

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2017 OCT 25 AM 11: 1.11

Fill in Reporting Period dates: Beginning Date: 1/1/2016 Ending DateALEM. BASS. 17
Type of Report: (Check one)
☐ 8th day preceding preliminary 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution
Josh Turiel Committee Name Committee Freasurer Salem, M Residential Address E-mail: Sh0 Shfure Committee Mailing Address E-mail: Cane + Committee Mailing Address E-mail: Cane + Committee Mailing Address E-mail: Cane + Committee Mailing Address F-mail: Cane + Committee Mailing Address Committee Mailing Address Committee Mailing Address E-mail: Cane + Committee Mailing Address Committee Mailing Address
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report 842,63
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14)
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 8: Name of bank(s) used: Salam Five Bank
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-land 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: Date: 10/24/7
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
Condidate with Committee and no activity independent of the 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.
Candidate without Committee OR Candidate with independent activity filing separate report 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 of on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
is and under the penalties of paringuity. Date: 10/24/17

SOLLOCK 25 ANTI-11



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commi
Fill in Reporting Period dates: Beginning Date: 1/1/2016 Ending Date: 10/24/17
Type of Report: (Check one)
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution
Josh Turiel Josh Juriel Por City Countil
City Cuncil Ward 6 Jane Ann Turies
238 Lasry He Street Sulem 4 238 Lasry He Street Salem
Residential Address E-mail: 165h0 105ht0rich. Com E-mail: 165h0 105ht0rich. Com E-mail: 165h0 105ht0rich. Com
E-mail: JOSHO JOSHTOVICI. COM Phone # (optional): E-mail: Janctoviel & Me. Com Phone # (optional):
Prione # (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report 842, 63
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2) 3005.23
Line 4: Total expenditures this period (page 5, line 14)
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 8: Name of bank(s) used: Salam Five Bank
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:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check ! box only)
Condidate with Committee and no activity independent of the 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.
Candidate without Committee OR Candidate with independent activity filing separate report 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 of on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
igned under the penalties of perjury: (Candidate's signature) Date: 10/24/17

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)
8/21/17	John Boris 5 Bedford Street Julem, MA 01970	100.00	
3/28/17	Edward Burge 29 Linden Street Salem, MA 01970	100,00	
4/11/17	Puncla Captain 65 1/2 Essex Street Salem, und 019 to	100,00	
8/20/17	July Jeff Lohen 12 Hancock Speet Salem, MA 01970	50,00	
8/20/17	Kimbertey Driscoll 16 61enh Avenue Salem, WIA 01970	50.00	
3/28/17	Olle Duijvesteijn 10 Mais Street Apt-3 Salam, MA 01970	100.00	
3/27/17	Dinald Famico 74 Prictor Street Salein, MA 01970	50.00	
3/28/17	Front Street Coffee thuse 20 Front Street Jacum, MA 01970	100.00	
9/8/17	John Howard 80 Leach Street Salim, MA 01970	50,00	
8/20/17	John Hoskins 22 Larch mont Rel. Sclam, MA 01970	50,00	
3/28/17	Many Ellen Leahy 19 Parlton Street Salim, MA 01970	100,00	
8/20/17	Young Hui Liv 11 Hillcrest Avenue Beverly, MA 01915	150.00	
Line 9: Total Receip	ts over \$50 (or listed above)	950.00	
Line 10: Total Receip	ots \$50 and under* (not listed above)		
Line 11: TOTAL RI	ECEIPTS IN THE PERIOD	950,00 f	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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/24/17	William Lister 420 Large te Street Salem, MIA 01970	10.00	
8/28/17	Andrew Meegan 3 Cederview Street Selom, MA 01970	50.00	
4/5/17	Betsey Merry ST. 413 Varayotte ST. Salem, M.A. 01970	250.00	Merry fox Peal Estate Real for
8/17/17	Ann Shunden 31 Expisition Avenue West Springfield, MA	50,00	
7/6/17	Jeffrey Snell Falen, MA 01970	50,00	
8/20/17	Ronald Townshend 51 Summit Avenue Silom, MA 01970	100.00	
3/28/17	Ann Tucker 14 Bay View Circle Salem, MA 01970	50.00	
8/20/17	Richard WIICACL 12 Boffin Street Salon, Ref 01970	50.00	
Line 9: Total Receip	ts over \$50 (or listed above)	700.00	1st page - 950,00 1212.60 2162.60
Line 10: Total Receip	ots \$50 and under* (not listed above)	312.60	21/2 40
Line 11: TOTAL RE	ECEIPTS IN THE PERIOD	1212,60 f	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 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.)

report all expen		imittee name and a page number o	n each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/23/17	John Andrews	9 English Street Salem, MA 01970	Protography for Furrivaiser	200.00
6/23/,7	BJS	Dimers, MA 01423	Lord Supplies	88,83
8/20/17	BJU	6 HUTZhinsm Dore Danvers MA 01923	Food Supplies for fundaisal	45.46
6/9/17	Scarket letter Pres	Salom, MA 61970		200.81
6/28/17	Thiftco Printing	56 Pulaski Street Peabidy, MA 01960	Lawn Signis	367.41
9/20/17	Thiftle Printing	56 Pilaski Street Peaking, MA 01960	Laun Signs	287.73
		·		
	!	Line 12: Total Expenditures over	\$50 (or listed above)	1190,24
	1	Line 13: Total Expenditures \$50 a	and under* (not listed above)	
k TC 1 'a - '	,	Line 14: TOTAL EXPENDITU		1190.24

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

Page 4

3/25/17 John Andrew S Photo Sraphy Took pichnes In Josh Twicl Sundmiser 3/23/17 200 paid in Rel.

di



6 HUTCHINSON DRIVE DANVERS, MA (978) 774-7300 Gen.Msr. Brian Peck Club:30 Reg:53 Trans:5424 Cashier:603 08/20/17 04:28pm

	***	*********	我会会看到这个人,我们的一个人,我们的一个人,我们的一个人,我们的一个人,我们也不会会的一个人,我们的一个人,我们也不是一个人,我们也不是一个人,我们也不是一个人,	******
	**	MEMBERSHIP	MEMBERSHIP ID. 03040075640	640 ***
	**	MEMBERSHIP	MEMBERSHIP EXPIRES ON 06/18 ***	200
	****	*********	计算时间的 医克里克氏 医克里克克氏 医克里克克氏 医克里克克氏 医克里克克氏 医克里克克氏 医克里克克氏 医克里克克氏 医克里克克氏 医克里克克氏 医克里克克克氏 医克里克克氏 医克里克克氏 医克里克克氏 医克里克克氏 医克里克克氏 医克里克克氏 医克里克克氏 医克克氏 医	*********
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	36514	3651419909 W	WF CHEESE TR	12 99 N
~	32486	82486270040 v	VEG TRAY 642	N 66 6
	*	**** SUBTOTAL		44.96
	AB 6	MA 6.25% Tax		0.50
	*	**** TOTAL		45.46



6 HUTCHINSON DRIVE DANVERS, MA (978) 774-7300 Gen.Mgr. Brian Peck Club.30 Rey:51 Trans:7936 Cashier:601 06/23/17 11:21am

***	********	*************************************	*******
***	MEMBERSHIP	MEMBERSHIP ID. 03040075640	640 ***
***	HEMBERSHIP	MEMBERSHIP EXPIRES ON 06/18 ***	06/18 ***
****	*******	法法法法法法法法法法法法法法法法法法法法法法法法法法法法法法法法法法法法	********
8886	88867000786	WF TORT	19.98 N
2 6	2 @ 9.99		
8886	88867002081	PEST0	N 66.9
8886	8886700088	WF6LB BFPTY	16.99 N
8888	8867003296	WF SYRUP.	22 98 N
e :∼:	2 @ 11.49		
8886	8886 (000723	WF HAM ROLL	9.95 N
വ	5 @ 1.99		
8888	88867000726	NEHT DOCRL 16C	11.94 N
<u>्</u>	6 @ 1.99		
*	**** SUBTOTAL	_	88.83
*	**** TOTAL		88.83

		*	



THE SCARLET LETTER PRESS & GALLERY 10 Colonial Road, Suite 14 Salem, MA 01970

978-741-1850 | 978-741-1851 info@thescarletletterpress.com www.thescarletletterpress.com

Invoice

Date	Invoice #
6/9/2017	4481

Bill To

The Committee to Elect Josh Turiel Josh Turiel 238 Lafayette Street Salem MA 01970

P.O. No.	Terms	Project
06091706	Due on receipt	

			L			
Quantity	Description			Rate		Amount
	RACKCARDPROMO - 4" x 9" - 4/4 - 100# Gloss Cov 1000 MA Sales Tax	Pain G/21/ Check			189.00	189.00T 11.81
hank you for yo	our business.			Total		\$200.81

		ť, vi



56 Pulaski Street, Peabody, MA 01960 Tel. 978-531-5546 Fax 978-531-5028 info@thriftcoprinting.com

JOSH TURIEL

Invoice

No.

34796

Date

6/28/2017

Customer P.O. No.

QUANTITY	DESCRIPTION	AMOUNT
75	CORRUGATED YARD SIGNS	345.80
alaa Daar Hawk		
ales Rep: thrifto	SUBTOTAL	345.80
	TAX	21.61
4	SHIPPING	
	TOTAL	367.41
1	00 12910 10 00	

Bal= 192.57

		$r^{\frac{1}{r}}$
		9



56 Pulaski Street, Peabody, MA 01960 Tel. 978-531-5546 • Fax 978-531-5028 info@thriftcoprinting.com

Invoice No. 35145

Invoice Date:

9/20/2017

JOSH TURIEL 238 Lafayette St SALEM MA 01970

P.O.#

QTY	DESCRIPTION		AMOUNT
25 20	CORRUGATED YARD SIGNS WIRE FRAMES #101 9 25 7		245.80 25.00
Notes:		SUBTOTAL	270.80
		TAX	16.93
		SHIPPING	
		TOTAL	287.73
Sales Rep: thr	ifteo		

			A

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid	1			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
1 1				1	
			1		
1					
		-	11		
	(a)				
- 11					
			11		
#1			1		
11					
Line 12: Expenditures over \$50 (or listed above)					
	Line 13: Expenditures \$50 and under* (not listed above)				
T. 14 TOTAL EXPENDITIBLE IN THE DEDIOD					
Enter on page 1, line 4 g 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 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
	No. 14 to th			-
		Line 15: In-Kind Contributions o	ver \$50 (or listed above)	
		Line 16: In-Kind Contributions \$5	0 & under (not listed above)	
Enter on page 1, line 6 g 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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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
	16.			
	12			
	Enter on page 1, line 7 g	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	

		€
1		