



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

Please print or type all information, except signature

2012 JAN 20 A 8:54

Fill in dates:

Reporting Period Beginning Month 10 Date 22 Year 2011 Ending Month December Date 31 Year 2011

Type of report: (Check one)

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

Full Name of Candidate (if applicable)

Deborah Amaral

Office Sought and District

School Committee, Salem

Residential Address

172 Marlborough Rd Salem

978 745 3246 Tel. No. (optional)

Committee to Elect Debbie Amaral

Committee Name

Carol Webber

Name of Committee Treasurer

172 Marlborough Rd Salem

Committee Mailing Address

N/A

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ (1694.63)

Line 2: Total receipts this period (page 2, line 11) \$ 650.00

Line 3: Subtotal (line 1 plus line 2) \$ (1044.63)

Line 4: Total expenditures this period (page 3, line 14) \$ 1226.03

Line 5: Ending balance (line 3 minus line 4) \$ (3270.66)

Line 6: Total in-kind contributions this period (page 4) \$

Line 7: Total (all) outstanding liabilities (page 4) \$ 2279.46

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:

Carol
Treasurer's signature (in ink)

1/18/12
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:

Deh
Candidate signature (in ink)

1/18/2012
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)
12/14	Joan Fix, 7 Monroe St, Salem	100	00	
11/19	Clayton Greene, 72 Orchard St. Salem	50	00	
11/14	Kam-Fun Lam, 18 Horton St. Salem	100	00	
11/19	Bill and Ann Leaver, 55 Bay View Ave Salem, MA	100	00	
11/19	Mary Ann Lyons, 35 Hillside Ave Salem	100	00	
12/14	Betsy and Petr Merry 413 Lafayette St. Salem	100	00	
11/14	Patricia Zaido 13 Chestnut St, Salem	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		650	00	Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)		0	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		650	00	

* 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	
10/31/2011	Creative Ink	167 Boston St, Salem	Copying	336	00
10/28/2011	Staples	17 Paradise Rd, Salem	supplies	62	97
10/28/2011	Staples	17 Paradise Rd, Salem	ink	55	24
10/26/2011	USPS	109 Mountain Ave. Malden	stamps	158	40
10/30/2011	USPS	4 Essex Center Dr. Peabody, MA	stamps	261	36
10/29/2011	USPS	2 Margin St. Salem	stamps	134	64
Line 12: Expenditures over \$50				1008	61
Line 13: Expenditures \$50 and under*				217	42
Line 14: TOTAL EXPENDITURES				1226	03

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
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* 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
Last report 10/31/20	Deborah Amaral	172 Marlborough Rd Salem, MA 01970	Last report Copies	7748.22
10/31/2011	Deborah Amaral	172 Marlborough Rd Salem	Copies	357.60
10/29/2011	Deborah Amaral	172 Marlborough Rd Salem	stamps	134.64
11/3/2011	Deborah Amaral	172 Marlborough Rd. Salem	stamps	39.60
Enter on page 1, line 7				
Line 18: OUTSTANDING LIABILITIES (ALL)				227946