

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

2014 144 .

d Massachusetts	JAN 16 P 12: 22
File with: City or Town Clerk or Election Commission Please print or type all i	CITY CLERK, SALEM, MASS
Fill in dates:  Reporting Period Beginning    Date   2012	Year Ending 12/3/ 20/3
Type of report: (Check one)  □8th day preceding preliminary □8th day preceding elec	ction 30 day after election Ayear-end report dissolution
Full Name of Candidate (if applicable)	AUGN ELECTION COMMITTED
Office Sought and District	Name of Committee Treasurer
SAUM, Residential Address  978-744-6453 Tel. No. (optional)	SAUM, MA 01970  G76-744-6453 Tel. No. (optional)
Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions to Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used	(page 2, line 11) \$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, finance activity, including all contributions, loans, receipts, expenditures, disburs campaign finance activity of all persons acting under the authority or on behalf of Signed under the pen	
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 1 certify that I have examined this report including attached schedules and it is, to finance activity, of all persons acting under the authority or on behalf of this cor contributions, incurred any liabilities nor made any expenditures on my behalf du  Candidate without Committee OR Candidate with Independent activity f I certify that I have examined this report including attached schedules and it is, to	o the best of my knowledge and belief, a true and complete statement of all campaign minittee in accordance with the requirements of M.G.L. c. 55. I have not received any uring this reporting period.  filling separate report to the best of my knowledge and belief, a true and complete statement of all campaign pents, in-kind contributions and liabilities for this reporting period and represents the

yty 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:

## 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)		ount	Occupation & Employer (for contributions of \$200 or m	
N - 196 - 1					
		C.		57 44 14 15	
	5.500	1		(1987 - 1987) - 1827.	
	4.20				
	56.36				
	Anger Send of the Control of the Con				
			.*.		
Line 9:	Total receipts in excess of \$50 (or listed above)				
Line 10:	Total receipts \$50 and under* (not listed above)				
Line 11: 7	TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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### 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.

To Whom Paid Date Paid Address Purpose of Expenditure Amount (alphabetical listing) LOAN RAPA Line 12: Expenditures over \$50 Line 13: Expenditures \$50 and under\* Enter on page 1, line 4 Line 14: TOTAL EXPENDITURES

\*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 Received	From Whom Received*	Residential Address	Description of Contribution	Value
			26.7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
,			In-kind over \$50	PX
			In-kind \$50 and under	(/)
	Enter on page 1, line 6	Line 17:	Total In-kind	V

<sup>\*</sup> 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
[949	CANDIDATE	SAUAM MA, 01970	CANPIPATO	16,500.00
2003	//	(1	//	2994.54
2007	(1)	1/	//	5000.00
2009	11	"/	11	4000 00
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	28 494.54

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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