

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 071	52025 Ending Date: 10/27/25
Type of Report: (Check one)  ■ 8th day preceding preliminary ■ 8th day preceding election	■ 30 day after election ■ year-end report ■ dissolution
Cynthia Aledi Salazar  Candidate Full Name (if applicable)  City Councilor Ward 4  Office Sought and District  79 Edith St., Everett, MA 02149  Residential Address  E-mail: salazar4everett@gmail.com  Phone #: 6179388056	Committee Name Alejandro Salazar  Name of Committee Treasurer 79 Edith St., Everett, MA 02149  Committee Mailing Address E-mail: alejandrochice@gmail.com  Phone #: 781-888-1003
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 12)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line 15)  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 6,  Line 7: Total (all) outstanding liabilities (page 7, line 1  Line 8: Total out-of-pocket expenses this period (page 8  Line 9: Name of bank(s) used:  Barclays Credit	0 200 FE CANDON 475 CONTRIBUTION CONTRIBUTIO
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 10/27/25
	e best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the

#### SCHEDULE A: RECEIPTS

A.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 ear. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contribute 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 an ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Ittach 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 Date Received (alphabetical listing required)		Occupation & Employer (for contributions of \$200 or more)
09/10/2025	Francisca Florian, 79 Edith St. Everett, MA 02149	\$50	
09/14/2025	Mary Fortin, 3 Cedar Ter. Everett, MA 02149	\$50	
09/14/2025	David Fortin, 3 Cedar Ter. Everett, MA 02149	\$50	
10/06/2025	Tony Raymond, 48 Dartmouth St Everett, MA 02149	\$25	
10/06/2025	Stephen Pinto, 30 Chelsea St #2022 Everett, MA 02149	\$200	Retired
10/21/2025	Bobby Cafazzo, 47 Collincote St. Stoneham, MA 02180	\$100	

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		<u> </u>	
	eipts over \$50 (or listed above)	300	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Rece	eipts \$50 and under (not listed above)	175	should include only those receipts not itemized above.
Line 12: TOTAL 1	RECEIPTS IN THE PERIOD	475	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.

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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1				:
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### **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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i e					
ll i					
# If you have	e itemized expenditures of \$50	Li. 12 F	(on listed shares)	E	
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14			10		
should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above)					
Remized above.				· · · · · · · · · · · · · · · · · · ·	
	Enter on page 1, line 4 →	Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD			

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

vi.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. It is in the aggregate in a calendar year can 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 ecords 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 page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Date Received	From whom Received	Residential Address	Description of Contribution	value
	itemized in-kind contributions of	Line 16: In-Kind Contributions over	er \$50 (or listed above)	
\$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 17: In-Kind Contributions \$50 and under (not listed above)		
	Enter on page 1, line 6 → Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD			

### **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 OUTSTANDING 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
10/04/25	Home Depot	97.63	Materials for Signs
10/22/25	Northrup Printing	265.63	Signs
9/12/25	Staples	73.90	Palm cards
9/19/25	Staples	249.07	Palm cards
10/06/25	Staples	229.14	Palm cards
10/26/25	Staples	196.40	Palm cards
(or listed above)	ized Out-Of-Pocket Expenditures Over \$50  temized Out-Of-Pocket Expenditures \$50 and tove)	1111.77	* 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.
	T-OF-POCKET EXPENDITURES IN THE PERIO	DD 1111.77	← Enter on page 1, line 8