



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:  
City or Town Clerk or Election Commission

2011 OCT 28 A 11:34

Please print or type all information, except signatures

FILE #  
CITY CLERK, SALEM, MASS.

## Fill in dates:

Reporting Period Beginning Sept 3 2011 Ending October 21 st 2011

## Type of report: (Check one)

☒ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Josh Turiel

Full Name of Candidate (if applicable)

City Council - Ward 5

Office Sought and District

238 Lafayette St, Salem, MA

Residential Address

Tel. No. (optional)

Josh Turiel for City Council

Committee Name

Jane Ann Turiel

Name of Committee Treasurer

238 Lafayette St, Salem, MA

Committee Mailing Address

Tel. No. (optional)

## SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0  
Line 2: Total receipts this period (page 2, line 11) \$ 483.84  
Line 3: Subtotal (line 1 plus line 2) \$ 483.84  
Line 4: Total expenditures this period (page 3, line 14) \$ 483.84  
Line 5: Ending balance (line 3 minus line 4) \$ 0  
Line 6: Total in-kind contributions this period (page 4) \$ 0  
Line 7: Total (all) outstanding liabilities (page 4) \$ 120.84  
Line 8: Name of bank(s) used Salem Five Salem, MA 01970

## Affidavit of Committee Treasurer:

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 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:

Jane Ann Turiel

Treasurer's signature (in ink)

10/27/2011

Date

## FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

## Affidavit of Candidate: (check 1 box only)

☒ Candidate 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 or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]

Candidate signature (in ink)

10/28/11

Date

## 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.*

This page may be copied 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)
10/6/2011	Art Friedman 120 Canal St. Salem, MA 01970	100 00	
10/21/2011	Mark George 320 Jefferson Ave Salem, MA 01970	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)		200 00	
Line 10: Total receipts \$50 and under* (not listed above)		163 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		363 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.

10/1/2011 - Loan from candidate (Josh Turkel) 120.84  
1182.84

## 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.*

This page may be copied 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	
10/21/2011	Deschamps Printing	3 Dodge Street Salem, MA 01970	Printing Info for Josh Turiet's Campaign	337	88
10/21/2011	Staples	17 Paradise Rd. Salem, MA 01970	Supplies for Josh Turiet's Campaign	59	46
Line 12: Expenditures over \$50				396	46
Line 13: Expenditures \$50 and under*				87	38
Line 14: TOTAL EXPENDITURES				483	84

Enter on page 1, line 4

\*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

\* 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.

## 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
10/1/2011	Josh Turicl	238 Lafayette St. Salem, MA 01970	Loan to candidate	\$120.84
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	\$120.84

# Invoice

**Date** 10/20/2011  
**Invoice #** 37538  
**P.O. #**  
**Rep.** HD  
**Terms** COD

DESCHAMPS PRINTING Co., INC.

PO Box 127 • Salem, MA 01970  
 Tel. 978.744.2152 • Fax. 978.745.0911  
 www.DeschampsPrinting.com



**Bill To:**

Committee to Elect Josh Turiel  
 Jane Turiel  
 Salem, MA 01970

**Ship To:**

Pick Up

**Ship Via:** Pick Up

Description	Quantity	Rate	Amount
Palm Cards FSC Mixed Credit BV-COC-951196	700	0.45429	318.00T
<div> <div> <p>                             DESCHAMPS PRINTING                              3 DODGE ST                              SALEM, MA 01970                              978-744-2152                         </p> </div> <div> <p> <b>C O P Y</b>                              10/21/2011 12:26:02  <b>Sale:</b> </p> </div> <div> <p>                             Transaction # 1                              Card Type: AmericanExp                              Acc: *****2006                              Exp. Date: **/**                              Entry: Swiped                              Invoice # 37538  <b>Amount: 337.88</b> </p> </div> <div> <p>                             Reference No.: 0001                              Auth. Code: 564012                              Response: AP                         </p> </div> <div> <p>CUSTOMER COPY</p> </div> </div>			
<b>Subtotal</b>			\$318.00
<b>Sales Tax (6.25%)</b>			\$19.88
<b>Payments/Credits</b>			\$0.00
<b>Balance Due</b>			\$337.88

*Campaign/Marketing*

**STAPLES**



**that was easy.**

Low prices. Every item. Every day.

17 Paradise Road

Salem, MA 01970

(978) 741-4244

SALE 1586517 2 002 31391  
0217 10/21/11 12:23

\*\*\*\*\*

YOUR OPINION COUNTS AND WILL BE REVIEWED  
BY THIS STORE'S MANAGER!

Please take a short survey  
and be entered into a monthly drawing  
for a \$5,000 Staples gift card.

NO PURCHASE NECESSARY.

Log on to [www.StaplesCares.com](http://www.StaplesCares.com)

or call 1-800-881-1723

Your survey code: 0100 8374 1107 7844

See store for rules.

Survey code expires 10/28/2011.

\*\*\*Tome nuestra encuesta en Español en  
la página de Internet o por telefono.

Consiga las reglas en la tienda.\*\*\*

\*\*\*\*\*

QTY SKU PRICE

REWARDS NUMBER 3461825964

1	ENVELOPE PULL & SE 718103031134	8.49
1	BIC WITE-OUT QUICK 070330506022	3.99
1	ENVELOPE PULL & SE 718103031134	8.49
1	ENVELOPE PULL & SE 718103031202	34.99
SUBTOTAL		55.96

Standard Tax 6.25% 3.50

TOTAL \$59.46

American Express 59.46

Card No.: XXXXXXXXXXXX3012 [S]

Auth No.: 609084

TOTAL ITEMS 4

*Meet + Greet  
Pioneer Terrace*

BAGEL WORLD II SALEM  
201 CANAL ST  
SALEM MA 01970  
978-741-9225  
*Brigets  
Lemon  
Cheese*

Merchant ID: 000002140604  
Term ID: 00231007 Ret 1 No 2

Sale

\*\*\*\*\*3012

AMEX Entry Method: Swiped

Total: \$ 9.60

10/12/11 07:00:49

Inv #: 000032 Appr Code: 507978

Apprvd: Online Batch#: 000318

Customer Copy

Welcome to Dunkin' Donuts  
Store #307633  
201 Canal St., Salem  
10/12/2011 8:07:05 AM

**Eat In**  
**Order Number: 693**

Register:1 Tran Seq No: 2552693  
Cashier:RICARDO R.

1 Bx Joe Orig Blnd	13.99
1 Bx Joe Dof	13.99
1 25 Munchkins	4.69

Sub. Total: \$32.67  
Tax: \$1.96  
Total: \$34.63  
Discount Total: \$0.00

Change \$0.00  
American Express: \$34.63

\*\*\*\*\*

**HEY AMERICA!**

WANT A FREE DONUT WHEN YOU PURCHASE A  
MEDIUM OR LARGER BEVERAGE?

Go to [www.telldunkin.com](http://www.telldunkin.com) on your  
computer or mobile device in the next  
3 days and tell us about your visit.

Te invitamos a participar en  
nuestra encuesta.

Enter Validation Code: \_\_\_\_\_  
Bring receipt with code to redeem offer.  
Visit [DunkinDonuts.com](http://DunkinDonuts.com) for  
coupon restrictions.  
Franchisee: Please use PLU #201

Try our delicious bakery products

*Meet + Greet  
Juste's*

THANK YOU FOR SHOPPING  
CROSBY'S SALEM MA

10/21/11 6:22PM STORE 310  
CUST 322 REG 5 OPR 135

1 @ 2/3.00	
C DRY GINGERALE !	1.50*
DEPOSIT	.05*
1 @ 2/3.00	
COCA COLA 2L !	1.50*
DEPOSIT	.05*
1 @ 2/3.00	
SPRITE !	1.50*
DEPOSIT	.05*
1 @ 2/3.00	
DIET COKE !	1.50*
DEPOSIT	.05*
TOTAL \$	6.20
AMEX CARD TENDER	6.20
20111021001-0359	
1309-4375 3012	

.00 CHANGE

TELEPHONE# 978-745-3571  
KATERINA THOMPSON STORE MANAGER

HEALTHY CHOICES FOR YOU  
AND YOUR FAMILY!

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[WWW.CROSBYSMARKETS.COM](http://WWW.CROSBYSMARKETS.COM)

MID/TID: 542929803416411	650255
DAI/TIM: 10/21/2011	18:24:00
BAT/SEQ: 20111021001-0359	1309-4375
TYP/REC: AMEX (Swiped)	CUSTOMER
ACCOUNT: *****3012	**/**
RSP/AUT: 0000 - APPROVED	562638
AMOUNT : \$6.20	CREDIT CARD SALE

TOTAL NUMBER OF ITEMS SOLD = 5  
CHANGE 0.00  
36.95  
American Express  
(Signature Not Required)  
AUTH 568118  
\*\*\*\*\*3012

\*\*\*\* SUBTOTAL 36.95  
\*\*\*\* TOTAL 36.95  
\*\*\*\*\*  
\*\*\* MEMBERSHIP ID. 3040075640 \*\*\*  
\*\*\* MEMBERSHIP EXPIRES ON 04/12 \*\*\*  
\*\*\*\*\*  
3010022487 40Z TOASTEDS 7.99 N  
7143001105 STRAWBERRY 2# 4.99 N  
7790100345 PRES BRIE 6.99 N  
71156500706 KSHR CHS TRY 9.99 N  
7091690025 MINI ECLAIRS 6.99 N

Club 30 Reg 6 Trans: 4745  
Cashier: 277735 10/21/11 10:35am

6 HUTCHINSON DRIVE  
DANVERS, MA  
(978) 774-7300

*Meet + Greet  
Juste's*  
**BIS**