



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

FILED CITY CLERK MAR 30 2023 PM 2:17

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2022 Ending Date: December 31, 2022

Type of Report: (Check one)

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

Maura L. Ryan-Ciardello
Candidate Full Name (if applicable)

75 Hamilton Ave, Haverhill, MA 01830
Office Sought and District
Residential Address

E-mail: Maura52157@aol.com

Phone # (optional): 978-420-5803

Maura Ciardiello Committee
Committee Name

Lauren Ryan- Frasca
Name of Committee Treasurer

75 Hamilton Ave., Haverhill, MA 01830
Committee Mailing Address

E-mail: Maura52157@aol.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	290.36
Line 2: Total receipts this period (page 3, line 11)	Ø
Line 3: Subtotal (line 1 plus line 2)	290.36
Line 4: Total expenditures this period (page 5, line 14)	290.36
Line 5: Ending Balance (line 3 minus line 4)	Ø
Line 6: Total in-kind contributions this period (page 6)	\$1,000
Line 7: Total (all) outstanding liabilities (page 7)	Ø
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: 3/30/2023

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: Maura Ciardiello (Candidate's signature) Date: 3/30/2023

SCHEDULE A: RECEIPTS

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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)

Line 9: Total Receipts over \$50 (or listed above)

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)

Line 9: Total Receipts over \$50 (or listed above)

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 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
5/18/22	TD Bank		maintenance fees	290.36

Line 12: Total Expenditures over \$50 (or listed above)	290.36
Line 13: Total Expenditures \$50 and under* (not listed above)	Ø
Line 14: TOTAL EXPENDITURES IN THE PERIOD	290.36

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) HAU CITY CLERK MAR30/23 PM 2:17

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			Line 12: Expenditures over \$50 (or listed above)	0
			Line 13: Expenditures \$50 and under* (not listed above)	0
			Line 14: TOTAL EXPENDITURES IN THE PERIOD	290.36

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

LOCAL CITY CLERK MAR30/23 PM 2:15

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
11/5/21	Maura Ryan - Ciardiello	75 Hamilton Ave	loan liability to campaign debaters	\$1,000
Line 15: In-Kind Contributions over \$50 (or listed above)				\$1,000
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				\$1,000

* 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.

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Date Incurred	To Whom Due	Address	Purpose	Amount
11/5/21	Maura Ryan - Ciardiello	75 Hamilton Ave	Loan	\$1,000
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$1,000

To whom it may concern,

The ending balance of my previous year end report (\$290.36) is the total of my expenditures (\$4,730.79) minus my receipts (\$2,225) and prior ending balance of (\$1,796.15) and includes my own \$1,000 liability to equal a total of \$290.36.

Sincerely,

Maura Ryan-Ciardello

HAU CITY CLERK MAR30'23 PM 2:18

February 13, 2023

The Maura Ciardiello Committee
75 Hamilton Ave
Haverhill MA 01830

RE: Your TD Bank checking account ending in: 0128

Dear Ms. Ciardiello,

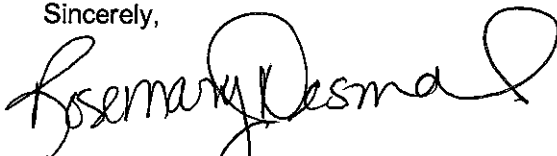
We're committed to keeping you informed and responding to your banking needs. Today, we're writing in response to your request for proof of paying off your debt.

Thank you for your payment. Your charge-off balance has been paid in full.

You have now paid the past due balance on your TD Bank account and satisfied your debt with us as of **February 13, 2023**. Keep this letter as your proof of payment.

If you have any questions, please call me at **1-978-556-1031**.

Sincerely,



Rosemary Desmond
Store Manager