

Form CPF M 102: Campaign Finance Report

Office of Campaign and Political Finance

| Fill in Reporting Period dates: Beginning Date: Stock | nmission |
|---|-----------------------|
| 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Alison Taylor Candidate Full Name (if applicable) Committee Name Committee Name Kim Manuaghin Name of Committee Treasurer 4 orne St Marblehead MA Residential Address E-mail: Address Phone # (optional): Phone # (optional): | |
| Candidate Full Name (if applicable) Committee Name Committee Name Committee Name Kim Manage of Committee Treasurer Horne St Marblehead MA Residential Address E-mail: Address E-mail: Address Phone # (optional): Committee Name Kim Manage of Committee Treasurer Horne St Marblehead MA Committee Name Kim Manage of Committee Name Kim Manage of Committee Name Kim Manage of Committee Name Horne St Marblehead MA Committee Name Kim Manage of Committee Name Forme St Marblehead MA Committee Name Kim Manage of Committee Name Horne St Marblehead MA Committee Name Kim Manage of Committee Name Horne St Marblehead MA Committee Name Kim Manage of Committee Name Forme St Marblehead MA Committee Name Kim Manage of Committee Name Horne St Marblehead MA Committee Name Forme St Marblehead MA Committee Name Committee Name Forme St Marblehead MA Forme St Marblehead MA Committee Name Forme St Marblehead MA Forme St Marblehead MA | on |
| SUMMARY BALANCE INFORMATION: | 1 lov |
| | |
| 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) | |
| 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: Marblehead Bank | |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date: | ance n |
| 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 knowledge and belief, a true and complete statement of all campaign f activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contribut incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report. | n finance butions, |
| Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55. Date: Once the contribution of this candidate in accordance with the requirements of M.G.L. c. 55. Date: | in e |

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

| port all receipts. F | Please include your committee name and a pa | ige number on each | en page.) |
|----------------------|--|--------------------|--|
| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
| 4/3/22 | Nicole Cohen, 40 Cliften tue Marblehead | \$100 | |
| 6/4/22 | Josh Hopkins 24 May St. Marbhhad | | |
| e 3/22 | Kim McLaughlin & Edgewood Rd Marblehan | # 100 | |
| 4/22 | Terri Miller Swamps | | |
| | Alison Taylor - Loan Yornest Worblehad, MA | (Loan) \$ 600 | Sr. Customer Sk mgr Labura (Loan Pasign |
| (0/3/22 | Alison Taylor-Loan 4 one St Marblebook MA | (Loan) (600 | Sr Customer suc mage Labriva (Loan for Sign |
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| Line 9: Total Rec | reipts over \$50 (or listed above) | 1,800 | |
| Line 10: Total Re | ceipts \$50 and under* (not listed above) | 305 | |
| Line 11: TOTAL | RECEIPTS IN THE PERIOD | 2105 | ← Enter on page 1, line 2 uld 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)

| | Name and Residential Address | Amount | Occupation & Employer (for contributions of \$200 or more) |
|--------------------|--|--------|---|
| Date Received | (alphabetical listing required) | Amount | (101 COULTINUIOUS OF \$200 OF MOTE) |
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| Line 9: Total Rece | eipts over \$50 (or listed above) | | |
| Line 10: Total Rec | eipts \$50 and under* (not listed above) | | |
| | | | P. C. Comp. 1. Nine 2 |
| | RECEIPTS IN THE PERIOD | | ← Enter on page 1, line 2 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 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

| Data Daid | To Whom Paid (alphabetical listing) | ittee name and a page number on Address | Purpose of Expenditure | Amount |
|-----------|--|--|------------------------------------|--------|
| Date Paid | SignRocket | 340 Broadway St Paul Aurk MN55071 | Signs | 455 |
| (4/3/22 | AlisonTaylor | 4 orne St. Maublehead MACIQUS | Reimbursement Fortoan | # 855 |
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| | | Line 12: Total Expenditures | over \$50 (or listed above) | 1,310 |
| | | Line 13: Total Expenditures 5 | \$50 and under* (not listed above) | |
| | Enter on page 1, line 4 | Line 14: TOTAL EXPEND | ITURES IN THE PERIOD | 1,310 |

* 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 B: EXPENDITURES (continued)

| Data Daid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|-----------|-------------------------------------|--------------------------|---|------------------|
| Date Paid | (aiphabeticai iisting) | | | |
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| L | | Line 12: Expenditures ov | er \$50 (or listed above) | |
| | | | and under* (not listed above) | |
| | | | NDITURES IN THE PERIOD | |
| | Enter on page 1, line 4 | → Line 14: 101AL EXPE | te 13 should include only those expendi | tures not itemiz |

^{*} 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 |
|---------------|---------------------------|--------------------------------|-------------------------------|-------|
| Date Received | Trom whom received | | | |
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| | | Line 15: In-Kind Contribution | s over \$50 (or listed above) | |
| | | Line 16: In-Kind Contributions | | |
| | Enter on page 1, line 6 → | Line 17: TOTAL IN-KIND 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.

| Date Incurred | To Whom Due | Address | Purpose | Amount |
|--|---------------|-----------|------------------------------|----------|
| 6/3/22 | Alison Taylor | 4 arne St | Loan to purchase Signs | 345 |
| UB 22 | AlisonTaylor | 4 orne St | Signs paid for Personally | 1,062.50 |
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| Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | | | | 1,407.5 |