

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

THIS DOT O

of Massachusetts	2013 UCT 27	A 12: 15
File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.	CITY OF SAL	EM. MA
Fill in dates: Month Date Year Reporting Period Beginning Tankay 1, 2015 Ending Oct		Year OIS
Type of report: (Check one) □8th day preceding preliminary 8th day preceding election □30 day after election	☐year-end report	□dissolution
Full Name of Candidate (if applicable) School Committee Office Sought and District 47 Buffum Street Residential Address Salem Ma 21970 (978) 590-6565 Tel. No. (optional)	Relletier tee Treasurer m Street	tional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used St Jean's Credit Union	-0- 1300,00 1300,00 1269,96 10.04 -0- 3150,00	
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 t finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilitie campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the received signed under the penalties of perjury: Treasurer's signature (in ink)	s for this reporting period a	and represents the
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN	BELOW)	
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 the best of my knowledge and belief, a tredinance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirement contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a trefinance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities of campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements. Signed under the penalties of perjury:	tue and complete statement ts of M.G.L. c. 55. I have r tue and complete statement for this reporting period and	of all campaign

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)
9/21/15		1300	86	Retired / Attorney
	(candidate)			
				, , , , , , , , , , , , , , , , , , , ,
	Total receipts in excess of \$50 (or listed above)	1300	00	
	Total receipts \$50 and under* (not listed above)	1 0	-	F
Line 11:	TOTAL RECEIPTS IN THE PERIOD	1300	90	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.

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Am	ount
9/22/15	City of Salen	Lo Washing his St Scalen, Ma	Voter List Disc	25	0
	Thrifteo Printing	Scalen, Ma 26 Howley St. Peabody, Ma	Lawn Signs Bumper stickers	735	83
10/5/15	Phrifted Printy U.S. Port Office	26 Howky St	Fundraising Invitation	351	63
10/5/15	U.S. Port Office	Peabody Ma 13 Wallis ot. Peabody Ma	Stamps	122	50
			*		
1				.0	
		·			
		Line 12: E	expenditures over \$50	1259	96
		Line 13: E	xpenditures \$50 and under*		_
Er	nter on page 1, line 4	Line 14:T	OTAL EXPENDITURES	1259	.96

^{*}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
	None			-0-
		Line 15:	In-kind over \$50	0
		Line 16:	In-kind \$50 and under	0
	Enter on page 1, line 6	Line 17:	Total In-kind	0

^{*} 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
9/21/15	James M. Plenny	47 Buffunst Solen, Ma 01970	Loan	1300.00
10/2/07	James M. Flang	47 Buffin 8 t Salem Ma. 01970	Loan	\$ 300,00
10/23/67	James M. Fleming		Loon	1500.00
(4)				
9 6 2	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	\$ 3100,00

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.

Page 4