



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: 1/1/25 Ending Date: 10/17/25

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 Councilor
Office Sought and District
10 Hawkes Brook Lane Methuen MA
Residential Address 01844
E-mail: rpm build 95 a yahoo.com
Phone #: 978-815-6935

Committee to Elect Ronald Marsan
Committee Name
Jonathan Marsan
Name of Committee Treasurer
404 A Pelham St. Methuen MA
Committee Mailing Address 01844
E-mail: ronmarsanandson a yahoo.com
Phone #: 978 764 2945

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>5492.95</u>
Line 2: Total receipts this period (page 3, line 12)	<u>10,550</u>
Line 3: Subtotal (line 1 plus line 2)	<u>16,042.95</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>3405.83</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>12,637.12</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>400-</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>—</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>—</u>
Line 9: Name of bank(s) used:	<u>TD Bank</u>

RECEIVED
CITY CLERK'S OFFICE
METHUEN, MA

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: [Signature] (Treasurer's signature) Date: 10/15/25

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: [Signature] (Candidate's signature) Date: 10/15/25

SCHEDULE A: RECEIPTS

1.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 D 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/13/25	Michael Arcidi 4 Juniper Lane Hampton NH	100-	Business owner
8/13/25	Steven Baddour 20 Maple Ridge Rd. Methuen, MA	100-	Attorney
8/13/25	Janice Begin 5 Bakes Rd. Methuen MA	100-	Retired
8/13/25	Rae Begin 10 Valley View Way Methuen MA	150-	Retired
8/13/25	Marie Bellmore 148 Franklin St. Seabrook NH	500-	Business owner Bellmore Transportation
8/13/25	ML Boes 14 Argilla Rd. Methuen MA	100-	Retired
8/13/25	Charles Bonanno 64 Bonanno Ct. Methuen MA	100-	Retired
8/13/25	Chucky Bonanno 64 Bonanno Ct. Methuen MA	50-	Retired
8/13/25	William Bonanno 68 Bonanno Ct. Methuen MA	50-	Retired
8/13/25	Ernest Brien 14 Mill Rd. Londonderry NH	200-	Business owner - Brien Family Construction
8/13/25	Arthur Broadhurst 45 Osgood St. Methuen MA	50-	Lawyer
8/13/25	Joyce Compagnone 2 Currier Ave. Methuen MA	50-	Retired
8/13/25	Linda Dean Campbell 306 McKinley Rd. Portsmouth NH	200-	Retired

SCHEDULE A: RECEIPTS

4.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 D 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/13/25	Mark Caron 3 Chippy Lane Methuen MA	100-	Business Owner
8/13/25	Russell Channen 3 Hawkes Brook Lane Methuen MA	100-	Lawyer
8/13/25	Michael Colizzi 109 Maple Ave. Atkinson NH	150	Business owner
8/13/25	Richard D'Agostino 75 Pelham Rd. Salem NH	200	Lawyer - D'Agostino Law office
8/13/25	CTE Gregory DeRosario 46 Juniper St. Lawrence MA	100-	City Councilor
8/13/25	Raymond DiFiore 18 Rebecca Way Methuen MA	100-	Retired
8/13/25	Todd Dow 50 Wilshire Ct. Dracut MA	150-	Business owner
8/13/25	Thomas Duggan 75 Main St. N. Andover MA	50-	Business owner
8/13/25	Sam Facella 21 Frye Rd. Methuen MA	100-	Business owner
8/13/25	Matthew Fitzgerald 27 Pleasant Valley St. Methuen MA	250-	Business owner Mann orchards
8/13/25	Santo Finocchiaro 166 Merrimack St. Methuen MA	250-	Business owner Finocchiaro Taxes
8/13/25	Pio Frittitta 42 Atkinson Rd. Salem NH	200	Retired
8/13/25	Larry Giordano 76 Bonanno Ct. Methuen MA	100	Retired

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/13/25	Karen Hallbauer 40 Rogers Way Methuen MA	100	Retired
8/13/25	Robert Hamman 10 Echo Lane Methuen MA	100	Retired
8/13/25	James Tajoga 146 Forest St. Methuen MA	200	Retired
8/13/25	Brad Jones 97 Druid Hill Rd. Methuen MA	100-	Contractor
8/13/25	Mary Ellen Kali 224 East Street Methuen MA	500-	Business owner Merrimac Marine Supply
8/13/25	Friends of Jennifer Kahan 108 Garfield Rd. Methuen MA	50-	Realtor
8/13/25	George Kazanjian 55 Servian Dr. Methuen MA	100-	Retired
8/13/25	Liona Local 175 55 Union St. Methuen MA	500-	Business owner Laborer's Local Union
8/13/25	Adam Lucas 205 Oak St. Methuen MA	250-	Insurance Adjuster Crawford & Company
8/13/25	Thomas Lussier 5 East St. Methuen, MA	100-	Retired
8/13/25	Daniel Macinnis 52 Amherst St. Lawrence MA	300-	Retired
8/13/25	Scott Macnamara 4 Oakhill Dr. Methuen, MA	200-	Police Chief - Methuen, MA
8/13/25	Paul Marsan 47 Ponderosa Ave. Methuen MA	200-	Retired

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Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/13/25	Kevin Moory 96 Broad Rd. Salisbury MA	500-	Business owner Hungry Traveler
8/13/25	Nicholas Murray 280 Howe St. Methuen MA	100-	Retired
8/13/25	Bill Pare 11 Abbey Rd. Methuen MA	100-	Retired
8/13/25	Ronald Parrino 1 Laurence St. Methuen MA	250-	Retired
8/13/25	Jonaly Perez Apt 2 47 Cedar St. Lawrence MA	250-	Retired
8/13/25	Estela Reyes 94 Maple St. Lawrence MA	200-	State Representative Commonwealth of MA
8/13/25	Joseph Scionti 8 Brookside Ct. Methuen MA	100-	Retired
8/13/25	Joseph Shakeen 2 Druid Hill Methuen MA	150-	Business owner
8/13/25	Scott Snow 10 Jordan Lane Methuen MA	200-	Retired
8/13/25	CTE Neily Soto 71 Comet Rd. Methuen MA	100-	City Councilor
8/13/25	Robert Thornton 38 Kimball Rd. Methuen MA	100-	Retired
8/13/25	Eduardo Tineo 29 Auburn St. Methuen MA	500-	Business owner 4 Seasons HVAC
8/13/25	David Toto 20 Lady Slipper Dr. Methuen MA	200-	Fire Chief - Methuen MA

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/13/25	Valley Campaign Funds Patricia Valley 21 Winslow Ave. Methuen, MA	100-	City Councilor
8/13/25	Karim Vargas 6 Jordan Ave. Lawrence, MA	200-	Business owner Valley Auto Sales
8/13/25	CTE Steven Zanni 20 Severian Dr. Methuen, MA	100-	Retired
8/13/25	William Manzi 9 Heritage Methuen, MA	500-	Town Manager Seabrook NH
8/13/25	William Fitzgerald 27 Pleasant Valley Methuen, MA	500-	Business owner Mann orchards
8/13/25	Randy Hagger 68 Old Yankee Rd. Haverhill, MA	100-	Police Dept. Captain
Line 10: Total Receipts over \$50 (or listed above)		10,250	<p>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</p> <p>← Enter on page 1, line 2</p>
Line 11: Total Receipts \$50 and under (not listed above)		300-	
Line 12: TOTAL RECEIPTS IN THE PERIOD		10,550	

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
7/19/25	Amazon	online	pers-companys	43.98
7/10/25	Amazon	online	Buttons - Company	22.09
7/20/25	Amazon	online	Magnet maker	99.99
7/19/25	Amazon	online	Pens	45.99
7/18/25	Amazon	online	Blue Envelopes for Invitation	36.76
8/10/25	Amazon	online	Cupcake holders	23.99
8/6/25	Amazon	online	Cupcake Display	37.66
8/6/25	Amazon	online	Food Prep display	145.45
8/6/25	Best Buy	Salem NH	Ink-Printer	49.99
8/1/25	BJ'S	Haverhill, MA	Food - Fundraiser	249.94
8/12/25	BJ'S	Salem, NH	Helium Balloons	49.99
7/28/25	Desktop Publishing	online Service	Postcards	54.95
7/16/25	Desktop Publishing	Online Service	Envelopes	27.95

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
7/16/25	Desktop Publishing	Online Services	Cards	49.95
8/11/25	Dollar Tree	Salem NH	Party goods Fundraiser	52.25
8/11/25	Dollar Tree	Methuen MA	Decorations	12.50
8/11/25	Dollar Tree	Methuen MA	Decorations	30-
8/12/25	Dollar Tree	Methuen MA	Decorations	27.50
8/13/25	Jay Bee's Icecream	Methuen, MA	Ice cream Social Event	1014-
8/13/25	Mann Orchards	Methuen, MA	Food - Fundraiser	430-
9/12/25	Market Basket	Salem, NH	4 Gift certificates for Icecream Social 25 each - 100-	100-
8/12/25	Michael's Crafts	Salem NH	Centerpieces Fundraiser	40.55
7/21/25	Online labels	Online Service	Address Labels	22.10
8/12/25	Party Center	Salem NH	Party goods fundraiser	130.27
7/25/25	Postmaster	Methuen, MA	Stamps-postage	150-
8/13/25	Richardson DJ	Methuen MA	DJ - Icecream Social	300-

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure (include CPF ID# if a contribution to another committee)	Amount
8/8/25	Staples	N. Andover MA	Office Supplies	92.55
8/12/25	Target	Salem NH	Clipboards	14.97
8/27/25	Walmart	Salem NH	Ink - Printer	33.92
8/13/25	Walmart	Salem NH	Paper goods	16.54

Line 12: Expenditures over \$50 (or listed above) 2819.40

Line 13: Expenditures \$50 and under* (not listed above) 586.43

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD 3405.83

* 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

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.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
8/13/25	Methuen Sons of Italy Lodge 902	459 Merrimack Street Methuen MA 01844	Hall Rental	400 —

* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)	400 —
Line 17: In-Kind Contributions \$50 and under (not listed above)	
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	400 —

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.

None

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				

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.*

None

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		<div style="border-bottom: 1px solid black; width: 100px;"></div>	

← Enter on page 1, line 8