

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginnin	ng Date: June 3, 20	File wi Ending Date:	th: City or Town Clerk or July 10, 2025		
Type of Report: (Check one)					
■ 8th day preceding preliminary ■ 8th day prec	eding election 2 30 da	ay after election	year-end report	dissolution	
Yael Magen	Com	mittee to Elect Ya	el Magen		
Candidate Full Name (if applicable) Select Board- Marblehead	1.1		nmittee Name		
Office Sought and District 165 West Shore Drive Marblehead, MA			Committee Treasurer Marblehead MA		
Residential Address E-mail: voteyaelmagen@gmail.com	1.1	Committe	ee Mailing Address		
Phone #: 617-981-2391	E-mail:	Ving G 2000	2000 ay x	w, een	
	Phone #	508-310-37	65		
SUMMA	RY BALANCE INFO	DRMATION:		7	
Line 1: Ending Balance from previou	s report	1950			
Line 2: Total receipts this period (pag	e 3, line 12)	466		크홀	
Line 3: Subtotal (line 1 plus line 2)				SAT.	
Line 4: Total expenditures this period (page 5, line 15)					
Line 5: Ending Balance (line 3 minus	Line 5: Ending Balance (line 3 minus line 4)				
Line 6: Total in-kind contributions this	s period (page 6, line 18)	0	J	一大〇	
Line 7: Total (all) outstanding liabilitie		21156/59 KM. 3	673.4		
Line 8: Total out-of-pocket expenses th	is period (page 8, line 22)	2156.59 XM. 3	673.4		
Line 9: Name of bank(s) used:	stern Bank				
ffidavit of Committee Treasurer: certify that I have examined this report including attached schedules etivity, including all contributions, loans, receipts, expenditures, distinance activity of all persons acting under the authority or on behalf eigned under the penalties of perjury: OR CANDIDATE FILINGS ONLY: Affidavit of Can	of this committee in accordance w	edge and belief, a true and cor and liabilities for this reportin yith the requirements of M.G.L	g period and represents the c. 55.	campaign	
Candidate with Committee I certify that I have examined this report including attached sched activity, of all persons acting under the authority or on behalf of incurred any liabilities nor made any expenditures on my behalf of	dules and it is, to the best of my kr	nowledge and belief, a true and the requirements of M.G.L. c re not otherwise disclosed in the	d complete statement of all 5. 55. I have not received an his report.	campaign finance	
Candidate without Committee I certify that I have examined this report including attached sched finance activity, including contributions, loans, receipts, expendit campaign finance activity of all persons acting under the authority.	dules and it is, to the best of my kr	nowledge and belief, a true and	d complete statement of all	campaign seents the	
gned under the penalties of perjury:	MC	(Candidate's signature	Data 7-11	7-2025	

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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions 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
June 3	Nicole Cohen 40 Clifton Ave, Marblehead, MA	100	(for contributions of \$200 or more)
June 17	Eli Davidyan- 9 Broadway, Beverly, MA	100	
June 7	Susan MacInnis - 39 Bayview Rd, Marblehead, MA	50	
June 4	Phoebe Olhava-11 Scarsdale Rd., Newton, MA	180	
June 4	Kathryn Wolf - 140 Jefferson Ave. Miami Beach, FL	36	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			The state of the s
· _			
10: Total Receipts	s over \$50 (or listed above)	466	* If you have itemized receipts of \$50 and
ne 11: Total Receipts \$50 and under (not listed above)		0	should include only those receipts not
12: TOTAL REC	CEIPTS IN THE PERIOD	466 ←	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.

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Dumos of F	
	8/	TAUTESS	Purpose of Expenditure	Amoun
* If you have ite	emized expenditures of \$50			
* 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)		HANDER AN
		Line 14: Expenditures \$50 and		
	Enter on page 1, line $4 \rightarrow$	The second secon		

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

te Received	From Whom Received*	Residential Address	Description of Contribution	Value
and under, incl	ized in-kind contributions of lude them in line 16. Line 17	Line 16: In-Kind Contributions over	\$50 (or listed above)	
snouta include d	only those owner dit	Line 17: In-Kind Contributions \$50 a		
		Line 18: TOTAL IN-KIND CONTR		

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
luly 10	Yael Magen	165 West Shore Drive, Marblehead, MA	Mailing Postcrads	1556.59
une 9	Yael Magen	165 West Shore Drive, Marblehead, MA	Paper Add	600
Sune 2	Yael Magen	165 West share Dr. Marblehead NA	previous lighelities	15/6.81

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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
June 9	Jewish Journal PO Box 2089 Salem MA	1556.59	Postcards mailin
July 10	Minuteman Press 409 Cabot St. Beverly MA	600	Paper add
(i 20 T - 1-			
Line 21: Total Unitem under (not listed above		2156.59	* 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-O	F-POCKET EXPENDITURES IN THE PERIOD	2156.59	← Enter on page 1, line 8