

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2021 OCT 26 AM 10: 24

		Fi	le with: City or Town C	Clerk or Election Commission	
Fill in Reporting Period dates Y CLEFReginning Date: July	28, 2021	Ending Da			
Type of Report: (Check one)					
		0 1 1		_	
8th day preceding preliminary 8th day preceding election	30 day	after election	year-end repor	t dissolution	
Patricla Morsillo	Commi	ttee to Elect Patric			
Candidate Full Name (if applicable)		A4	Committee Name		
Salem City Councilor - Ward 3 Office Sought and District	Lindsay	Morsillo	e of Committee Treasure	ar	
53 Broad Street Salem, MA 01970	53 Broa	d Street Salem, N		.1	
Residential Address	1 300		mittee Mailing Address	1	
E-mail:pattiforsalem@gmail.com	E-mail:	1	.morsillo@comcast.	.net	
Phone # (optional): 978-317-4697	Phone # (optional):	978-764-7	311	
SUMMARY BALANO	CE INFO	RMATION:			
Line 1: Ending Balance from previous report			454	4.38	
Line 2: Total receipts this period (page 3, line 11)		292	5.00	
Line 3: Subtotal (line 1 plus line 2)	,			9.38	
Line 4: Total expenditures this period (page 5, lin	na 1 <i>4</i>)		1439		
	10 14)				
Line 5: Ending Balance (line 3 minus line 4)			1940	0.27	
Line 6: Total in-kind contributions this period (pa	age 6)			0	
Line 7: Total (all) outstanding liabilities (page 7)			1500	0.00	
Line 8: Name of bank(s) used: Salem Five					
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: 10/25/2021					
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 activity, of all persons acting under the authority or on behalf of this committee in activity any liabilities nor made any expenditures on my behalf during this reporting	e best of my kn	the requirements of M	.G.L. c. 55. I have not re	ent of all campaign finance eceived any contributions,	
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	s, in-kind contr	ibutions and liabilities	for this reporting period	and represents the	
igned under the penalties of perjury: Patricia Hariello		(Candidate's si	gnature) Date:	10/25/2021	



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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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/11/2021	Austin, Russell 6 Captains Lane Salem, MA 01970	100.00	
10/10/2021	Berube, Edward 19 Cavendish Circle Salem, MA 01970	100.00	
7/11/2021	Brownlee, Kenneth 3617 Louis Road Palo Alto, CA 94303	75.00	
7/31/2021	DePaula, Carl 2946 East 26th Place Tulsa, OK 74114	150.00	
7/18/2021	Driscoll, Kimberly 16 Glenn Avenue Salem, MA 01970	100.00	
3/1/2021	Everett, Deborah 65 Cavendish Circle Salem, MA 01970	75.00	
//11/2021	Gilman, Joan 9 First Street, Unit D Salem, MA 01970	25.00	
)/2/2021	Gilman, Joan 9 First Street, Unit D Salem, MA 01970	25.00	
7/12/2021	Jarek Prinz, Veronica 236 Ashford Avenue Dobbs Ferry, NY 10522	100.00	
//12/2021	Karam, Jean 25 Winter Island Road Salem, MA 01970	100.00	
/20/2021	Knight, Alan 8307 New Jersey Ave Kansas City, Kansas 66112	200.00	Electrician, self-employed
//23/2021	Leshko, Isa 21 1/2 Broad Street Salem, MA 01970	100.00	
ine 9: Total Rece	ipts over \$50 (or listed above)		
ine 10: Total Rece	eipts \$50 and under* (not listed above)		
ine 11: TOTAL 1	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.

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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/13/2021	Madore, Christine 20 Federal Street Unit 8 Salem, MA 01970	50.00	
7/28/2021	Morsillo, Leon P.O. Box 203 Weston, Vermont 05161	300.00	Retired
7/29/2021	Morsillo, Leslie 128 Cambridge Place Brooklyn, NY 11238	300.00	Attorney, City of New York
8/5/2021	Morsillo, Linda 13561 McGibbon Road Martville, NY 13111	100.00	
8/10/2021	Ovsey, Alice 7 Good Hope Lane Salem, MA 01970	100.00	
7/11/2021	Peterson, Lisa 68 Broad Street Salem, MA 01970	250.00	Not employed
7/30/2021	Regan, Denise 65 Broad Street Salem, MA 01970	100.00	
8/4/2021	Sides, Helen 35 Broad Street Salem, MA 01970	200.00	Architect, self-employed
7/16/2021	Squillace, Scott 6 Monument Square Charlestown, MA 02129	100.00	
7/5/2021	Stewart, Lorelee 7 Barnes Road Salem, MA 01970	50.00	
9/8/2021	Strauss, Marshall 10 Chestnut Street Salem, MA 01970	100.00	
8/28/2021	Theriault, Cynthia 1 McKinley Road Salem, MA 01970	50.00	
Line 9: Total Recei	pts over \$50 (or listed above)	2850.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	75.00	
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	2925.00	← 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.

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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
7/1 -10/17/21	Act Blue Tech Services	366 Summer Street Somerville, MA 02144	Act Blue Online Donations	80.0
8/23/2021	Act Blue - Mass Dems	11 Beacon Street Suite 410 Boston, MA 02108	Campaign Management Software	500.0
9/10/2021	Scarlet Letter Press, Inc	10 Colonial Road Salem, MA 01970	Palm Cards	200.8
8/2/2021	Thriftco Printing	56 Pulaski Street Peabody, MA 01960	Lawn signs	658.2
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	1439.11
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	(
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	1439.1

^{*} 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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SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
11				
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				
	zed expenditures of \$50 and under			

^{*} 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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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
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	О
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				0

^{*} 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
7/19/2019	Patricia Morsillo	53 Broad St Salem, MA 01970	Loan to Campaign	1500.00
	Pi .			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			1500.00	

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