

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2020 JAN 21 PM 12: 05

Fill in Reporting Period dates: Y CL Beginning Date: SALFM, MASS.	D1/01/19 Ending Date: 12/31/19
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	n 30 day after election year-end report dissolution
Timothy Jenkins Candidate Full Name (if applicable)	Committee to elect Timothy Jenkins
Ward 2 Councillor	Committee Name James L. Kearney
Office Sought and District	Name of Committee Treasurer
18 Broad St, Salem, MA	1 1/2 Carnbridge St, Salem, MA
Residential Address	Committee Mailing Address
E-mail: dolphinadv@verizon.net	E-mail: kearneyjim22@gmail.com
Phone # {optional}:	Phone # (optional):
SUMMARY BALA	NCE INFORMATION:
Line 1: Ending Balance from previous report	\$2,414.87
Line 2: Total receipts this period (page 3, line	11) 0.00
Line 3: Subtotal (line 1 plus line 2)	2,414.87
Line 4: Total expenditures this period (page 5,	line 14) 2,414.87
Line 5: Ending Balance (line 3 minus line 4)	0.00
Line 6: Total in-kind contributions this period	(page 6)
Line 7: Total (all) outstanding liabilities (page	7)
Line 8: Name of bank(s) used: Eastern Bank	
inance activity of all persons acting under the authority or or behalf of this committee signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I Candidate with Committee) I certify that I have examined this report including attached schedules and it is, to	(Treasurer's signature) Date: 1/19/20 I box only) the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the remirrements of M.G.L. c. 55. I have not received any contributions.
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 ents, in-kind contributions and liabilities for this reporting period and represents the this candidate in accordance with the requirements of M.G.L. c. 55.
igued under the penalties of perjura	(Candidate's signature) Date: 1/19/20

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address			Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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ne 9: Total Receipts	s over \$50 (or listed above)		
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ne 10: Total Receipt	s \$50 and under* (not listed above)		
no 11, TOTAL DE	CEIDTS IN THE DEDICAL		
ue 11: IVIAL RE	CEIPTS IN THE PERIOD	-	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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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9: Total Receipts	over \$50 (or listed above)		
10: Total Receipts	\$50 and under* (not listed above)		
	CEIPTS IN THE PERIOD	-	Enter on page 1, line 2
on have itemized rec	eints of \$50 and under include them in time 0	I imp 30 chandel in	chude only those receipts 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	L	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS)

^{*} 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.

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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
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