

# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

le with:	,	28H JUN - 1 A 8: 25
	n Clerk or Election Commission Please print or type	all information, except signatures.
Fill in Report	dates: Month Date ing Period Beginning TANUARY	Year Month Date Year  20/0 Ending DECEMBER 31 20/0
	of report: (Check one) lay preceding preliminary	election   30 day after election   year-end report   dissolution
	Neil J. Harrington	The Harrington Committee
	Full Name of Candidate (if applicable)	Committee Name
	Mayor - City of Salem	Richard P. Marrs
	Office Sought and District	Name of Committee Treasurer
	26 Survey Road Residential Address	26 Surrey Road
-	Salem MA 01970	Committee Mailing Address  Salem MA 01970
	Tel. No. (optional)	
I certify campaign	n finance activity, including all contributions, loans, receipts, esents the campaign finance activity of all persons acting und	riod (page 2, line 11)  S S S S S S S S S S S S S S S S S S
Treasur	er's signature (in ink)	Date
	FOR CANDIDATE FILING	S ONLY: (CANDIDATE MUST SIGN BELOW)
✓ Cand I certify campaig have not ☐ Cand I certify campaig	on finance activity, of all persons acting under the authority of received any contributions, incurred any liabilities nor made a lidate without Committee OR Candidate with independent that I have examined this report including attached scheduler in finance activity, including contributions, loans, receipts, exceents the campaign finance activity of all persons acting under the comparison of the comparison of the contributions.	es and it is, to the best of my knowledge and belief, a true and complete statement of all or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I any expenditures on my behalf during this reporting period.

#### 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 (alphabetical listing required)	Amo	unt	Occupation & Employer (for contributions of \$200 or more)
	,			
			,	
Line 9: Tota	al receipts in excess of \$50 (or listed above)			
Line 10: Tota	Il receipts \$50 and under* (not listed above)	65	75	
Line 11: TOT	TAL RECEIPTS IN THE PERIOD	65	75	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.

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	Amount	
				,	
·					
·		·			
				-	
			, .		
		Line 12: I	Expenditures over \$50		
		Line 13: F	Expenditures \$50 and under*	36	84
Enter on page 1, line 4		Line 14:7	TOTAL EXPENDITURES	36	84

<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.

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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
······································				
		Line 15:	In-kind over \$50	Ö
		Line 16:	In-kind \$50 and under	0
	Enter on page 1, line 6	Line 17:	Total In-kind	O

<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
12/3/98	Harrington, Neil J.	26 Surrey Road Salem MA 01970	loan to Committee	1,000.00
7/24/00	Harrington Neil J.	26 Surrey Road Salem MA 01970	loan to CommiTTEE	100.00
2/25/02	Harrington, Neil J.	26 Surry Rord Salem, MA 01970	logn to CommiTTEE	1,200.00
	,			
	Enter on page 1, line 7	Line 18: OUTSTANDING	G LIABILITIES (ALL)	2300,00

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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