



Commonwealth
of Massachusetts

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2024 JAN 22 PM 4:02

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/28/2023 Ending Date: 12/31/2023

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☒ 30 day after election

☒ year-end report

☐ dissolution

Ronald Marsan

Candidate Full Name (if applicable)

East District Councillor

Office Sought and District

10 Hawkes Brook Ln

Residential Address

E-mail: rpmbuild95@yahoo.com

Phone #:

Committee to Elect Ronald P Marsan

Committee Name

Jonathan Marsan

Name of Committee Treasurer

404A Pelham St

Committee Mailing Address

E-mail: themartinn@yahoo.com

Phone #:

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

7,878.02

Line 2: Total receipts this period (page 3, line 12)

0

Line 3: Subtotal (line 1 plus line 2)

7,878.02

Line 4: Total expenditures this period (page 5, line 15)

2,385.07

Line 5: Ending Balance (line 3 minus line 4)

5492.95

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

0

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

0

Line 9: Name of bank(s) used:

TD Bank

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:

(Treasurer's signature)

Date: 12/31/23

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 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: 12/31/23

M102 (12/2023)

SCHEDULE A: RECEIPTS

M.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 year. In addition, the occupation and employer must 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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

[illegible]

SCHEDULE A: RECEIPTS (continued)[illegible]

SCHEDULE B: EXPENDITURES

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 D. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

[illegible]

SCHEDULE B: EXPENDITURES (continued)[illegible]

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.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. In addition, the occupation and employer must 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 records 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.*

[illegible]

SCHEDULE D: LIABILITIES

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.

[illegible]

Enter on page 1, line 7 →

Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)

10

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

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.*

[illegible]



Commonwealth
of Massachusetts

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Office of Campaign and Political Finance

RECEIVED
CLERK'S OFFICE
METHUEN, MA
2023 NOV -6 AM 10:50

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 8/17/2023 Ending Date: 10/27/2023

Type of Report: (Check one)

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

Ronald Marsan

Candidate Full Name (if applicable)

East District City Councillor

Office Sought and District

10 Hawkes Brook Ln

Residential Address

E-mail:

rpmbuild95@yahoo.com

Phone # (optional):

Committee to Elect Ronald P Marsan

Committee Name

Jonathan Marsan

Name of Committee Treasurer

1 Holly St

Committee Mailing Address

E-mail:

themartinn@yahoo.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

500.02

Line 2: Total receipts this period (page 3, line 11)

9,870

Line 3: Subtotal (line 1 plus line 2)

10,370.02

Line 4: Total expenditures this period (page 5, line 14)

2,492

Line 5: Ending Balance (line 3 minus line 4)

7,878.02

Line 6: Total in-kind contributions this period (page 6)

400

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used: TD Bank

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:

(Treasurer's signature)

Date: 10/27/23

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 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: 10-27-23

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)
8/23/23	Steven Avedisian 70 Salem St Methuen, MA	200	Owner, Avedisian Landscaping
8/23/23	Raymond Begin 10 Valley View Way Methuen, MA	200	Building Contrator, RAYLIN Construction
8/18/23	Mary Boes 14 Argilla Rd Methuen, MA	100	
8/23/23	Linda Campbell PO BOX 957 Grantham, NH	200	Retired
9/6/23	Mark Caron 3 Chippy Ln Methuen, MA	100	
8/23/23	Arlene Champey 12 Justin Dr Danville NH	400	Safety Administrator
8/23/23	Russell Channen 3 Hawkes Brook Ln Methuen, MA	100	
8/23/23	Richard Dagostino 75 Pelham Rd Salem, NH	200	Lawyer, Dagostino Law Office
8/22/23	Samuel Facella 21 Frye Rd Methuen, MA	100	
8/23/23	Franchesco Finocchiaro 166A Merrimack St Methuen, MA	250	Owner, Finocchiaro Taxes & Accounting
8/23/23	William Fitzgerald 27 Pleasant Vally St Methuen, MA	100	
8/23/23	Kathleen Fitzgerald 27 Pleasant Vally St Methuen, MA	100	
Line 9: Total Receipts over \$50 (or listed above)		2,050	
Line 10: Total Receipts \$50 and under* (not listed above)		520	
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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/23/23	Matthew Fitzgerald 4 Fitzgerald Way Methuen, MA	100	
8/21/23	Krystin Fitzgerald 27 Pleasant Valley St	200	Dental Assistant
8/28/23	Brett Frittitta 42 Atkinson Rd. Salem, NH	100	
8/22/23	Pio Frittitta 42 Atkinson Rd. Salem, NH	200	Retired
8/23/23	Joe Gangi Pelham Rd, Dracut, MA	100	
8/18/23	James Jajuga 146 Forest St Methuen, MA	250	Realtor, Minco Corp
8/23/23	Kathy Jones 97 Druid Hill Methuen, MA	100	
8/23/23	Maryellen Kalil 38 Baremeadow St Methuen, MA	150	
8/23/23	George Kazanjian 55 Sevoian Dr Methuen, MA	100	
8/23/23	Edwin Leczynski 648 Wheeler Rd Dracut, MA	100	
8/23/23	Adam Lucas 205 Oak St Methuen, MA	250	Insurance Adjuster
8/23/23	Daniel Macinnis 52 Amherst St Lawrence, MA	350	Maintenance, Northeast Rehab
8/23/23	John Macleod 15 Boornazian Rd Methuen, MA	100	
Line 9: Total Receipts over \$50 (or listed above)		2,800	
Line 10: Total Receipts \$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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/26/23	Thomas Madden 11 Copper Beech Ln Methuen, MA	100	
8/26/23	Barbara Madden 11 Copper Beech Ln Methuen, MA	100	
8/23/23	Paul Marsan 47 Ponderosa Ave Methuen, MA	200	Retired
8/23/23	Roger Marsan 62 Power St Norton, MA	100	
8/23/23	Timothy Marsh 12 Hampstead St Methuen, MA	200	Employee Recruiter,
8/23/23	William Manzi 19 Heritage Ln Methuen, MA	250	Town Manager, Town of Seabrook
8/23/23	Andrea McCann 7 Coachman Ln Methuen, MA	100	
8/23/23	Christopher Medugno 425 Merrimack St Methuen, MA	500	Owner, Dellmedco
8/23/23	Marie Murray 280 Howe St Methuen, MA	100	
8/23/23	Kevin O'Brien Andover, MA	100	
8/23/23	Rhonda Parrino 152 Merrimack St Methuen, MA	100	
8/23/23	Ronald Parrino 152 Merrimack St Methuen, MA	100	
8/23/23	Christopher Quinn 22 Old Coach Rd Salem, NH	100	
Line 9: Total Receipts over \$50 (or listed above)		2,050	
Line 10: Total Receipts \$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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/23/23	Estela Reyes 36 E Haverhill St Apt 1 Lawrence, MA	200	State Rep, State of MA
8/24/23	Victor Rodriguez 29 Auburn St Methuen, MA	500	Owner, 4 Season Quality Air
8/23/23	Dimitrios Saragas 19 Prides Cir Andover, MA	1000	Owner, Heavenly Enterprises
8/23/23	David Schiebel PO BOX 2103 Methuen, MA	250	Owner, Schiebel Waste
8/23/23	Joseph Shaheen 2 Druid Hill Ave Methuen, MA	100	
8/23/23	Scott Snow 10 Jo-Dan Ln Methuen, MA	200	Maintenance Supervisor
8/23/23	Robert Wilder 180 Tyler St Methuen, MA	100	
8/23/23	James Zenevitch 5 Morgan Dr Methuen, MA	100	
Line 9: Total Receipts over \$50 (or listed above)		2,450	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		9,870	← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
8/23/23	Borrellis Italian Deli	322 Merrimack St Methuen, MA	Food	440
8/18/23	DJs Custom Clothing	63 Range Rd Windham, NH	Sweatshirts	872
10/27/23	Mann Orchards	27 Pleasant Valley St Methuen, MA	Food	240
8/20/23	Michaels	290 S Broadway Salem, NH	Decorations	120.71
8/20/23	Party City	4 Plaistow Rd Plaistow, NH	Decorations	121.94
8/24/2023	Valley Patriot	POBOX 453 North Andover, MA	Advertisement	516
Line 12: Total Expenditures over \$50 (or listed above)				2,310.65
Line 13: Total Expenditures \$50 and under* (not listed above)				181.35
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2492

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 B: EXPENDITURES (continued)[illegible]

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 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.

[illegible]

Enter on page 1, line 6 →

* 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

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.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)



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

Fill in Reporting Period dates: Beginning Date: 8/17/2023 Ending Date: 10/27/2023

Type of Report: (Check one)

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

Ronald Marsan

Candidate Full Name (if applicable)

East District City Councillor

Office Sought and District

10 Hawkes Brook Ln

Residential Address

E-mail: rpmbuild95@yahoo.com

Phone # (optional):

Committee to Elect Ronald P Marsan

Committee Name

Jonathan Marsan

Name of Committee Treasurer

1 Holly St

Committee Mailing Address

E-mail: themartinn@yahoo.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	500.02
Line 2: Total receipts this period (page 3, line 11)	9,870
Line 3: Subtotal (line 1 plus line 2)	10,370.02
Line 4: Total expenditures this period (page 5, line 14)	2,492
Line 5: Ending Balance (line 3 minus line 4)	7,878.02
Line 6: Total in-kind contributions this period (page 6)	400
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	TD Bank

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: _____

(Treasurer's signature)

Date: 10/27/23

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 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____

(Candidate's signature)

Date: 10-27-23

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)
8/23/23	Steven Avedisian 70 Salem St Methuen, MA	200	Owner, Avedisian Landscaping
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8/18/23	Mary Boes 14 Argilla Rd Methuen, MA	100	
8/23/23	Linda Campbell PO BOX 957 Grantham, NH	200	Retired
9/6/23	Mark Caron 3 Chippy Ln Methuen, MA	100	
8/23/23	Arlene Champey 12 Justin Dr Danville NH	400	Safety Administrator
8/23/23	Russell Channen 3 Hawkes Brook Ln Methuen, MA	100	
8/23/23	Richard Dagostino 75 Pelham Rd Salem, NH	200	Lawyer, Dagostino Law Office
8/22/23	Samuel Facella 21 Frye Rd Methuen, MA	100	
8/23/23	Franchesco Finocchiaro 166A Merrimack St Methuen, MA	250	Owner, Finocchiaro Taxes & Accounting
8/23/23	William Fitzgerald 27 Pleasant Vally St Methuen, MA	100	
8/23/23	Kathleen Fitzgerald 27 Pleasant Vally St Methuen, MA	100	
Line 9: Total Receipts over \$50 (or listed above)		2,050	
Line 10: Total Receipts \$50 and under* (not listed above)		520	
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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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8/21/23	Krystin Fitzgerald 27 Pleasant Valley St	200	Dental Assistant
8/28/23	Brett Frittitta 42 Atkinson Rd. Salem, NH	100	
8/22/23	Pio Frittitta 42 Atkinson Rd. Salem, NH	200	Retired
8/23/23	Joe Gangi Pelham Rd, Dracut, MA	100	
8/18/23	James Jajuga 146 Forest St Methuen, MA	250	Realtor, Minco Corp
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8/23/23	Maryellen Kalil 38 Baremeadow St Methuen, MA	150	
8/23/23	George Kazanjian 55 Sevoian Dr Methuen, MA	100	
8/23/23	Edwin Leczynski 648 Wheeler Rd Dracut, MA	100	
8/23/23	Adam Lucas 205 Oak St Methuen, MA	250	Insurance Adjuster
8/23/23	Daniel Macinnis 52 Amherst St Lawrence, MA	350	Maintenance, Northeast Rehab
8/23/23	John Macleod 15 Boornazian Rd Methuen, MA	100	
Line 9: Total Receipts over \$50 (or listed above)		2,800	
Line 10: Total Receipts \$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 A: RECEIPTS (continued)

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8/23/23	Timothy Marsh 12 Hampstead St Methuen, MA	200	Employee Recruiter,
8/23/23	William Manzi 19 Heritage Ln Methuen, MA	250	Town Manager, Town of Seabrook
8/23/23	Andrea McCann 7 Coachman Ln Methuen, MA	100	
8/23/23	Christopher Medugno 425 Merrimack St Methuen, MA	500	Owner, Delimedco
8/23/23	Marie Murray 280 Howe St Methuen, MA	100	
8/23/23	Kevin O'Brien Andover, MA	100	
8/23/23	Rhonda Parrino 152 Merrimack St Methuen, MA	100	
8/23/23	Ronald Parrino 152 Merrimack St Methuen, MA	100	
8/23/23	Christopher Quinn 22 Old Coach Rd Salem, NH	100	
Line 9: Total Receipts over \$50 (or listed above)		2,050	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2

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SCHEDULE A: RECEIPTS (continued)

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8/24/23	Victor Rodriguez 29 Auburn St Methuen, MA	500	Owner, 4 Season Quality Air
8/23/23	Dimitrios Saragas 19 Prides Cir Andover, MA	1000	Owner, Heavenly Enterprises
8/23/23	David Schiebel PO BOX 2103 Methuen, MA	250	Owner, Schiebel Waste
8/23/23	Joseph Shaheen 2 Druid Hill Ave Methuen, MA	100	
8/23/23	Scott Snow 10 Jo-Dan Ln Methuen, MA	200	Maintenance Supervisor
8/23/23	Robert Wilder 180 Tyler St Methuen, MA	100	
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Line 9: Total Receipts over \$50 (or listed above)		2,450	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		9,870	← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
8/23/23	Borrellis Italian Deli	322 Merrimack St Methuen, MA	Food	440
8/18/23	DJs Custom Clothing	63 Range Rd Windham, NH	Sweatshirts	872
10/27/23	Mann Orchards	27 Pleasant Valley St Methuen, MA	Food	240
8/20/23	Michaels	290 S Broadway Salem, NH	Decorations	120.71
8/20/23	Party City	4 Plaistow Rd Plaistow, NH	Decorations	121.94
8/24/2023	Valley Patriot	POBOX 453 North Andover, MA	Advertisement	516
Line 12: Total Expenditures over \$50 (or listed above)				2,310.65
Line 13: Total Expenditures \$50 and under* (not listed above)				181.35
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2492

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 B: EXPENDITURES (continued)[illegible]

* 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.

[illegible]

* 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
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	