



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

2021 SEP 29 AM 11:06  
 CITY OF PEABODY  
 CITY CLERK

Fill in Reporting Period dates: Beginning Date: 1/01/21 Ending Date: 8/29/21

Type of Report: (Check one)

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

MATTHEW MOLK  
Candidate Full Name (if applicable)

WARD FIVE CITY COUNCILOR  
Office Sought and District

13 Emily Ln. Peabody, MA 01960  
Residential Address

E-mail: VOTEMOLK@gmail.com

Phone # (optional): 978-884-9647

The Committee To Elect Matt Molk  
Committee Name

Valerie Molk  
Name of Committee Treasurer

13 Emily Ln Peabody, MA 01960  
Committee Mailing Address

E-mail: VOTEMOLK@gmail.com

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page <u>4</u> , line 11)	12,079.00
Line 3: Subtotal (line 1 plus line 2)	12,079.00
Line 4: Total expenditures this period (page 5, line 14)	5,585.60
Line 5: Ending Balance (line 3 minus line 4)	6,493.40
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	2,000.00
Line 8: Name of bank(s) used:	<u>NORTHSHORE BANK</u>

#### 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: Valerie Molk (Treasurer's signature) Date: 8/31/21

#### 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: Matt Molk (Candidate's signature) Date: 8/31/21

**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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
7/26/21	Atkin, Arnold 2600 San Joaquin Newport Beach, CA	100	
7/01/21	Bartkiewicz, Mark 11 White Cedar Dr. Middleton, MA 01949	200	Sales Manager / FULTON
7/01/21	Bettencourt, Edward Sr. 7 Sylvia Rd Peabody, MA 01960	100	
7/04/21	Constantino, John 1057 Windermere Xing Cumming, GA 30041	500	Director / Verizon Business
7/01/21	Dogramacian, Arthur 5 Jills Way Peabody, MA 01960	100	
7/01/21	Donnelly, Shane 83 Russell Hill Rd Brookline, NH 03033	250	sales / STRYKER
7/01/21	Doughty, Jim 26 Emily Ln Peabody, MA 01960	100	
7/01/21	Dulkis, Richard 8 North Dale St Peabody, MA 01960	150	
7/01/21	Exarhos, Eleni 9 Dartmouth St Peabody, MA 01960	100	
7/01/21	Exarhos, Nick 3 Charring Crossing Avon, CT	150	
7/01/21	Fischer, Mikhail 4 Nevada Ave Somerville, MA 02143	200	grad student
7/01/21	Gravel, David 60 Merrimack St, Un 409 Amesbury, MA 01913	500	CEO / GRAVOC

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**

→ ON page 4

← 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)
7/01/21	GRAVEL, DAVID 60 Merrimack St. UN409 AMESBURY, MA 01913	250	CEO / GRAVOC
7/01/21	HARRINGTON, FRANCIS 19 Emily Ln Peabody, MA 01960	100	
7/01/21	KENTROS, JOHN 10 CROWNFIELD RD, UN. 108 Peabody, MA 01960	100	
7/01/21	MAISTRELLIS, ANTHONY 9 WHEATLAND ST. Peabody, MA 01960	500	advisor / Wells Fargo
7/01/21	MARTINS, CHRISTINE 12 PINE HILL RD WENHAM, MA	100	
7/01/21	MCCARTHY, BRIAN 100 Pier 4 BLVD. 1116 BOSTON, MA 02210	500	CEO / EMAXX Assurance Group of Companies
7/01/21	MCCARTHY, MICHELLE 100 Pier 4 BLVD. 1116 BOSTON, MA 02210	250	VP of Marketing / EMAXX Assurance Group of Companies
7/01/21	MOLK, BRYAN 29 R FELTON ST. Peabody, MA 01960	500	SALES / OUTFRONT Media
2/02/21 + 6/30/21	MOLK, MATT 13 Emily Ln Peabody, MA 01960	2000 (LOAN)	DIRECTOR / GRAVOC
6/16/21	MOLK, MATT 13 Emily Ln Peabody, MA 01960	500	DIRECTOR / GRAVOC
7/01/21	MOLK, STEVEN 3 SPRUCE way Peabody, MA 01960	1000	RETIRED
7/01/21	MOLK, VALERIE 3 SPRUCE way Peabody, MA 01960	1000	RETIRED
7/01/21	MORELLI, BRIAN 31 DONNA ST Peabody, MA 01960	100	

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**

→ ON page 4

← 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)
7/04/21	MURPHY, Matt 1 CHESTNUT ST IPSWICH, MA 01938	100	
7/01/21	O'DONNELL, ANTHONY 35 WASHINGTON Sq, Suite 1 SALEM, MA 01970	500	Funeral Director / Henry J. O'Donnell + Sons
6/30/21	PINHEIRO, Brian 9 Macintyre Dr NORTH READING, MA 01864	100	
7/01/21	Shapiro, Lillian 5 PRICE RD Peabody, MA 01960	200	RETIRED
7/05/21	TIVNAN, Ryan 74 Highland Ave Lynnfield, MA 01940	200	Tax Attorney / McMahon + Tivnan, PC
7/01/21	Treacy, Bob 5 N. Dale RD Peabody, MA 01960	100	
7/01/21	Vadala, Paula 5 DANFORTH RD Peabody, MA 01960	100	
Line 9: Total Receipts over \$50 (or listed above)	10650.		
Line 10: Total Receipts \$50 and under* (not listed above)	1429.		
Line 11: TOTAL RECEIPTS IN THE PERIOD	12079.		← 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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure (include CPF ID# if a contribution to another committee)	Amount
6/16/21	CONNOLLY Printing CH#103	178 GILL ST. Woburn, MA 01801	1000 PALM CARDS	444.13
6/21/21	CONNOLLY Printing CH#104	178 GILL ST. Woburn, MA 01801	100 PAPER SIGNS	419.69
7/22/21	CONNOLLY Printing CH#107	178 GILL ST. Woburn, MA 01801	100 PLASTIC SIGNS 100 METAL FRAMES 100 T-NOTE CARDS	1298.91
5/8/21	HOP + GRIND CH#102	Northshore Mall 210 ANDOVER ST. Peabody, MA 01960	CATERER/HOST OF FUNDRAISING EVENT ON 7/01/21	400.-
8/24/21	MOLK, SERENA CH#109	13 Emily W. Peabody, MA 01960	Reimbursement (see Form R1)	61.85
8/24/21	MOLK, Steve CH#110	3 SPRUCE way Peabody, MA 01960	Reimbursement (see Form R1)	150.06
6/30/21	N.E.A.T.C.O. CH#105	474 Lowell St. Peabody, MA 01960	50 T-SHIRTS	500.-
2/09/21	NORTHSHORE Bank	248 ANDOVER ST. Peabody, MA 01960	BANK FEE FOR PROVIDING CHECK BOOK	32.94
7/6/21	OUTFRONT Media CH#106	40 Water St. BOSTON, MA 02109	BILLBOARD AD	1142.88
4/22/21	Peabody West Little League CH#101	P.O. BOX 2086 Peabody, MA 01960	DONATION TO A NON-PROFIT	500.-
8/3/21	Peabody West Little League CH#108	P.O. BOX 2086 Peabody, MA 01960	DONATION TO A NON-PROFIT	500.-
6/30/21 to 8/27/21	STRIPE	185 BERRY ST. San Francisco, CA 94107	CREDIT CARD FEES ON CARD DONATIONS	135.14
Line 12: Total Expenditures over \$50 (or listed above)				5585.60
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				5585.60

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.







# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <span style="border: 1px solid black; padding: 2px;">8/24/21</span>
Name of Individual Being Reimbursed: <span style="border: 1px solid black; padding: 2px;">SERENA MOLK</span>	
Committee Name: <span style="border: 1px solid black; padding: 2px;">The Committee To Elect Matt Molk</span>	
CPF ID Number (if applicable): <span style="border: 1px solid black; padding: 2px;"></span>	Telephone Number (optional): <span style="border: 1px solid black; padding: 2px;"></span>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
8/24/21	WALMART	55 Brooksby Village Dr Danvers, MA 01923	48 U.S. FLAGS For event decor on 7/01/21	21.00
8/24/21	PARTY CITY	300 Andover St. Peabody, MA 01960	30 Helium balloons For event on 7/01/21	40.85

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above): <span style="float: right; border: 1px solid black; padding: 2px;">61.85</span>
	Line 2: Expenditures \$50 or under (not itemized): <span style="float: right; border: 1px solid black; padding: 2px;">0</span>
	Line 3: <b>TOTAL AMOUNT REIMBURSED:</b> <span style="float: right; border: 1px solid black; padding: 2px;">61.85</span>

Signed under the penalties of perjury:	
Signature of Candidate / Treasurer	Date: <span style="border: 1px solid black; padding: 2px;">8/31/21</span>

Please prepare a separate report for each reimbursement check issued by the committee.



# Form CPF R 1: Itemization of Reimbursements

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Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <span style="border: 1px solid black; padding: 2px;">8/24/21</span>
Name of Individual Being Reimbursed: <span style="border: 1px solid black; padding: 2px;">Steve Molk</span>	
Committee Name: <span style="border: 1px solid black; padding: 2px;">The Committee to Elect Matt Molk</span>	
CPF ID Number (if applicable): <span style="border: 1px solid black; padding: 2px;"></span>	Telephone Number (optional): <span style="border: 1px solid black; padding: 2px;"></span>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
8/24/21	LOWE'S	153 ANDOVER ST. DANVERS, MA 01923	STEEL TIE PLATES	13.77
8/24/21	HOME DEPOT	235 INDEPENDENCE way DANVERS, MA 01923	MATERIALS TO BUILD hand held signs (PLATES, STRAPPING, TAPE, SCREWS)	136.29

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	150.06
	Line 2: Expenditures \$50 or under (not itemized):	0
	<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<b>150.06</b>

<b>Signed under the penalties of perjury:</b>	
<div style="display: flex; align-items: center; justify-content: center;"> <div style="border-bottom: 1px solid black; width: 80%;"></div> <div style="font-size: 2em; margin: 0 10px;"> </div> <div style="border-bottom: 1px solid black; width: 10%;"></div> </div> <p style="text-align: center; margin-top: 5px;">Signature of Candidate / Treasurer</p>	<p>Date: <span style="border: 1px solid black; padding: 2px;">8/31/21</span></p>

Please prepare a separate report for each reimbursement check issued by the committee.