

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clade or Electrical
Fill in Reporting Period dates: Beginning Date: 4/30	File with: City or Town Clerk or Election Commission    Commission
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☑ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Karin Ernst	N/A
Candidate Full Name (if applicable)  Recreation and Park Commission — May the column of the Column o	Committee Name
93 Lafayette Street, Marblehead, MA 01945	Name of Committee Treasurer
Residential Address E-mail: karin17e@gmail.com	Committee Mailing Address E-mail:
Phone # (optional): 617-549-7363	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	808.48
Line 3: Subtotal (line 1 plus line 2)	808.48
Line 4: Total expenditures this period (page 5, lin	ne 14) 808.48
Line 5: Ending Balance (line 3 minus line 4)	0
Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (pa  Line 7: Total (all) outstanding liabilities (page 7)	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used: no bank self support	0
Traine of bank(s) used. In bank sen support	ed
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	(Treasurer's signature) Date: 6/14/2021
Candidate with Committee  I certify that I have examined this report including attached schedules and it is a selection.	best of my knowledge and belief, a true and complete statement of all campaign finance
I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55
Signed under the penalties of perjury:	(Candidate's signature) Date: 6/14/21

#### **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.

(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	
	Karin Ernst, 93 Lafayette Street,	Amount	(for contributions of \$200 or more)	
4/14/21	Marblehead, MA 01945	75.00		
5/2/21	Karin Ernst, 93 Lafayette Street, Marblehead, MA 01945	314.83	Sales Representative @ Reckett	
5/4/21	Karin Ernst, 93 Lafayette Street, Marblehead, MA 01945	57.36.		
5/23/21	Karin Ernst, 93 Lafayette Street, Marblehead, MA 01945	261.29	Sales Representative @ Reckett	
6/12/21	Karin Ernst, 93 Lafayette Street, Marblehead, MA 01945	100.00		
Line 9: Total Rece	ipts over \$50 (or listed above)	808.48		
	eipts \$50 and under* (not listed above)	0		
	RECEIPTS IN THE PERIOD  d receipts of \$50 and under, include them in line	808.48		

### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ne 9: Total Receipt	s over \$50 (or listed above)		
ne 10: Total Receip	ts \$50 and under* (not listed above)		
	CEIPTS IN THE PERIOD	<b>+</b>	Enter on page 1, line 2

<sup>\*</sup> 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.) To Whom Paid **Date Paid** (alphabetical listing) Address **Purpose of Expenditure** Amount Signs on the Cheap 11525A Stonehollow Dr., Suite lawn signs 5/2/21 100 Austin, TX, 78758, USA 314.83 Staples 17 Paradise Road, Salem, MA banner 5/4/21 01970 57.36 Signs on the Cheap 11525A Stonehollow Dr., Suite lawn signs 5/23/21 100 Austin, TX, 78758, USA 261.29 United States Postal Service 27 Smith Street, Marblehead, stamps 6/12/21 MA 01945 100.00 Rober Waterman California sign design 4/14/21 75.00

> Line 12: Total Expenditures over \$50 (or listed above) 808.48

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

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

Enter on page 1, line  $4 \rightarrow$ 

808.48

#### **SCHEDULE B: EXPENDITURES (continued)**

Date Paid     (alphabetical listing)     Address     Purpose of Expenditure     Amount       Image: Control of the paid of		To Whom Paid	The state of the s	1	
	Date Paid		Address	Purpose of Expenditure	Amount
				Turpose of Expenditure	Amount
	ŀ				
		E TO THE RESIDENCE OF THE PROPERTY OF THE PROP			
Line 12: Expenditures over \$50 (or listed above)			Line 12: Expenditures over \$50	0 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)			Line 13: Expenditures \$50 and	under* (not listed above)	
		Enter on war 1 1'			
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.	TC 1	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

<sup>\*</sup> 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				, arec
	* 11 5			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	L	
		Line 17: TOTAL IN-KIND CO		

<sup>\*</sup> 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.

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### 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 OUTSTAND	DING LIABILITIES (ALL)	