

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

prosition in the second	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 6/	25/13 Ending Pag: SEP (46/408350
Type of Report: (Check one)	FILE #
■ 8th day preceding preliminary	OITY CLERK, SALEM, MASS.  30 day after election year-end report dissolution
RUTCI	To the color
Beth Tracey Gerard	Committee to Elect Beth Genord
Candidate Full Name (if applicable)	Committee Name
Ward 6 Councillar	Andrew Gerard
Office Sought and District	Name of Committee Treasurer
49 Lordmont Rd salpm MA 01970	40 Larchmont Rd Salem MA 0:970
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	Ø
Line 2: Total receipts this period (page 3, line 11)	1392.08
Line 3: Subtotal (line 1 plus line 2)	
	1392.00
Line 4: Total expenditures this period (page 5, lin	e 14) 1227.50
Line 5: Ending Balance (line 3 minus line 4)	164.50
Line 6: Total in-kind contributions this period (pa	ge 6) Ø
Line 7: Total (all) outstanding liabilities (page 7)	390.94
Line 8: Name of bank(s) used: Salem F	ive
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:	ontributions and liabilities for this reporting period and represents the campaign
- I was find to the order of th	(1100)
Candidate with Committee and no activity independent of the committee  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 the lactivity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting to Candidate without Committee OR Candidate with independent activity filing sep	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
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 anthony of on behalf of this Signed under the penalties of perjury:	best of my knowledge and belief, a true and complete statement of all campaign in-kind conflitbutions and liabilities for this reporting period and represents the

#### 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 S200 or more)
8/6/2013	Robert Badalato MA 14 Buchanan Rd, Marblehead 01915	100	
8/2/2013	Andrew Gerand 49 Larchant RJ Salam MA 01970	300	Software Eng Eliza Carporation
8/13/2013	Andrew Gerard 49 Larchmont Rd Salem 01970	111,78	
8/11/2013	Angela Lordi 33 Bow Rd Wayland MA 01778	200	Owner, Pamplemonsse Inc
8/11/2013	Barbara Schneider 406 Paradise Rd PHS Swampscott MA 01907	75	
8/8/2013	Diane P. Spanoghe 6 Larchmont Rd Salem MA 01970	75	
		and the second s	
		1	
Line 9: Total Receip	ots over \$50 (or listed above)	861.78	
Line 10: Total Recei	pts \$50 and under* (not listed above)	536,22	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	1392.00	← 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.)

Г	To Whom Paid	mittee name and a page number of	п еасп раде.)	
Date Paid	(alphabetical listing)	Adduses		
Date Late	(aiphrabetical listing)	Address	Purpose of Expenditure	Amount
8/11/13	Comido	131 Essex 57, #2 Dom MA 01970	Cotorna	393.22
8/43/13	PsPront	Oakland CA 94608	Proming	111.78
8/2/13	Scorlett Letter Press	John MA 01970	Protong	197.50
8/14/13	Social Palates	Slem MA 01970	Photogophy	200
9/4/13	Thriston Sperdi Prmt	26 Howley St Peabody MA 01960	Printing	200
ORDINATION AND ADDRESS.				
				To the second se
Line 12: Total Expenditures over \$50 (or listed above)		1202.50		
Line 13: Total Expenditures \$50 and under* (not listed above)			25	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 1227.50			1227.50	

<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 4

### 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
				The second and the se
n n n n n n n n n n n n n n n n n n n				
	-			
				and the second s
		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			

<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.

Page 6

## 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
8/23/13	Pamplemonsse	185 Essex St Solem MA 01970	Catering	90.94
8/2/13	Andrew Gerofd	49 Lordment Rd Solom MA 01970	Cash DeposA	300
				7.00
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	390,94

Page 7