

## REFORM CPF M 102: Campaign Finance Report

**Municipal Form** 

Office of Campaign and Political Finance

JUN 27 2022

Titabaataaata	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period detenior SALISBERINING Date: 3/3/2022 Ending Date: 7/10/2022				
Francis of Domonts (Charle and)				
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	30 day after election  year-end report dissolution			
Michael Colhum Candidate Full Name (if applicable)  Connette to Eled. Michael Colbum Committee Name				
Seletman	Charles fitz water			
Office Sought and District  Name of Committee Treasurer  Social of Circle				
Residential Address	Committee Mailing Address			
E-mail: 5 elements. Mike(a) a Mail. Com	E-mail: <fi+ 2="" @y="" com<="" mail.="" td="" water=""></fi+>			
Phone # (optional):	Phone # (optional):			
SUMMARY BALAN	CE INFORMATION:			
Line 1: Ending Balance from previous report	177.00			
Line 2: Total receipts this period (page 3, line 1	1) 2505			
Line 3: Subtotal (line 1 plus line 2)	2682			
Line 4: Total expenditures this period (page 5, 1	ine 14) 2478			
Line 5: Ending Balance (line 3 minus line 4)	204			
Line 6: Total in-kind contributions this period (	page 6)			
Line 7: Total (all) outstanding liabilities (page 7	7)			
Line 8: Name of bank(s) used: In Stita	tian for Savings			
Affidavit of Committee Treasurer:				
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: 7/10/23			
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1				
	•			
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 paralties of parium.	(Candidate's signature)  Date: 7/0/2			

## **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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

report all receipts. P	lease include your committee name and a pa	ge number on ea	
	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
4/7/22	Joel Vargas 647 Essex st. Lawrance, Ma	460.00	Buisness owner
417/22	Brad Kutcher 128 Elm St. Salisbury Ma 01952	266, 60	Buisness Owner Roof & Bloom
4/7/22	AJ PAPPAS 7 12st. Salisbury Ma 01952	166.	
417/22	Bryan Turnage 17 Cushing St. Salisbury ma 01952	100.00	
4/7/22	John Schillizz 4 Atlantic Ave Salisbury Ma 01952	300.00	Self Employed Insurance Adjuster
417/22	Shaun M. Neary 24 Seabrook Rd Salisbury Ma01952	150. 60	
417/22	Lenora M. Derrivan 6 Mason Ln. Salisbury, Ma 01952	25,00	
4/7/22	Francis Bertolino 10 Maple Terrace West wewbury Ma01951	200.00	Buisness owner North Shore Realty Group
4/7/22	Derek Coburn 148 Beach Rd. Sausbury Ma 01952	50.00	
417122	Scott Merchant 5Park st. Salisbury Ma01952	100.00	
417/22	Michael & Jod. wolpert 45 Forest Rd. Salisbury Ma 01952	250 00	Buisness owner Wolpert Disposal
417/22	David Daly 229 sted man st. Lowell Ma 01851	250 00	Buisness Owner Daly Construction
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/8/22	Jean M. Mercer 40 Toll Rd. Salisbury Maclasz	30°°	
418/22	Ron Giordano 44 Railroad Ave. Salisbury Ma 01952	100 00	
418/22	Ron Giordano 44 Railroad Ave. Salisbury Ma 01952	50°°	
4/11/22	Jane Purinton 20 Tobl Rd Salisbury Ma 01952	50 00	
4/12/22	Daniel Kenny 24 Forest Rd. Salisbury Ma 01952	100.00	
4/6/22	Brent Byers 15 Ferry Rd. Salisbury Ma 01952	50 00	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL	RECEIPTS IN THE PERIOD	2 <b>5</b> /05	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## **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 letailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

eport all expenditures. Please include your committee name and a page number on each page.)

eport all expend		nittee name and a page number on	eacn page.)	T	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
4/20/22	Bob's singns	50 Elm St. Salisbury Ma 01952	signs	600.00	
4/7/22	Bobls Singns	50 Elm st Salisbury maol952	signs	600.00	
3/7/22	Signs 365	51245 Filomena Dr. shelby TWN. MI	signs	639 0	
4/8/22	Signs 365	51245 Filomena Dr. Shelby Twn. MI	315ns	639 **	
		Line 12: Total Expenditures over	2478 -		
Line 13: Total Expenditures \$50 and under* (not listed above)					
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD					
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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