

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Re	eporting Period dates:	Beginning Date: 6	/3/2	25	Ending 1		City or Town Cler	25	ion Commission
Tymo of	Danasta (Charles)						-/-/		
10000000	Report: (Check one) y preceding preliminary	■ 8th day preceding election	1 <b> </b>	<b>Z</b> 30 da	y after election	□ ye	ear-end report	dis	ssolution
Llamm. C	\		$\neg$						
Henry C	Candidate Full Name (	if annicable)	_						
School	Committee	п аррисаоте)				Comm	ittee Name		
10 Moh	Office Sought and awk Rd., Marblehead,				Na	me of Con	nmittee Treasurer		
	Residential Ad	25. F(F) 74.D	$\neg$		C	ommittee l	Mailing Address		
	nrygwazda@gmail.com	m	_	E-mail:					
Phone #: 47	2-225-3504		_	Phone #	:				
		CHIRARA A DAY DAY A							
		SUMMARY BALA	NCI	EINFO	DRMATION:				
	Line 1: Ending Balance	e from previous report			229.31				
	Line 2: Total receipts	this period (page 3, line 12)			0				
	Line 3: Subtotal (line	l plus line 2)			229.31				
	Line 4: Total expendit	ures this period (page 5, line	15)		75.90				
	Line 5: Ending Balanc	e (line 3 minus line 4)			153.41				
	Line 6: Total in-kind co	ontributions this period (page	e 6, li	ine 18)	0			N	
	Line 7: Total (all) outsi	tanding liabilities (page 7, lin	ie 19)	)	1500.00			_ 0	
	Line 8: Total out-of-poo	cket expenses this period (pag	ge 8,	line 22)	01460.	1(			
	Line 9: Name of bank(	s) used: Salem Five S	Savi	ngs Ba				27	
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:									
FOR CAN	FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)								
Candida I certify to	te with Committee hat I have examined this report inclused all persons acting under the author	uding attached schedules and it is, to rity or on behalf of this committee in tures on my behalf during this repor	the be	est of my				of all car	npaign finance
I certify to		ading attached schedules and it is, to s, receipts, expenditures, disbursem g under the authority or on behalf of							npaign nts the
	the penalties of perjury:	fanny qu	cy	M	(Candidate's		Date: 7	128/	25

M102 (12/2023)

#### 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)	Occupation & Employer (for contributions of \$200 or more)		
	( I good and a good a good and a good a good and a good a good and a good and a good and a good and a good a goo	Amount	(202 COMENTAL COMES OF \$100 OF MICHES)	

## **SCHEDULE A: RECEIPTS (continued)**

D. D. L.	Name and Residential Address	T	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
		Ш	
Line 10: Total Rece	ipts over \$50 (or listed above)	•	* If you have itemized receipts of \$50 and
Line 11: Total Rece	ipts \$50 and under (not listed above)	under, include them in line 10. Line 11 should include only those receipts not	
		O	itemized above.
Line 12: TOTAL R	RECEIPTS IN THE PERIOD	0	← 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.

Data Bald	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount

#### **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	A.J.	B CF W	I
Date I alu	(aiphabetical listing)	Address	Purpose of Expenditure	Amount
* If you have and under, in	itemized expenditures of \$50 clude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	
should include only those owner diturns and		Line 14: Expenditures \$50 and t	under (not listed above)	75.90
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	75.90

## 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 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. 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.

D . D	The same and a page number on each additional page.			
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
+ rc ·				
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over	0	
should inclu	de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	0	
Enter on page 1, line $6 \rightarrow$		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
3/17/25	Henry Gwazda	10 Mohawk Rd, Marblehead, MA, 01945	Campaign funds	1000.00
4/19/25	Henry Gwazda	10 Mohawk Rd, Marblehead, MA, 01945	Campaign funds	500.00
	Enter on page 1, line 7	Line 19: TOTAL OUTSTANI	DING LIABILITIES (ALL)	1500.00

### 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
6/6/25	Essex Media Group, 85 Exchange St, Lynn, MA, 01901	700.00	Newspaper Ad
6/23/25	MHD News Group, 217 Humphrey St, MHD, MA, 01945	525.00	Newspaper Ad
6/6/25	Minuteman Press, 70 Main st, Peabody, MA, 01960	235.11	Postcards
,			
Line 20: Total Itemiz (or listed above)	zed Out-Of-Pocket Expenditures Over \$50	1460.11	* If you have out-of-pocket expenses of \$50
	mized Out-Of-Pocket Expenditures \$50 and ve)	0	and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT	-OF-POCKET EXPENDITURES IN THE PERIOD	1460.11	← Enter on page 1, line 8
	*Schedule E is not for	ballot question co	Page 8