

# Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campain	gn and Political Finance
of Massachusetts  File with: City or Town Clerk or Election Commission 2013 OCT 28	3 Y 10: H3
Please print or type all in	formation, except signatures.
Fill in dates: Reporting Period Beginning AUGUST 31 20	ALEM. MASS.  Month  Date  Place  Poster  Poste
Type of report: (Check one)  ☐8th day preceding preliminary  8th day preceding election	ion □30 day after election □year-end report □dissolution
KATHERINE CASIGLIA	Committee to elect Katie Casialia
Full Name of Candidate (if applicable)	Committee Name
SCHOOL COMMITTEE	JEFFREY CASIGLIA
Office Sought and District	Name of Committee Treasurer
398 ESSEXET SALEMINA 01970	398 ESSEX ST. SALEM MA 01970
Residential Address 857-231-6902	Committee Mailing Address
Tel. No. (optional)	<u>857-231-6478</u>
Ten its (opinion)	Tel. No. (optional)
Line 1: Ending balance from prev 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 li Line 6: Total in-kind contributions the Line 7: Total (all) outstanding liability Line 8: Name of bank(s) used NO	(page 2, line 11) \$ 0 \$-777.63 riod (page 3, line 14) \$ 701.50 sine 4) \$ -1479.13 his period (page 4) \$ 35.00 ries (page 4) \$ 1479.13
I certify that I have examined this report including attached schedules and it is, to finance activity, including all contributions, loans, receipts, expenditures, disbursen campaign finance activity of all persons acting under the authority or on behalf of the Signed under the penalty of all persons acting under the authority or on behalf of the Signed under the penalty of all persons acting under the authority or on behalf of the Signed under the penalty of all persons acting under the penalty of the Signed under the Signed under the penalty of the Signed under	the best of my knowledge and belief, a true and complete statement of all campaign nents, in-kind contributions and liabilities for this reporting period and represents the his committee in accordance with the requirements of M.G.L. c. 55. ties of perjury:
FOR CANDIDATE FILINGS OF	NLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the committee	the best of my knowledge and belief, a true and complete statement of all campaign nittee in accordance with the requirements of M.G.L. c. 55. I have not received any ing this reporting period.  In separate report  The best of my knowledge and belief, a true and complete statement of all campaign in high contributions and liabilities for this

Signed under the penalties of perjury:

#### 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	Amount	Occupation & Employer (for contributions of \$200 or more)
			X
	American de la 1845		
	•		
Č.			
Line 9:	Total receipts in excess of \$50 (or listed above)		
	Total receipts \$50 and under* (not listed above)		
	TOTAL RECEIPTS IN THE PERIOD		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.

Page 2

### 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 Expenditure	Amo	oun
4/5	GORILLA: PRINTING	47 CANALST SALEM MA 01970	SIGNS	385	8
9/13	GORILLA PRINTING	10	the comme	286	8
		G9 C IVE			5
		1			
				200	
	. , , , ,		. A) AO 87.	1	
	-				4
14.5. +					
		Line 12: Ex	spenditures over \$50	727	5
			penditures \$50 and under*	00	5
Er	nter on page 1, line 4	Line 14:TO	OTAL EXPENDITURES 7		

<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.

Page 3

# 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
			Appli	
- 1-		Maria Cara Te		
3.7				
			In-kind over \$50 In-kind \$50 and under	35.00
	Enter on page 1, line 6		Total In-kind	35.00

<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.

### 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
914	KATIE CASIGLIA	398 ESSEX ST SALEM, MA 01970	LOAN	28.75
9/5	KATIE CASIGLIA	£*	11	385,87
V13	KATIE CASIGLIA	1'	<i>1</i> 1	286.88
4.7	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	701.50

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.

Page 4