

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 5/24	H/2025 Ending Date: 6/30/2025			
Type of Report: (Check one) 8th day preceding preliminary				
Katherine B Schmeckpeper Candidate Full Name (if applicable) School Committee Office Sought and District 41 Chestnut St., Marblehead, MA 01945 Residential Address E-mail: kateforsc@gmail.com Phone #: 617.817.4025	Kate Schmeckpeper for School Committee Committee Name David E. Harris, Jr. Name of Committee Treasurer 41 Chestnut St., Marblehead, MA 01945 Committee Mailing Address E-mail: DavidHarrisJr32@gmail.com Phone #:617.799.8325			
	\$416.45 \$1737.25 \$2153.70 \$2153.70 \$0 line 18) \$21			
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, teceipts, 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: Date: 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. Candidate without 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, including 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 candidate in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Candidate's signature)				

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)	Amount	Occupation & Employer (for contributions of \$200 or more)
\$/27/25	Paul Baker 79 Overlook Rd. Marblehead, MA 01945	\$53.03	
6/3/25	Beth Baron 17 Vassar Rd. Marblehead, MA 01945	\$ 158.31	
5/28/25	Jordan Caress-Wheelwright 157 Lafayette St. Marblehead, MA 01945	\$105.75	
5/25/25	Reece Dahlberg 6 Fieldbrook Rd. Marblehead, MA 01945	\$105.75	
5/28/25	Tina Fox 6 West Cottage St. Marblehead. MA 01945	\$250	Pickleball instructor; self-employed
6/4/25	William Gleason 18 Carol Rd. Marblehead, MA 01945	\$105.75	
6/1/25	Sarah Golombek 26 Waldron St. Marblehead MA 01945	\$211.18	Bio-Medical Engineering Field Manager; AbbVie
5/26/25	Renee Keaney 2 Beverly Ave. Marblehead, MA 01945	\$53.03	
5/28/25	Deb Semine 12 Warren Rd. Marblehead, MA 01945	\$53.03	
5/30/25	David Wedel 2 Coolidge Rd. Marblehead, MA 01945	\$100	
6/5/25	Donna Weiner 36 Mugford St. Marblehead mA 01945	\$210.91	Financial secretary; Old North Church

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address		Occupation & Familian
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Rece	ipts over \$50 (or listed above)	\$1406.74	* If you have itemized receipts of \$50 and
	ipts \$50 and under (not listed above)	\$330.51	under, include them in line 10. Line 11 should include only those receipts not
			itemized above.
Line 12: TOTAL R	RECEIPTS IN THE PERIOD	\$1737.25	← 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
6/22/25	Marblehead Current	217 Humphrey St. Marblehead, MA 01945	Print Ad	\$525
5/29/25	US Postal Service	27 Smith St. Marblehead, MA 01945	Postage	\$1095
5/24/25	VistaPrint	275 Wyman St. Waltham, MA 02451	Postcards	\$320.58
5/29/25	VistaPrint	275 Wyman St. Waltham, MA 02451	Postcards	\$119.85

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	DEL D. EXILENDITORES (T	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			P	
				111
				Ш
	6			
* If you have	itemized expenditures of 050			
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above. Line 13: Expenditures over \$50 (or listed above) Line 14: Expenditures \$50 and under (not listed above)		Line 13: Expenditures over \$50 (or listed above)		\$2060.43
		under (not listed above)	\$93.27	
ı	itemized above.			φ93.27
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	\$2153.70
				,

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 D	Description of Contribution	Value
5/31/25	Christine Nuccio		Mailing labels	\$21
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$.	177	\$21
ѕиоша тем	de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50 an	nd under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONTRIE	BUTIONS IN THE PERIOD	\$21

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 OUTSTAND	DING 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.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
6/5/26	Essex Media Group 85 Exchange St. Lvnn MA 01901	\$700	Print Ad
5/29/25	VistaPrint 275 Wyman St. Waltham, MA 01945	\$151.06	Postcards
(or listed above)	ad Out-Of-Pocket Expenditures Over \$50 nized Out-Of-Pocket Expenditures \$50 and e)	\$851.06	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT-0	OF-POCKET EXPENDITURES IN THE PERIOD	← Enter on page 1, line 8 Page 8	