



Commonwealth
of Massachusetts

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Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commi

Fill in Reporting Period dates:

Beginning Date:

11/1/2023

Ending Date:

10/30/2023

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Joel Faretra

Candidate Full Name (if applicable)

Central District City Councilor

Office Sought and District

6 Closson Court Methuen MA 01844

Residential Address

E-mail: jfaretra67@gmail.com

Phone # (optional):

CTE Joel Faretra

Committee Name

Hannah Faretra

Name of Committee Treasurer

PO Box 1068 Methuen MA 01844

Committee Mailing Address

E-mail: joelformethuen@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$1176.82

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

\$2870.00

Line 3: Subtotal (line 1 plus line 2)

\$4,046.82

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

\$2689.60

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

\$1357.22

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

0

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

0

Line 8: Name of bank(s) used:

M + T 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:

[Signature]

(Treasurer's signature)

Date: 10/30/23

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 contribution 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: 10/30/2023

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)
10/7	Franny Barry 17 Houston St Methuen MA	100.00	
7/22	David Bearegard, Jr 6 Fenwick Cir Methuen MA	100.00	
9/19	David Bearegard, Sr 118 Second St, Apt 1 Andover, MA 01810	50.00	
9/19	Christine Bellavance 10 Fenwick Circle Methuen MA 01844	50.00	
8/12	Comm. tie to Elect Allison Saffie 5 Brown Ct Methuen MA	100.00	
9/19	Ed Curran 19 Reservoir St Methuen MA 01844	150.00	
9/19	Daniel Donchue 4 1st Ave Methuen MA 01844	200.00	Firefighter Methuen Fire Dept
8/25	Michael Fluet 91 Chippew Lane Methuen MA 01844	100.00	
8/25	Larry Giordano 76 Bonanno Ct Methuen MA 01844	50.00	
9/19	Peter Kozell 14 Dun Ave Methuen MA 01844	100.00	
9/19	Math Krauel's 61 Cox Lane Methuen MA 01844	50.00	
9/19	William Marzi III 19 Heritage Lane Methuen MA 01844	100.00	
Line 9: Total Receipts over \$50 (or listed above)		2700.00	
Line 10: Total Receipts \$50 and under* (not listed above)		170.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2870.00	← 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)
9/21	Don Mazella 4 Christopher Drive Methuen MA 01844	50.00	
9/19	James McCarty 3 Hyder Ave Methuen MA 01844	50.00	
9/19	Michael McDonnell 1 Tree trunk Lane Methuen MA 01844	100.00	
9/28	Scott McNamara 4 Oak Hill Drive Methuen MA 01844	200.00	Police Chief Methuen Police Department
9/2	Brendan DeJugro 476 Lowell St Methuen MA 01844	50.00	
9/19	Methuen FF Union 1691 24 Lowell St Methuen MA 01844	500.00	
9/19	Nest Perry 121 Hampstead St Methuen MA 01844	100.00	
10/13	John Ryan 10 Wheeler St Methuen MA 01844	100.00	
9/19	Allison Saffie 5 Brown Ct Methuen MA 01844	50.00	
9/2	Robert Sheehan 92 Pleasant St Methuen MA 01844	50.00	
8/25	Donald Snodgrass 2 Palm Ave Methuen MA 01844	100.00	
9/19	Matthew Tulley 31 East Country Rd East Hampstead NH	100.00	

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
9/25	Amazon.com	25 Computer Dr Haverhill MA 01832	mailing labels	12.74
9/29	Bada Bing	32 Hampshire Rd Methuen MA 01844	Food for kickoff event	132.57
8/21	Cartridge World	391 S Broadway Salem, NH 03079	Supplies for kickoff event	28.99
8/8	Got Print	7651 N. San Fernando Rd Burbank, CA 91505	Lawn Signs (100)	277.69
10/19	Methuen HS Hockey Parents, Association	149 Forest St Methuen MA 01844	Donation	400.00
8/7	Joel Faretra	6 Closson Court Methuen MA 01844	web domain reimbursement	32.16
7/11	M+T Bank	148 Lowell St Methuen MA 01844	Bank fees	2.00
5/1	Methuen Arlington Neighborhood	141 Tenney St Methuen MA 01844	Donation	250.00
9/7	Methuen Athletic Improvement Comm	PO Box Methuen MA 01844	Donation	200.00
7/28	Stripe, Inc	354 Oyster Point Blvd San Francisco, CA	Transaction Fee	4.70
10/27	Stripe, Inc	354 Oyster Point Blvd San Francisco, CA	Transaction Fee	2.63
10/20	Stripe, Inc	354 Oyster Point Blvd San Francisco, CA	Transaction Fee	4.95

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

Line 13: Total 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/13	Stripe, Inc	354 Oyster Point Blvd San Francisco, CA	Transaction Fee	4.95
9/29	Stripe, Inc	354 Oyster Point Blvd San Francisco, CA	Transaction Fee	3.40
9/22	Stripe, Inc	354 Oyster Point Blvd San Francisco, CA	Transaction Fee	7.58
8/25	Stripe, Inc	354 Oyster Point Blvd San Francisco, CA	Transaction Fee	1.41
8/9	Target	2035 Broadway Salem, NH 03079	Supplies for invitations to kickoff event	16.32
8/9	United States Post office	272 Broadway Methuen MA 01844	Postage Kickoff event	66.00
9/22	United States Post office	272 Broadway Methuen MA 01844	Postage mailer	330.00
10/16	United States Post office	272 Broadway Methuen MA 01844	Postage mailer	462.00
7/28	Vistaprint	275 Wyman St Waltham MA 02451	2500 mailer postcards	449.57

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

2689.60

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

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

2689.60

* 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]

Line 15: In-Kind Contributions over \$50 (or listed above)

Line 16: In-Kind Contributions \$50 & under (not listed above)

Enter on page 1, line 6 →

Line 17: TOTAL IN-KIND CONTRIBUTIONS

¹ 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.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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CITY CLERK'S OFFICE
METHUEN, MA

2024 JAN 22 AM 8:54

File with: City or Town Clerk or Election Commission

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

Joel Faretra
Candidate Full Name (if applicable)
Central District City Councilor
Office Sought and District
6 Closson Ct Methuen MA
Residential Address
E-mail: jfaretra67@gmail.com
Phone #: 978 771 9441

CTE Joel Faretra
Committee Name
Hannah Faretra
Name of Committee Treasurer
PO Box 1068 Methuen MA
Committee Mailing Address
E-mail: joel faremethuen@gmail.com
Phone #: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1357.22</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1357.22</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>1219.90</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>137.32</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0</u>
Line 9: Name of bank(s) used:	<u>M + T 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: Hannah Faretra (Treasurer's signature)

Date: 1/20/2024

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: 1/20/2024

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)			<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD			

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/7/23	Bada Bing, Bada Boom Restaurant	32/34 Hampshire Rd methuen MA	Lunch for volunteers	40.00
11/3/23	CTE Bill Hanneffert	6 West Ayer Rd methuen MA	Donation	50.00
11/1/23	CTE Frank Sunillo	824 Riverside Dr methuen MA	Donation	50.00
11/6/23	Go Fund Me	Redwood City CA	Donation Michael Rickard III	100.00
10/31/23	Hecunly Donuts	137 Pelham St methuen MA	Campaign Event	35.53
11/28/23	methuen life	PO BOX 485 Windham NH 03087	Print ad in November paper	435.00
11/13/23	methuen Rotary Club	PO BOX 34 methuen MA	Donation Christmas Wreath	100.00
10/31/23	Party Center	Salem NH	Campaign Event Fundraiser Supplies	10.25
10/31/23	Piro's	300 Merrimack St methuen MA	Campaign event snacks	111.00
11/03/23	Stacie Cashman	26 Eastbrook Pl methuen MA	Reimbursement Senior Center event	51.92
12/1/23	VFW POST 8349	26 River St methuen MA	Army/Navy Game table	90.00
11/07/23	X-Golf	90 Pleasant View St Unit 105 methuen MA	Campaign Rally	146.20

* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)	1219.90
Line 14: Expenditures \$50 and under (not listed above)	Ø
Line 15: TOTAL EXPENDITURES IN THE PERIOD	1219.90

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.

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