



Commonwealth of Massachusetts

SEE ATTACHED

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 25 A 8:12

Please print or type all information, except signatures

Fill in dates:

Reporting Period Beginning AUGUST 31 2012 Ending OCTOBER 28 2013

Type of report: (Check one)

8th day preceding preliminary [X] 8th day preceding election [ ] 30 day after election [ ] year-end report [ ] dissolution [ ]

DR. BRENDAN R. WALSH
Full Name of Candidate (if applicable)
SCHOOL COMMITTEE
Office Sought and District
5 WEST TERR SALEM, MA
Residential Address
978-744-3856
Tel. No. (optional)

COMMITTEE TO REELECT BRENDAN WALSH
Committee Name
JOHN A WALSH
Name of Committee Treasurer
5 WEST TERR SALEM, MA 01970
Committee Mailing Address
978-743-1682
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 3,288.70
Line 2: Total receipts this period (page 2, line 11) \$ 1,745.00
Line 3: Subtotal (line 1 plus line 2) \$ 5,033.70
Line 4: Total expenditures this period (page 3, line 14) \$ 1,898.86
Line 5: Ending balance (line 3 minus line 4) \$ 3,134.84
Line 6: Total in-kind contributions this period (page 4) \$ -
Line 7: Total (all) outstanding liabilities (page 4) \$ 1,215.28
Line 8: Name of bank(s) used

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:

John A. Walsh
Treasurer's signature (in ink)

10/24/2013
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

[X] 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:

Brendan R. Walsh
Candidate signature (in ink)

10/25/13
Date





### 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				
<b>Line 17: Total In-kind</b>				

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
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				

Enter on page 1, line 7

## Schedule A: Receipts

	A	B	C	D	E	F
	Received	Name		Address	Amount	Occupation & Employer
		First	Last			
1						
2						
3	8/25/2013	Alaine	Geary	15 Lafayette Ave A2 Danvers MA	\$100.00	
4	8/25/2013	Rodney	Maurice	11 Appeltton St Salem MA	\$100.00	
5	9/1/2013	Carl	Peterson	14 Cleveland Rd Salem MA	\$100.00	
6						
7						
8				<b>Total Receipts in excess of \$50 (or listed above)</b>	\$300.00	
9					\$300.00	
10					\$1,445.00	
11					<b>\$1,745.00</b>	
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