9/12/11

To whom It May Concern:

I have signed and submitted the attached CPF MIOZ as Treasurer for Darek Barcikauski For Councilor Committee As Mr. Barcikauski is at of town, he will sign the form on his return.

Thank you.

Jakol

James Jordan Treasurer.



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 Commiss
Fill in Reporting Period dates: Beginning Date: lanuar	ry 1, 2011 Ending Date: September 2, 2011
Type of Report: (Check one)	CITY ELEMANASS.
	30 day after election year-end report dissolution
Darek Barcikowski Candidate Full Name (if applicable)	Darek Barcikowski For Councilor Committee Committee Name
Councilor At Large Office Sought and District	lames Jordan Name of Committee Treasurer
14 Curtis Street #2 Salem, MA 01970 Residential Address	14 Curtis Street #2 Salem. MA 01970 Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANCI	F INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	\$5036.03
Line 3: Subtotal (line 1 plus line 2)	\$5036.03
Line 4: Total expenditures this period (page 5, line	e 14) \$4488.83
Line 5: Ending Balance (line 3 minus line 4)	\$547.20
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Century Bank	
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of	For branded and belief a two and amendate atotacount of all appropriate foreign.
Cortry that I have examined this report including attached schedules and it is, to the best of	9/12/11
	<i>=</i> ∠:
- certify that I have examined this report including attached schedules and it is to the figure activity, of all persons acting under the authority or on behalf of this committee in accordance any liabilities nor made any expenditures on my behalf during this reporting it.	ordance with the requirements of M.O.L. 6, 55. I have not received any contribution
Candidate without Committee OR Candidate with independent activity filing sep	
- finance activity, including commitmions, loans, recepts, expenditures, disbursements,	in-kind contributions and liabilities for this reporting period and represents the
	9/16/2011

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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	Zbigniew Kantorosinski 42 Blodgett Ave		Restaurant Owner Bagel World
)7/14/11	Swampscott MA 01907	\$500.00	
	Richard Pabich 35 Winter Island Rd Salem MA 01970		
07/14/11		\$100.00	
	Diane Manahan 24 Warren St Salem MA 01970		
)7/14/11		\$100.00	Reataurant Owner
	Thadevsz Barcikowski 23 Clark Ave Salem MA 01970		Cafe Polonia
07/14/11		\$500.00	
	Walter Walker 155 Washington St Salem, MA 01970		
07/14/11		\$100.00	
	William Henning 15 Lafayette Place Salem, MA 01970		
07/14/11		\$100.00	
	Chris Barcikowski 1474 Main St Salem, MA 01970		
07/14/11	Yuvapan Nualpring	\$100.00	Restaurant Owner
07/44/4	47 Stony Brook Rd Marblehead, MA 01945	\$200.00	Thai Place
)7/14/11	Karina Corrigan	7200.00	
07/25/11	14 Curtis Street Salem, MA 01970	\$100.00	
Allahari fundira dali fundira di Ambania da Santa da San Santa da Santa da Sa	Anita D Blackahy		
08/17/11	107 Wheeler St Gloucester, MA 01930	\$100.00	
	John Borris P.O. Box 876		
08/17/11	Salem, MA 01970	\$100.00	
	Russell T. Vickers 15 Beach Ave Salem, MA 01970		
08/17/11		\$150.00	
ine 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	· · · · · · · · · · · · · · · · · · ·	Enter on page 1, line 2

^{*} 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 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
	Darek Barcikowski	14 Curtis Street # 2 Salem, MA 01970	reimbursements for campaign expense	
5/28/11 - 08/1				\$2096.54
	Jonathan Simcosky	14 Curtis Street # 3 Salem MA 01970	commitee member payroll	
7/30/11 - 09/6				\$600.00
	Kevin Letorneau		commitee member payroll	
7/30/11 - 09/0				\$600.00
**************************************	CJR Business Solutions Inc	P.O. Box 67274 Chestnut Hill, MA 02467	website	
8/12/11				\$246.71
and the second s				
				1
				And a Androdolica Anticky spin spin as
1				
				The control of the co
	Entor on na sa 1 line 7	Line 18: TOTAL OUTST	ANDING LIABILITIES (ALL)	T.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
State of the control	Diane G. Pabich 35 Winter Island Rd Salem, MA 01970		
promote and the second and the secon	Timothy F Clarke 361 Essex St	A PART OF THE PART	
AND STATE OF THE S		i simini	
a a construction of the co	Jeanne Jensen 42 Hathorne St Selem, MA 81970	Control (control (con	Temporal Control Contr
08/17/11	Pamela Jendrysik	\$25.00	
 		9.9	
<u> b8/17/11</u>	Man R. Collachicco	<u>\$100.00</u>	
ū8/19/11	/ Forest St Salem, MA 01970	\$100.00	
	Delores Jordan 97 Derby St Salem, MA 01970		
02/16/.11	Paul J Bianchard 65 Palmer Street #3 Salem, MA 01970	\$100.00	
J8/22/11	Sandra M. Heaphy 48 Brittania Circle Unit 154D	\$50.00	
	Joanna Barcikowski 23 Clark Ave 15 From, MA 0.075		Restaurant Owner Cafe Polonis
i i		Service Services	
Line 9: Total Rece	ipts over \$50 (or listed above)	\$3375.00	
Line 10: Total Rece	eipts \$50 and under* (not listed above)	1661.03	
I image was a	DEFEIDTE IN THE DEDING	Resilience, and special sequely above about the spirit and an analysis of the sequely analysis of the sequely and an analysis of the sequely and an analysis of the sequely and an analysis of the sequely analysis of the sequely and an analysis of the sequely analysis of the sequely analysis of the sequely and an analysis of the sequely	

^{*} 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.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	CJR Business Solutions Inc	P.O. Box 67274 Chestnut Hill, MA 02467	Website	
7/20/11				\$493
**************************************	CJR Business Solutions Inc	P.O. Box 67274 Chestnut Hill, MA 02467	Website	
7/28/11	1 F			\$246
	CJR Business Solutions Inc	P.O. Box 67274 Chestnut Hill, MA 02467	Website	
8/08/11				\$246
	CJR Business Solutions Inc	P.O. Box 67274 Chestnut Hill, MA 02467	Website	
8/15/1:				\$246.
and the state of t	CJR Business Solutions Inc	P.O. Box 67274 Chestnut Hill, MA 02467	Website	
Q/3Q/11		A CONTROL OF THE CONT		
	Darek Barcikowski	14 Curtis St Salem, MA 01970	Reimbursement for printing	
San				<u> </u>
	Deschamps Printing Co Inc	P.O. Box 127 Salem, MA 01970	Printing	
	Donathan Simcosky	14 Curtis St		Contraction of the contraction o
	ponatnan Simcosky	Salem, MA 01970	Committee member payroll	
7/27/11				\$200
	Jonathan Simcosky		Committee member payroll	a rada rajan gopa - manono. At da
8/16/11				\$100.
	Kevin Letorneau		Committee member payroll	opening or opening
7/28/11		1	2 A SAN AND AND AND AND AND AND AND AND AND A	<u> </u>
	Kevin Letorneau		Committee member payroli	and challen and in-managements within replaced money
8/26/11		1		<u> </u>
				 Children and control and cont
		Line 12: Total Expenditures or	ver \$50 (or listed above)	\$4488
		Line 13: Total Expenditures \$50 and under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	±4488.

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
7				
Managan di Angelonia				
Line 12: Expenditures over \$50 (or listed above)				
Line 13: 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.

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
Produces				
Line 15: In-Kind Contributions over \$50 (or listed above)			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				

^{*} 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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