

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts	2013 JAN 22 A 10: 19
File with: City or Town Clerk or Election Commission Please print or type all in	FILE # CITY CLERK, SALEM, MASS. Information, except signatures.
	Cear Month Date Year 012 Ending 12 31 2013
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding elect	ion □30 day after election ☑ year-end report □ dissolution
Deberah & Amaral Full Name of Candidate (if applicable) Cchool Committee Office Sought and District 172 Marlborough Rd Residential Address Sale m M A 01970 Tel. No. (optional)	Committee to Ekct Deboie Arnar Committee Name Carol Webber Name of Committee Treasurer 172 Marlborough Rd Salem Committee Mailing Address Tel. No. (optional)
Line 1: Ending balance from pred Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus) Line 6: Total in-kind contributions to Line 7: Total (all) outstanding liability Line 8: Name of bank(s) used Sa	(page 2, line 11) \$ 40.00 \$ 116.92 Priod (page 3, line 14) \$ 72.00 line 4) \$ 44.92 his period (page 4) \$ 0 Ities (page 4) \$ 379.86
campaign finance activity of all persons acting under the authority or on behalf of Signed under the pens Treasurer's signature (in ink)	lties of perjury: UL8/Z0/3 Date
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to finance activity, of all persons acting under the authority or on behalf of this commitment contributions, incurred any liabilities nor made any expenditures on my behalf dur Candidate without Committee OR Candidate with independent activity fi	the best of my knowledge and belief, a true and complete statement of all campaign mittee in accordance with the requirements of M.G.L. c. 55. I have not received any ing this reporting period. Ung separate report 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 committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:

Candidate signature (in ink)

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.

This page may be copied 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	Am	ount	Occupation & Employer (for contributions of \$200 or more)
	*.			
- 1 57.00			× 1	
			+	- Address - Addr
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	E production of the control of the c			
Line 9:	Total receipts in excess of \$50 (or listed above)			
Line 10:	Total receipts \$50 and under* (not listed above)	40	00	
	TOTAL RECEIPTS IN THE PERIOD	40	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.

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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.

This page may be copied 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 Expenditur	e Amoun	
	>				
					-
	paraga, sur	Drugord was as	130 m A 22 + 145		11/1/2
				,	196 <u>1925</u>
1.5.5		Line 12: E	xpenditures over \$50		
		Line 13: Expenditures \$50 and under*		72	00
Ente	er on page 1, line 4	Line 14: To	OTAL EXPENDITURES	72	00

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		_	1	
			,	
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	*

^{*} 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.

Date Incurred	To Whom Due	Address	Purpose	Amount
last report	Deborch Amoral	122 Marlborough Rd	Prior reporting	2279.42
				20.44
Enter on page 1, line 7		Line 18: OUTSTANDING	2279.42	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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