

Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth				
of Massachusetts File with: City or Town Clerk or Election Commission				
Report Being Amended: Year: 2022 Reporting Period: Beginning Date: April & Ending Date: June 13				
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution				
Helaine R. Hazlett Candidate Full Name (if applicable) Committee to Re-elect Helaine Hould Committee Name Eugene Arnould Residential Address Mandolchead Board of Heath Office Sought and District E-mail: helaine hazlett e g mail. Com Phone # (optional): 781-631-3400 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report				
Line 2: Total receipts this period Line 3: Subtotal Line 4: Total expenditures this period Line 5: Ending Balance Line 6: Total in-kind contributions this period Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used: National Grant Bank				
The original filing of the above-referenced campaign finance report is being amended for the following reason(s): My check # 103 written on 61/2022 was not cashed. My friend who died some graphic design for me wanted her work to be intinid and never cashed the check. I didn't realize it until there was a discrepancy when filing the end of the year report. Filing the end of the year report. Evert Fowle who spoke with me several times is familiar with my situation.				
Signed under the penalties of perjury: Signed under the penalties of perjury:				
Signed under the penalties of perjury: Signed under the penalties of perjury: Signed under the penalties of perjury: Date: 2/3/2023 Onte: 2/3/2023				



Form CPF M 102: Campaign Finance Report

Municipal Form

MARBLEHEAD Office of Campaign and Political Finance TOWN CLERK

Commonwealth of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 4/8/	2022 Ending Date: 6/13/2022
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Helaine R. Hazlett	Committee to Re-elect Helaine Hazlette Eugene Arnowld Name of Committee Treasurer
Candidate Full Name (if applicable) Board of Health	Eugene Arnould
Office Sought and District	Name of Committee Treasurer 12 Clifton five Marticheat Committee Mailing Address E-mail: helaine harlette g mail. Com
12 Clifton Ave Marblehead Residential Address E-mail: helaine hazlette gmail. com	Committee Mailing Address
E-mail: helaine hazlette smail. com	E-mail: helaine hazlette gmail. Com
	Phone # (optional):
SUMMARY BALANCE	INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	2042
Line 3: Subtotal (line 1 plus line 2)	¥2042
Line 4: Total expenditures this period (page 5, line 1	14) 13 28. 75
Line 5: Ending Balance (line 3 minus line 4)	713.25
Line 6: Total in-kind contributions this period (page	66) \$500.00
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: National	Grand Bank
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, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in accising under the penalties of perjury:	tributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box o	later)
Candidate with Committee Cartify that I have examined this report including attached schedules and it is, to the be activity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting pe	est of my knowledge and belief, a true and complete statement of all campaign finance chance 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 be finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this campaign.	n-kind contributions and liabilities for this reporting period and represents the
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.)

eport all receipts. Please include your committee name and a page number on each page.)						
	Name and Residential Address	Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)			
	Helaine R. Harlett 12 Clifton Avenue		business marager-self			
4/4/2022	12 Clifton Avenue	500.				
41412020	marskhead, MA	300.				
	James A. Hazlett DDS 12 Clifton Avenue		Dentist-retired			
4/4/2022	12 Clifton Avenue	War -	Dore is.			
41412022	marblehead, MA	8300.				
	Joanne Miller		Sales			
	12. Casamore Road		3.0,00			
4/4/2022	12 Sagamore Road Martichead, MA	\$100.				
			at home			
	Karen S. Rosenburg 133 Front Street		at name			
5/2/2022	marblehead, MA	1,000				
3/2/2022	mare review, perm					
		L				
1						
		L				
ine 9: Total Recei	pts over \$50 (or listed above)	1900.				
ine 10: Total Rece	ripts \$50 and under* (not listed above)	P142.				
10, 100011000						
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	2042.	← Enter on page 1, line 2			
TO 1 1 1 1		O T' 10 -1	Id 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)
Line 9: Total Recei	ipts over \$50 (or listed above)	\$1900.	
Line 10: Total Rece	sipts \$50 and under* (not listed above)	81900. 8142.	
	RECEIPTS IN THE PERIOD	2042.	Enter on page 1, line 2 Id 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

eport all expend	eport 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		
4/14/2022	Marbleheed Graphics	148 Jersey Street Marbichead, MA	lawn signs	878.75		
5/2/2022	Gayle Colinet graphic designer	15 Hillside Ave Marbhelead, MA	design postcard and stationery	£300.		
6/1/2022	Gayle, Colinet graphic designer	15 Hillside Are marblehead, MA	design and for newspaper	\$150.		
		Line 12: Total Expenditures ov Line 13: Total Expenditures \$50		1328.75		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		1328.75		

^{*} 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
		Line 12: Expenditures over \$50	0 (or listed above)	1328,7
				0
				1328.7
	Enter on page 1, line 4 -	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.

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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
4/28/202		38 Gerald Ruad mws Ichead	postcardo	\$500.
	·			
				P.
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	\$500.
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	→ Line 17: TOTAL IN-KIND CONTRIBUTIONS 500.		

^{*} 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.

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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
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				0