



Commonwealth of Massachusetts

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: 8/1/25 Ending Date: 10/31/25

Type of Report: (Check one)

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

Guerlince Semerzier
Candidate Full Name (if applicable)

Office Sought and District

Residential Address

E-mail:

Phone # (optional):

Committee To Eled Guerlince S.
Committee Name

Ewend Gullometre
Name of Committee Treasurer

404 Technology Dr.
Committee Mailing Address

E-mail: Guerlince@Guerlince.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$42.74</u>
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	

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: _____

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: Guerlince Semerzier (Candidate's signature) Date: 10/27/25

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)
8/8/25	Dominique Constant	\$ 100	
8/8/25	Ronald Legoute	\$ 100	
8/8/25	Jano Melon	\$ 100	
8/8/25	David Glass	\$ 100	
8/8/25	Lyns Hercule	\$ 100	
8/8/25	Weather Ho	\$ 100	
8/8/25	Evans Gabean	\$ 100	
8/8/25	Santhia Labossiere	\$ 100	
8/8/25	Roodlyne Vincent	\$ 100	
8/8/25	Hansy Eugene	\$ 100	
8/8/25	Dionne Pierre	\$ 100	
8/8/25	Emmanuella Roman	\$ 100	
Line 9: Total Receipts over \$50 (or listed above) 13		\$ 1,200	
Line 10: Total Receipts \$50 and under* (not listed above)		\$ 0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$ 1,200	← 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.

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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/8/25	Patrick Dornican	100	
8/8/25	Standley David	100	
8/8/25	Jay Colvin	100	
8/8/25	Esmerald da Sully	100	
8/8/25	Sophica Boyer	100	
8/8/25	Jean Decolau	100	
8/8/25	Hildago Delbeau	100	
8/8/25	Yollette Ibokettle	100	
8/8/25	Reginal Meloria	100	
8/8/25	Wadson Mitchell	100	
8/8/25	Rosonique Pyram	100	
8/8/25	Jefesson Decolau	100	
8/8/25	Rarl montina	100	
Line 9: Total Receipts over \$50 (or listed above)		13	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$1,300	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.

