

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	11/2024 Ending Date: 12/04/2024
Fill in Reporting Period dates: Beginning Date: 7/1	11/2024 Ending Date: 12/31/2024
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
Select Board Candidate Full Name (if applicable)	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
Phone #: 978-808-8064	E-mail: karendlemieux@gmail.com
This is	Phone # : 781-631-8305
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	809.35
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	809.35
Line 4: Total expenditures this period (page 5, line 15	267.75
Line 5: Ending Balance (line 3 minus line 4)	541.6
Line 6: Total in-kind contributions this period (page 6	, line 18) O
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 besactivity, 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:	n accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 17/25
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to th activity, of all persons acting under the authority or on behalf of this committee in activity and incurred any liabilities nor made any expenditures on my behalf during this reporting	he best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period that are not otherwise disclosed in this report
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	e best of my knowledge and belief, a true and complete statement of all campaign

Date:

(Candidate's signature)

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 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. 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			, and a second
	250		
	Marblehead, MA		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			(and the state of
Line 10: Total Receip	ots over \$50 (or listed above)	0	* If you have itemized receipts of \$50 and
	ots \$50 and under (not listed above)	0	under, include them in line 10. Line 11 should include only those receipts not
	ECEIPTS IN THE PERIOD	0 4	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.

	Address	Dumpes of Francistana	
(alphabetical listing)	Audress	Purpose of Expenditure	Amount
-			

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		Line 13: Expenditures over \$50	(or listed above)	0
should includ	le only those expenditures not itemized above.	penditures not		6
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	267.75

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 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 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 include the candidate or committee name and a page number on each additional pages.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		According Address	Description of Contribution	value
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$50 (or listed above)		0
should include only these sum of the second		Line 17: In-Kind Contributions \$5	0 and under (not listed above)	0
	Enter on page 1, line $6 \rightarrow$	age 1, line 6 → Line 18: TOTAL IN-KIND CONTRIBUTIONS 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 OUTSTANI	DING LIABILITIES (ALL)	0

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.

Data Baid	Name and Address of Vendor		
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
		3	
Line 20: Total Itemiz	ed Out-Of-Pocket Expenditures Over \$50	0	* If you have out-of-pocket expenses of \$50
(or listed above)	nized Out-Of-Pocket Expenditures \$50 and		and under, include them in line 20. Line 21
under (not listed abov	ve)	0	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
			Page 8