11 w	
		Line 12: Expenditures over	\$50 (or listed above)	
		Line 13: Expenditures \$50 ar	nd under* (not listed above)	
		Line 14: TOTAL EXPEND	ITURES IN THE PERIOD 3 should include only those expendit	have 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 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
				,
{				
1000				
# manual				
		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.

ate Incurred	To Whom Due	Address	Purpose	Amount
			7071 DOT	la la
			-5 LERK'S	
			OFFICE MASS.	
		TO MODELY OXIDER	ANDING LIABILITIES (ALL)	



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 Election Commission
	090121 Ending Date: 110223
Type of Report: (Check dil WN CLURK'S OFFICE OWN OF SAUGHS, MASS. 8th day preceding preliminary 8th day preceding election	on 30 day after election year-end report dissolution
	· · · · · · · · · · · · · · · · · · ·
Peter A Rossetti Jr Candidate Full Name (if applicable)	Committee Name
Town Meeting Precinct 2 Office Sought and District	Name of Committee Treasurer
6 Summit Ave Saugus, MA 01906 Residential Address	n/a Committee Mailing Address
E-mail: peterrossettijr@aol.com	B-mail:
Phone # (optional): 781-233-1855	Phone # (optional):
	LANCE INFORMATION:
SUMMARI BAL	O O
Line 1: Ending Balance from previous repo	ort
Line 2: Total receipts this period (page 3, li	ine 11)
Line 3: Subtotal (line 1 plus line 2)	O
Line 4: Total expenditures this period (pag	ge 5, line 14)
Line 5: Ending Balance (line 3 minus line	ol l
Line 6: Total in-kind contributions this per	riod (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: 0	
activity, including all contributions, toans, receipts, expensions of this co- finance activity of all persons acting under the authority or on behalf of this co-	, to the best of my knowledge and belief, a true and complete statement of all campaign finance ats, in-kind contributions and liabilities for this reporting period and represents the campaign ommittee in accordance with the requirements of M.G.L. c. 55. [Treasurer's signature] [Treasurer's signature]
Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate:	
Candidate with Committee I certify that I have examined this report including attached schedules and activity, of all persons acting under the authority or on behalf of this committee and liabilities nor made any expenditures on my behalf during the Candidate without Committee	d it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance
campaign finance activity of an persons do let	Date: 11/01/21 (Candidate's signature)
Signed under the penalties of perjury:	

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
		it is the second of those
MASS.		
-4 F		
TOWN TOWN TOWN TOWN TO THE PARTY OF THE PART		
ne 9: Total Receipts over \$50 (or listed above)		
te 10: Total Receipts \$50 and under* (not listed above)	000	
ne 11: TOTAL RECEIPTS IN THE PERIOD you have itemized receipts of \$50 and under, include them in line	0	← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

SCHEDULE A: RECEIPTS (continued)				
	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)	
ate Received	(alphabetical listing required)			
			ECEIVED	
			the V hold	
		202	10V - 4 P 12: 25	
		- 111 1		
		# TOW	CLERK'S OFFICE	
		TO 19	(Nor Saugus, Mass.	
		=======================================	1	
		=		
Marie Control of the				
1				
Line 9: Total P	Receipts over \$50 (or listed above)		0	
	Receipts \$50 and under* (not listed above))	0	
	AN DECEMPE IN THE PERIOD		0 ← Enter on page 1, line 2	
Line II: IVIA	AL RECERTS IN THE ALLE	<u> </u>	should 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,

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

Date Paid	To Whom Paid	WW -H		
	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	200 100	WIN CLERK'S Address OWN OF SAUBIIS, MASS.		
	11			
	100 A			
		LLL AND		
				i
		The state of the s		
			The state of the s	
			100 mm. 100 mm	
W				
		Line 12: Total Expenditures o	ver \$50 (or listed above)	(
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	0
	Postania	Line 14: TOTAL EXPENDIT		

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address		
			TIVED	
		7071 3000		
		ZOZI NOV -		
		TOWN CLEI	'S OFFICE	
		10 MAY (1). 2V	HAUS, MASS.	
	A STATE OF THE STA			
į				
		Line 12: Expenditures over	: \$50 (or listed above)	
		Line 13: Expenditures \$50:	and under* (not listed above)	
	Enter on page 1, line	4 → Line 14: TOTAL EXPEN	13 should include only those expend	L

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 5 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
		1021 NOV -4 P 12: 251		
		TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.		
				H
				70.7
		Line 15: In-Kind Contributions	over \$50 (or listed above)	C
	F	Line 16: In-Kind Contributions \$ Line 17: TOTAL IN-KIND CO		C

^{*} 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.

ate Incurred	To Whom Due	Address	Purpose	Amount
			FEIVED	
	1 12 12 14			
		ZOZI NO	-4 P 12: 25	
		TOWN C	LERK'S OFFICE	
		TOWNE	ERK'S OFFICE	
			1	
			100 Marie 100 Ma	

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