

Form CPF M 102: Campaign Finance Report Municipal Form

				2016 JA	V 15 A II	: 59	
Commission					The	07	
Pleas	se print or ty	pe all inforn	nation, except si	gnatures.	FILE #	140/	
ginning O'CT.	Date	Year 2615	Ending	Month JE C. 3	Date		Year /5
eck one) oreliminary 8th	day precedii	ng election	□30 day after	election	Øyear-end	report	□dissolution
PHILIP SABI	N .	_)(_					
of Candidate (if appli R WARD Z	cable)			Committ	ee Name		
		70	Name	of Comm	ittee Treasurer	•	
sidential Address			Com	mittee Ma	iling Address		
	l. No. (option	al)			Tel.	No. (opt	ional)
: Ending bala : Total receip : Subtotal (line : Total expend : Ending bala : Total in-kind : Total (all) out : Name of bank	nce from ts this pe 1 plus line 2 ditures tl nce (line 3 contribute standing (s) used_	previous period (page) nis period minus line ditabilities	ts report e 2, line 11) d (page 3, line 4) period (page 4) (page 4) SALEM FI	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	573·16 673·16 2730.	5 00	nt of all campaign
all persons acting under the	authority or on	behalf of this c	ommittee in accordar	nce with the	requirements of M.	.G.L. c. 55.	and represents the
k)					Date		
FOR CANDIDA	TE FILIN	IGS ONL	Y: (CANDIDATE	MUST SIC	SN BELOW)		
this report including attacts acting under the authorit bilities nor made any expenittee OR Candidate with this report including attact attributions, loans, receipts, ll persons acting under the	hed schedules at y or on behalf of inditures on my land independent of hed schedules at , expenditures, dauthority or on authority or on	nd it is, to the be this committee behalf during the activity filing so ad it is, to the be lisbursements, in behalf of this co	in accordance with the interpretate report in a control in a control in a control in a control in a coordan in accordance in acc	and belief, a and liabilitie ce with the r	true and complete s for this reporting equirements of M.	statement g period an G.L. c. 55.	not received any
	Please Inning OCT. eck one) oreliminary Bth PHI LIP SABIA of Candidate (if applia R WARD 2 Sought and District ST. SALE sidential Address 2568 Te SUM: Ending bala Total receip Subtotal (line Total expend Ending bala Total in-kind Total (all) out Name of bank Total (all) out Name of bank eck 1 box only) ee and no activity independ this report including attact contributions, loans, receiptly this report including attact contributions, loans, receiptly this report including attact contributions, loans, receiptly this report including attact in the contributions, loans, receiptly this report including attact in the contributions, loans, receiptly the contributions, loans, receiptly this report including attact in the contributions, loans, receiptly the contributions acting under the contributions acting under the contributions.	Please print or ty Inning OCT. Bate A7 Beck one) Oreliminary Bath day preceding PHI LIP SABIN Of Candidate (if applicable) R WARD 2 Sought and District ST. SALEM, MA OIT Sidential Address 2568 Tel. No. (option SUMMARY B Ending balance from Total receipts this per Ending balance (line 3 Total expenditures the contribution of bank (s) used Total (all) outstanding Name of bank (s) used Sought and District SUMMARY B Subtotal (line 1 plus line 2 Total expenditures the contribution of bank (s) used Total (all) outstanding Name of bank (s) used FOR CANDIDATE FILIN Beck 1 box only) Beck 1 box only)	Please print or type all inform Month Mont	Please print or type all information, except signining of the print of	Please print or type all information, except signatures. Commission	Please print or type all information, except signatures Please print or type all information, except signatures Please print or	Please print or type all information, except signatures Please print or type all information, except signatures Please print or type all information, except signatures

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)	An	ount	Occupation & Employer (for contributions of \$200 or more)
				-
				.507
	,			,
Line 9: T	otal receipts in excess of \$50 (or listed above)	-	4	
Line 10: T	otal receipts \$50 and under* (not listed above)	4	_	
Line 11: T	OTAL RECEIPTS IN THE PERIOD	0	0	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.

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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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
					T
					+
				-	
	The state of the s			Sec.	
					+
					-
					+
			1,		
		Line 12: E	Expenditures over \$50		_
			expenditures \$50 and under*		_
Ent	er on page 1, line 4		OTAL EXPENDITURES	0	0

^{*}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
			,	
	,			
		Line 15:	In-kind over \$50	—
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	O

^{*} 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
5-9-63	DOUGLAS P. SABIN	34 NORTHEY ST. SALEM, MA 01970	LOAN by CANDICATE TO HIS CAMPAIGN	1,005.00
9.8-03	DOUGLAS P. SABIN	34 NORTHEY ST SALEM, MA 01970	LOAN BY CANDIDATE TO HIS CAMPAIGU	870 . 00
9-15-03	DOUGLAS P. SABIN	34 NORTHEY ST. SALEM, MA 01970	LOAN BY CANDITATE TO HIS CAMPAIN	800.60
10-18-01	DOUGLAS P. SABIN	34 NORTHOY ST SALEM, MA 01970	LOAN BY CANDIDATE TO HIS CAMPAIGN	25.00
1-4-07	DOUGLAS P. SABIN	34 NORTHEY ST. SALEM, MA 01976	LOAN BY CANDIDATE TO HIS CAMPALIEN	36.00
ie.	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	2730.00

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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