

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

Massachusetts	
le with: ity or Town Clerk or Election Commission Please print or type all inform	2011 OCT 31 P 2: 08
ity or Town Clerk or Election Commission Please print or type all inform	
Fill in datest	CITY OF SALEM. MA
Fill in dates: Month Date Year Reporting Period Beginning Schubber 3 2011	Ending October 21 Zoll
Reporting 1 cross Deginning September 2	
Type of report: (Check one)	
☐ 8th day preceding preliminary	□30 day after election □year-end report □dissolution
001000000000000000000000000000000000000	
Sean Patrick O'Brien	
Full Name of Candidate (if applicable)	Committee Name
School Committee	Name of Committee Treasurer
Office Sought and District 10 Mooney Losaz Salem Ma	Name of Committee Heastife
Residential Address	Committee Mailing Address
978-744-9107	
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BALANC	E INFORMATION:
Line 1: Ending balance from previous	ous report \$ O
_	
Line 2: Total receipts this period (pa	φ 2, Inic 11) Φ 3 C
Line 3: Subtotal (line 1 plus line 2)	D 0 0 0
Line 4: Total expenditures this peri	iod (page 3, line 14) \$ 375.00
Line 5: Ending balance (line 3 minus line	e 4) \$
Line 6: Total in-kind contributions th	
Line 7: Total (all) outstanding liabilit	
Line 8: Name of bank(s) used North	h Shore Bank
(
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, expenditure	es, disbursements, in-kind contributions and liabilities for this reporting period
and represents the campaign finance activity of all persons acting under the auth M.G.L. c. 55. Signed under the penalties of persons acting under the authorized persons acting under the penalties of penal	
Treasurer's signature (in ink)	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 beha have not received any contributions, incurred any liabilities nor made any expend	If of this committee in accordance with the requirements of M.G.L. c. 55. I
Candidate without Committee OR Candidate with independent activity fi	ling separate report
I certify that I have examined this report including attached schedules and it is, campaign finance activity, including contributions, loans, receipts, expenditures	to the best of my knowledge and belief, a true and complete statement of all
campaign finance activity, including contributions, loans, receipts, expenditures and represents the campaign finance activity of all persons acting under the authorized and represents the campaign finance activity of all persons acting under the authorized activity.	hority or on behalf of this committee in accordance with the requirements of
M.G.L. c. 55. Signed under the penalties of	f perjury:
Sea P. OBrucu	0/31/1/ Date
Candidate signature (in ink)	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	eceived (alphabetical listing required)		ount	Occupation & Employer (for contributions of \$200 or more	
10/66/11	Sean Patrick O'Brien Will Caravana	300	50	Student/Kraft Foods pherchandiser	
9/12/11	Will Caravana	25	80	Student	
				·	
-					
_			-		
:					
-				·	
Line 9:	Total receipts in excess of \$50 (or listed above)	300	00	·	
	Total receipts \$50 and under* (not listed above)	23	00°		
Line 11:	TOTAL RECEIPTS IN THE PERIOD	325	00	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.

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	ount
0/6/11	Salem StateUniver	jy 352 Lafagette Salemma	st Printing Elyers	300	0
1/14/1	Salem StateUniverse Lits of Salem	93 Washington St Salem MA	Primary Election Voter Egist Wollow	25	00
	·				
				,	
			RESTRUCTION OF THE PROPERTY OF		

				-	
		Line 12: E	xpenditures over \$50	300	50
•		Line 13: E	xpenditures \$50 and under*		
Er	nter on page 1, line 4	Line 14:T	OTAL EXPENDITURES		<u> </u>

^{*}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	From Whom Received*	Residential Address	Description of	Value
Received			Contribution	
0/12/11	1/11/	59 Brainard Rd	donation of primary voter	\$)<.00
9/14/1	Will Caracana	S9 Brainard Rd Wilbraham MA 01095	Primary voter 11s + CDROM	23
-				
		-		
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	55.00
	Enter on page 1, line 6	Line 17:	Total In-kind	75-06

^{*} 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
E	Enter on page 1, line 7	Line 18: OUTSTANDING LIA	BILITIES (ALL)	

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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