

### Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 4/1	File with: City or Town Clerk or Election Commission  2/2024 Ending Date: 6/3/2024				
Type of Report: (Check one)					
8th day preceding preliminary  8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution				
Daniel Fox	Dan Fox for Select Board				
Candidate Full Name (if applicable)  Select Board	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: dan@merryfoxrealty.com	Committee Mailing Address E-mail: karendlemieux@gmail.com				
Phone #: 978-808-8064	Phone #: 781-631-8305				
SUMMARY BALAN	CE INFORMATION:				
Line : Ending Balance from previous report	0				
Line: Total receipts this period (page 3, line 12)	4,051.68				
Line 3: Subtotal (line 1 plus line 2)	4,051.68				
Line 4: Total expenditures this period (page 5, line 15	3,248.77				
Line 5: Ending Balance (line 3 minus line 4)	802.91				
Line 6: Total in-kind contributions this period (page 6	o, line 18) 0				
Line 7: Total (all) outstanding liabilities (page 7, line	19) 0				
Line 8: Total out-of-pocket expenses this period (page	8, line 22) 0				
Line 9: Name of bank(s) used: National Grand	d 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: 6/3/344					
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 a state.	e best of my knowledge and belief, a true and complete statement of all campaign finance				
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, distrusement campaign finance activity of all persons acting under the authority or on behalf of the	e best of my knowledge and belief, a true and complete statement of all campaign				
Signed under the penalties of perjury:	(Candidate's signature) Date: 0/5/29				

#### SCHEDULE A: KECEIF 13

I.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 ear. 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 c 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 cords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions ceived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

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

D. t. D	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
5/1/24	Brenda Beaton 22 Tidewinds Terrace Marblehead, MA 01945	100	NA
4/30/24	Michael Bircher 12 Auburdale Road Marblehead, MA 01945	500	Sr Director Sales, Lucet Health
5/7/24	David and Jackie Belfbecker 8 Nonantum Road Marblehead, MA 01945	100	NA
5/11/24	Tykler Ewing 7 Beach Street Marblehead, MA 01945	500	Real Estate Broker, NAI Hunneman
5/7/24	Brant Firestone 25 Ware Lane, Marblehead, MA	250	Executive Director - Bristol Myers Squibb
4/12/24	Daniel Fox 6 W Cottage Street Marblehead, MA 01945	1000	Real Estate Broker, MerryFox Realty
5/1/24	James Fox 3 W Cottage Street, Marblehead	1000	Retired
5/1/24	Sandra Fox 3 W Cottage Street, Marlbehead	500	Retired
5/14/24	Christine Nuccio 3 Dameys Way Marblehead, MA 01945	100	NA

#### SCHEDULE A: RECEIPTS (continued)

D. A. D.	Name and Residential Address	TEEEE TS (CO.	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
ine 10: Total Page	pts over \$50 (or listed above)	4,050.00	
			* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Recei	pts \$50 and under (not listed above)	1.68	should include only those receipts not
ine 12: TOTAL R	ECEIPTS IN THE PERIOD	4,051.68	itemized above.
			← Enter on page 1, line 2

#### **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	Purpose of Expenditure	Amount
5/24/24	Home Depot	Traders Way Salem, MA 01979	Wood for signs	99.32
4/27/24	Signs 365	51245 Filomena Dr Shelby Twp, MI 48315	Yard Signs	630.00
5/23/24	Signs 365	51245 Filomena Dr Shelby Twp, MI 48315	Yard Signs	357.50
4/15/24	Square Space	8 Clarkson Street New York, NY 10014	Domain Name	12.00
5/16/24	Square Space	8 Clarkson Street New York, NY 10014	Website	30.60
5/16/24	Square Space	8 Clarkson Street New York, NY 10014	Website Hosting	38.25
5/14/24	Vista Print	275 Wyman Street Waltham, MA 02451	Brochures	116.32
5/20/24	Vista Print	275 Wyman Street Waltham, MA 02451	Postcard Mailing	1,964.78

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	D	
	i institution (	Auuress	Purpose of Expenditure	Amoun
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		3,248.77
snould include o	nly those expenditures not			
iter	nized above.	Line 14: Expenditures \$50 and under (not listed above)		0
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDIT	TURES IN THE DEDICE	3,248.77

#### SCHEDULE C: IN-VIND CONTRIDUTIONS

1.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 dition, 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 nd 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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions sceived. 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	Francis WI			
Date Received	From Whom Received*	Residential Address	Description of Contribution	n Value
\$30 and under, in	emized in-kind contributions of nelude them in line 16. Line 17	Line 16: In-Kind Contributions over	\$50 (or listed above)	0
snould include	e only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50 a		0
1				
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONTRI	IBUTIONS IN THE PERIOD	0

### 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 OUTSTANDI	NG LIABILITIES (ALL)	

# 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.

Dote Dots	Name and Address of Vendor		
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
			1
Line 20: Total Itemized (or listed above)	Out-Of-Pocket Expenditures Over \$50	0	* If you have out-of-pocket expenses of \$50
ine 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and			and under, include them in line 20. Line 21.
inder (not listed above)			should include only those expenditures not itemized above.
Line 22: TOTAL OUT-OF	-POCKET EXPENDITURES IN THE PERIOD	0	← Enter on page 1, line 8
	*01 11 D' . c 1	11 . , ,	Page 8