

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 6/3/	/25 File with: City or Town Clerk or Election Community File with: City or Town Clerk or Election Community 7/10/25
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☑ 30 day after election ☐ year-end report ☐ dissolution
EDWARD NILSSON	N.A.
Candidate Full Name (if applicable) PLANNING BOARD, MARBLEHEAD	Committee Name
Office Sought and District 28 NAUGUS AVENUE, MARBLEHEAD, MA 01945	Name of Committee Treasurer
Residential Address E-mail: ENILSSON@NSAARCH.COM	Committee Mailing Address
Phone #: (978) 578-0188	E-mail:
	Phone #:
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$0.00
Line 2: Total receipts this period (page 3, line 12)	\$0.00
Line 3: Subtotal (line 1 plus line 2)	\$0.00
Line 4: Total expenditures this period (page 5, line 15)	\$0.00
Line 5: Ending Balance (line 3 minus line 4)	\$0.00
Line 6: Total in-kind contributions this period (page 6,	line 18) \$0.00
Line 7: Total (all) outstanding liabilities (page 7, line 19	9) \$0.00
Line 8: Total out-of-pocket expenses this period (page 8	s, line 22) \$552.50
Line 9: Name of bank(s) used:	
fidavit of Committee Treasurer: ertify that I have examined this report including attached schedules and it is, to the best ivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind c ance activity of all persons acting under the authority or on behalf of this committee in a	of my knowledge and belief, a true and complete statement of all campaign finance ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L., 55
gned under the penalties of perjury:	(Treasurer's signature) Date:
OR 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, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign fina ordance with the requirements of M.G.L. c. 55. I have not received any contribution
Candidate without Committee 1 certify that I have examined this report including attached schedules and it is, to the I finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign

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.

	eeded to report all receipts. Please include the car Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aipnabetical listing required)	1 mount	
A Section 19 Section 1			

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
			med good way?	
ne 10: Total Receipts over \$50 (or listed above)			* If you have itemized receipts of \$50 and under, include them in line 10. Line 11	
	s \$50 and under (not listed above)		should include only those receipts not itemized above.	
ie 12: TOTAL REC	CEIPTS IN THE PERIOD	←	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
Date Faid	(mprime estate)			
				1
				<u> </u>
			1	

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	# 57 graphs at the
		,	Turpose of Expenditure	Amoun
		1 12 12 12 12 12 12 12 12 12 12 12 12 12	Particular Law and American	
			Programme and a second	l la companie de
		17 11		Ш
]
If you have ite	mized expenditures of \$50	Line 13: Evnenditures aven 050	(on lists 1.1.	
nd under, includ	le them in line 13. Line 14 nly those expenditures not	Line 13: Expenditures over \$50 (or listed above)		\$552.50
iter	nized above.	Line 14: Expenditures \$50 and u	inder (not listed above)	0.00
	Enton			
	Enter on page 1, line 4	Line 15: TOTAL EXPENDITE	URES IN THE PERIOD	\$552,50

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 appage number on each additional page.

te Received	From Whom Received*	Residential Address	Description of Contribution	Value
Received				
				Ī
* If you have	itemized in-kind contributions of	Line 16: In-Kind Contributions o	ver \$50 (or listed above)	
\$50 and under	r, include them in line 16. Line 17	Line 17: In-Kind Contributions \$	50 and under (not listed above)	
should incl	lude only those expenditures not itemized above.	Line 17: In-Kind Contributions 3	Jo and under (not fished doore)	
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CON	TRIBUTIONS IN THE PERIOD	\$0.00

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
		Inhe	Name and Address 4 N	
	ange	03 23321 AM .	LOONICEPT SIGNS	623
(223 a sat) (25 t) (2363 4 sat)	Managara Naw e and man Nija Namata and ata atkan ben	\$552.50	niest Ossan-Pecias Expenditus	1007 00 000
	and American American		DING LIABILITIES (ALL)	\$0.00

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.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
6/4/25	CONCEPT SIGNS 58 BRIDGE ST., SALEM, MA 01970	\$552.50	Signs
(or listed above)	ized Out-Of-Pocket Expenditures Over \$50	\$552.50	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		\$0.00	should include only those expenditures not itemized above.
	T-OF-POCKET EXPENDITURES IN THE PERIOD	\$552.50	← Enter on page 1, line 8 Page 8