



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report
Office of Campaign and Political Finance

File with:
City or Town Clerk or Election Commission

Reporting Period: Beginning: 1/1/2025 Ending: 5/23/2025

Type of Report: 2025 Pre-election Report

Ritvo, Amanda
Full Name of Candidate
Board of Health
Office Sought/ District
31 Ruby Avenue
Marblehead, MA 01945
Residential Address

Committee to Elect Dr. Amanda Ritvo
Committee Name
Miguel Concepcion
Name of Committee Treasurer
31 RUBY AVE
Marblehead, MA 01945
Committee Address

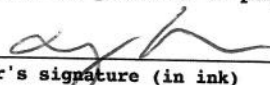
SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$0.00
Total receipts this period:	\$384.28
Subtotal:	\$384.28
Total expenditures this period:	\$0.00
Ending Balance:	\$384.28
Total inkind contributions this period:	\$60.00
Total out of pocket spending this period:	\$1,594.44
Total outstanding liabilities:	\$0.00
Name of Bank Used:	

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 (in ink)

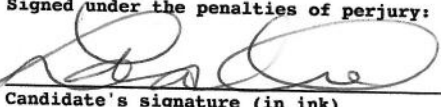
6/2/25
Date

Affidavit of Candidate:

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 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. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

Signed under the penalties of perjury:


Candidate's signature (in ink)

6/2/25
Date

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.

Date Name and Residential Address

Amount Occupation and Employer

5/5/2025 **Andler, Samuel**

286 Ocean Avenue

Marblehead, MA 01945

\$37.08

5/20/2025 **Ceplikas, Lisa**

20 Leo Road

Marblehead, MA 01945

\$103.00

4/28/2025 **Hazlett, Helaine**

12 Clifton Avenue

Marblehead, MA 01945

\$100.00

5/18/2025 **Miller, Joanne**

12 Sagamore Road

Marblehead, MA 01945

\$103.00

5/9/2025 **Thomson, Katherine**

30 Bubier Road

Marblehead, MA 01945

\$41.20

Total Itemized Receipts:

\$384.28

Total Unitemized Receipts:

\$0.00

Total Receipts:

\$384.28

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 over \$50 and under may be added together from committee records, and reported on line 13.

Date Name and Address

	<u>Amount</u>	<u>Purpose</u>
Total Itemized Expenditures:	\$0.00	
Total Unitemized Expenditures:	\$0.00	
Total Expenditures:	<u>\$0.00</u>	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

<u>Date</u>	<u>Name and Residential Address</u>	<u>Value</u>	<u>Description, Occupation & Employer</u>
5/5/2025	Grazado (Marblehead Sports Shop), Jason	\$60.00	
	26 Hawkes St		0
	Marblehead, MA 01945		Two Sweatshirts With Logo
	Total Itemized In-kind Contributions:	\$60.00	
	Total Unitemized In-kind Contributions:	\$0.00	
	Total In-kind Contributions:	<u>\$60.00</u>	

Schedule E: Candidate Out-Of-Pocket Expenses

Date Name and Address

Amount Purpose

4/17/2025	Squarespace, Inc. 225 Varick Street, 12th Floor New York, NY 10014	\$26.56 Website For April
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5/1/2025	Squarespace, Inc. 225 Varick Street, 12th Floor New York, NY 10014	\$189.84 Website For Year
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5/1/2025	Staples Inc. Salem, MA 01970	\$95.61 Postcards
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5/7/2025	Staples Inc. Salem, MA 01970	\$29.74 Business Cards
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5/14/2025	Staples Inc. Salem, MA 01970	\$62.69 Fliers
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5/1/2025	Vinyl Graphic Works Marblehead, MA 01945	\$925.00 Lawn Signs
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5/15/2025	Vinyl Graphic Works Marblehead, MA 01945	\$265.00 Lawn Signs
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Total Itemized Out-Of-Pocket Expenditures:	\$1,594.44
Total Unitemized Out-Of-Pocket Expenditures:	\$0.00
Total Out-Of-Pocket Expenditures:	<u>\$1,594.44</u>