

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	
Fill in Reporting Period dates: Beginning Date: 06/0	File with: City or Town Clerk or Election Commission 73/2024 Ending Date: 07/11/2024
Type of Report: (Check one) 8th day preceding preliminary	
Daniel Fox	Dan Fox for Select Board
Select Board Candidate Full Name (if applicable)	Committee Name Karen Lemieux
6 W Cottage Street, Marblehead, MA 01945	Name of Committee Treasurer 6 W Cottage Street, Marblehead, MA 01945
Residential Address E-mail: foxd@marblehead.org	Committee Mailing Address
Phone #: 978-808-8064	E-mail: karendlemieux@gmail.com Phone #: 781-631-8305
	110hc # 01 00 1 00 00
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	802.91
Line 2: Total receipts this period (page 3, line 12)	6.44
Line 3: Subtotal (line 1 plus line 2)	809.35
Line 4: Total expenditures this period (page 5, line 15)	0.00
Line 5: Ending Balance (line 3 minus line 4)	809.35
Line 6: Total in-kind contributions this period (page 6, li	44.57
Line 7: Total (all) outstanding liabilities (page 7, line 19	
Line 8: Total out-of-pocket expenses this period (page 8,	line 22)
Line 9: Name of bank(s) used: National Grand E	
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind continuous activity of all persons acting under the authority or on behalf of this committee in activity of the penalties of perjury: COR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of Candidate with Committee)	coordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 7/1/24 only)
I certify 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 accommod any liabilities nor made any expenditures on my behalf during this reporting persons.	est of my knowledge and belief, a true and complete statement of all campaign finance rdance with the requirements of M.G.L. c. 55. I have not received any contributions, eriod that are not otherwise disclosed in this report.
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, it campaign finance activity of all persons acting under the authority or on behalf of this c	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 andidate in accordance with the requirements of M.G.L. c. 55.
igned under the penalties of perjury:	(Candidate's signature) Date:

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and received of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

1	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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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)
			(TOTAL COLORS OF \$200 OF MOTE)
ne 10: Total Passi	050 (1)		
	s over \$50 (or listed above) s \$50 and under (not listed above)	6.44	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
		6.44	should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	D	
	8/	Audiess	Purpose of Expenditure	Amount
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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amand
			- an pose of Expenditure	Amount
			1	
and under, includ	mized expenditures of \$50 de them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	0
should include o	mly those expenditures not mized above.	Line 14: Expenditures \$50 and a	under (not listed above)	0
	Enter on page 1 line 4 →	Line 15: TOTAL EXPENDIT		b

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

Date Received	From Whom Received*	Residential Address Description of Contribution	on Value
06/11/2024	Warwick Cinema	123 Pleasant St, Marblehead, MA	\$500
\$50 and under, i	emized in-kind contributions of nclude them in line 16. Line 17 to only those expenditures not	Line 16: In-Kind Contributions over \$50 (or listed above)	500
morad	itemized above.	Line 17: In-Kind Contributions \$50 and under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	500

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, 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 19: TOTAL OUTSTAND	INC LIABLE VICE	

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

	Name and Address of Vendor		
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
A Common of the			
			1
ine 20: Total Itemized	Out-Of-Pocket Expenditures Over \$50		* 161
of fisted above)	ed Out-Of-Pocket Expenditures \$50 and		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
muci (not fisted above)			should include only those expenditures not itemized above.
Line 22: TOTAL OUT-OF	-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8
	*Schodulo E is not 6 - 1	11	Page 8

*Schedule E is not for hallot question committee was