



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:

City or Town Clerk or Election Commission

2013 OCT 29 A 8:19

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning 8 ^{Month} 31 ^{Date} 2013 ^{Year} Ending 10 ^{Month} 18 ^{Date} 2013 ^{Year}

Type of report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

RICHARD L JOHNSON

Full Name of Candidate (if applicable)

SCHOOL COMMITTEE

Office Sought and District

13 RIVER ST SALEM MA

Residential Address

508. 451 9555

Tel. No. (optional)

COMMITTEE TO ELECT RICK JOHNSON

Committee Name

CYNTHIA M JOHNSON

Name of Committee Treasurer

13 RIVER ST SALEM MA

Committee Mailing Address

508 527 1219

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ - 352.86
Line 2: Total receipts this period (page 2, line 11) \$ 1310.00
Line 3: Subtotal (line 1 plus line 2) \$ 957.14
Line 4: Total expenditures this period (page 3, line 14) \$ 1719.16
Line 5: Ending balance (line 3 minus line 4) \$ - 762.02
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 SALEM FIVE

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 true and complete statement of all campaign finance activity, including all 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:

Cynthia M. Johnson
Treasurer's signature (in ink)

10/28/13
Date

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 true and complete statement of all 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. I have not received any 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 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:

[Signature]
Candidate signature (in ink)

10/28/13
Date

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)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/8	CARTER VINSON 32 BEACH AVE SALEM MA	100 —	
10/8	RICHARD STAFFORD 30 BOARDMAN ST SALEM MA	100 —	
10/8	SARAH MORRILL 31 WARREN ST SALEM MA	100 —	
10/8	JACQUELINE WASHBURN 143 FEDERAL ST SALEM MA	250 —	PARTNER ERNST + YOUNG
10/8	MATTHEW BOULDERY 8 ABBOTT ST SALEM MA	100 —	
10/8	JULI LEDERHAUS 12 LYNN ST SALEM MA	60 —	
10/8	JANE THRIEL 238 LAFAYETTE ST ADVISOR STREET SALEM MA	60 —	
Line 9: Total receipts in excess of \$50 (or listed above)		770 —	Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)		540 —	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1310 —	

* 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	
10/8	HAWTHORNE HOTEL	ON THE COMMON SALEM MA	KICKOFF EVENT	772	82
10/8 and 9/4	THRIFTCO	20 HOWLEY ST PEABODY MA	SIGNS	733	12
9/3 and 10/7	SCARLET LETTER PRESS	102 WHARF ST A SALEM MA	CAMPAIGN CARDS	124	05
Line 12: Expenditures over \$50				1429	99
Line 13: Expenditures \$50 and under*				89	67
Line 14: TOTAL EXPENDITURES				1719	66

Enter on page 1, line 4

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

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				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

* 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
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7