

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| OI Massachasetts  | File with: City or Town Clerk or Election Commission                       |
|---|--|
| Fill in Reporting Period dates: Beginning Date: Gept 1  | Ending Date: Oct 18  |
| Type of Report: (Check one)   |  |
| 8th day preceding preliminary 8th day preceding election 30 day   | y after election year-end report dissolution                               |
| Jimmy Tri Le  | le Committee   |
| Gty Courci Ward 4   | Mot Nauden   |
| Office Sought and District  41 Westover St.  4  | Name of Committee Treasurer  |
| E-mail: J. M. W. L. B. (J. Ewebtt, Ma. V. E-mail:   | Mngvy-ln # 78 aol-Com  |
| Phone # (optional): (617) 953 - 6112 Phone # (  | optional):   |
| SUMMARY BALANCE INFO  | RMATION:   |
|   |  |
| Line 1: Ending Balance from previous report   |  |
| Line 2: Total receipts this period (page 3, line 11)  | 2,325  |
| Line 3: Subtotal (line 1 plus line 2)   | 2,325  |
| Line 4: Total expenditures this period (page 5, line 14)  | 2,097.05   |
| Line 5: Ending Balance (line 3 minus line 4)  | 227.95   |
| Line 6: Total in-kind contributions this period (page 6)  |  |
| Line 7: Total (all) outstanding liabilities (page 7)  | 876.99   |
| Line 8: Name of bank(s) used:   | perative hank  |
| Affidavit of Committee Treasurer:   |  |
| I certify that I have examined this report including attached schedules and it is, to the best of my knowl activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions finance activity of all persons acting under the authority or on behalf of this committee in accordance we                | and liabilities for this reporting period and represents the campaign      |
| Signed under the penalties of perjury:  | (Treasurer's signature) Date:  |
| FOR 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 best of my k activity, of all persons acting under the authority or on behalf of this committee in accordance with incurred any liabilities nor made any expenditures on my behalf during this reporting period that a      | h the requirements of M.G.L. c. 55. I have not received any contributions, |
| Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the best of my k finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind cont campaign finance activity of all persons acting under the authority or on be all of this candidate in | tributions and liabilities for this reporting period and represents the    |
| Signed under the penalties of perjury:  | (Candidate's signature) Date: 10/28/2023                                   |

# **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 an receipts. Flease include your committee name and a   | baga managar on o | neri pagei)  |  |
|--|-------------------|--|--|
| Name and Residential Address Date Received (alphabetical listing required)                                   | Amount            | Occupation & Employer (for contributions of \$200 or more) |  |
| 00/06/2023 Alina Govo Kina<br>200 Cove way Unit 403<br>Overly, MA 02169                                      | \$1,000           | Day Care Dinector<br>Medford Adult Day<br>Neath Center     |  |
| 10/12/2023 Hudres T5, tos<br>148 Marin ct.<br>Marden, MA 0148  | 91,000            | owner property Maragener united Properties Enc.            |  |
| 10/6/2023 Gileen M. Barregi<br>23 Haritzge In.<br>Garres, Ma 01906   | \$150             |  |  |
| 10/12/2023 Salvatore Donne<br>35 Cameron et<br>aveces, mis or 149  | \$100             |  |  |
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|  |                   |  |  |
| Line 9: Total Receipts over \$50 (or listed above)   | \$2,250           |  |  |
| Line 10: Total Receipts \$50 and under* (not listed above)   | \$75              |  |  |
| Line 11: TOTAL RECEIPTS IN THE PERIOD  * If you have itemized receipts of \$50 and under, include them in li | \$2,325           | ← 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) |  |
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| ne 9: Total Receip | ts over \$50 (or listed above)                                      |  |  |  |
|                    | ots \$50 and under* (not listed above)                              |  |  |  |
| · · ·              | ECEIPTS 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 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 detailed 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

| report all expenditures. Please include your committee name and a page number on each page.) |   |                                      |                               |         |  |
|--|---|--------------------------------------|-------------------------------|---------|--|
| Date Paid  | To Whom Paid (alphabetical listing)                                 | Address                              | Purpose of Expenditure        | Amount  |  |
| 10/10/23   | hancere   | foar Conscor                         | Campaign Eupplies             | 583.85  |  |
| 10/10/23   | Home Deput  | 3 phystic View Re<br>Events MH 02149 | Campaijn Supplies             | 58,95   |  |
| 10/11/23   | Home Deput  | 3 Mystiz View rd.<br>Guretts MH 2149 | Campaign Supplies             | 10.56   |  |
| 10/16/23   | Jimmy tri he  | 41 vestorier st<br>Ernett, MA 0149   | Reimbursenent<br>(Printin)    | 240.00  |  |
| 10/10/23   | Negraper (advocate)   | 573 Broadway<br>Everett, MA or hig   | Various<br>Adventisement,     | 400,00  |  |
| 10/18/23   | staples   | 165 MADLESEX ME<br>Somewill, MA ONLY | hinting                       | 38,69   |  |
| 10/18/23   | USPS  | arnell, MA or 149                    | Postage                       | 765.00  |  |
|  |   |                                      |                               |         |  |
|  |   |                                      |                               |         |  |
|  |   |                                      |                               |         |  |
|  |   |                                      |                               |         |  |
|  |   |                                      |                               |         |  |
|  |   | Line 12: Total Expenditures over     | er \$50 (or listed above)     | 2,047.8 |  |
|  |   | Line 13: Total Expenditures \$50     | and under* (not listed above) | 49.25   |  |
| If you have item   | Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD |                                      |                               |         |  |

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

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

| Date Paid  | To Whom Paid (alphabetical listing) | Address                         | Purpose of Expenditure    | Amount  |
|------------|-------------------------------------|---------------------------------|---------------------------|---------|
| Date I ald | (expressed noting)                  | TAUGI C33                       | A dipose of Expellulation | Amount  |
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|            |                                     | Line 12: Expenditures over \$50 | 0 (or listed above)       |         |
|            |                                     | Line 12: Evnerditures \$50 and  | under* (not listed shous) |         |
|            |                                     | Line 13: Expenditures \$50 and  | ander (not usica above)   |         |
|            | Enter on page 1, line 4 →           | Line 14: TOTAL EXPENDIT         | TURES IN THE PERIOD       |         |

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

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

| Date Received | From Whom Received*  | Residential Address  | Description of Contribution | Value |
|---------------|--|--|-----------------------------|-------|
|               |  |  |                             |       |
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|               |  |  |                             |       |
|               | Line 15: In-Kind Contributions over \$50 (or listed above)     |  |                             |       |
|               |  | Line 16: In-Kind Contributions \$50 & under (not listed above) |                             |       |
|               | Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS |  |                             |       |

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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### **SCHEDULE D: LIABILITIES**

• M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

| Date Incurred | To Whom Due | Address                            | Purpose                   | Amount  |
|---------------|-------------|------------------------------------|---------------------------|---------|
| 10 3 23       | Jamy Trile  | 41 westown St.<br>Euroth Mar (2)49 | open Connellee<br>account | 100     |
| 8/2/23        | Jamy Tri le | Gome                               | Hationary                 | 356,99  |
| 7/31/23       | Janny Tribe | Same                               | finding                   | 660,00  |
|               |             |                                    |                           | (240)   |
|               |             |                                    |                           | 9 00 10 |
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|               |             |                                    |                           |         |
|               |             |                                    |                           |         |
|               |             |                                    | \$                        | 876,99  |