

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

20	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 7/22	2/2013 — 9 A Binding Date: 9/8/2013
Type of Report: (Check one)	ÖLERK, SALEM, MAGG
⊗ 8th day preceding preliminary □ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
RACHEL HUNT	COMMITTEE TO ELECT RACHEL HUNT
Candidate Full Name (if applicable)	Committee Name
SCHOOL COMMITTEE/SALEM	WILLIAM P. GOREHAM
Office Sought and District	Name of Committee Treasurer
10 CARPENTER STREET, SALEM, MA 01970	10 CARPENTER STREET, SALEM, MA 01970
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	2,956
Line 3: Subtotal (line 1 plus line 2)	2,956
Line 4: Total expenditures this period (page 5, lin	
Line 5: Ending Balance (line 3 minus line 4)	2,107.06
Line 6: Total in-kind contributions this period (pa	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: SALEM FIVE	0
Silentific	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 9/8/13
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 activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee OR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury:	(Candidate's signature) Date: 9/8/13

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)	
Jul 28, 2013	TIMOTHY F. CLARKE 361 ESSEX STREET SALEM, MA 01970	100		
Aug 15, 2013	JEREMY M. COHEN 13 TEDESCO POND PL MARBLEHEAD, MA 01945	100		
Aug 15, 2013	COMMITTEE TO ELECT KIM DRISCOLL P.O. BOX 8111 SALEM, MA 01970	100		
Sep 6, 2013	JUDITH GORDON 101 NW 58TH ST #19 SEATTLE, WA 98107	100		
Sep 6, 2013	JAMES HUNT 22 GROVE ST #2 SALEM, MA 01970	500	ENGINEER SIMPLY CLEAN AIR & WATER INC	
Sep 6, 2013	MARK MECHE 209 ESSEX STREET SALEM, MA 01970	250	ARCHITECT WINTER STREET ARCHITECTS INC	
Sep 6, 2013	SEAN O'CONNOR 203 WASHINGTON STREET SALEM, MA 01970	250	OWNER KYRON INC	
Sep 6, 2013	MATTHEW PALMISANO CMR 402 BOX 775 APO AE	250	CLINICAL SOCIAL WORK ARMY	
Aug 15, 2013	RICHARD J. PABICH 35 WINTER ISLAND RD SALEM. MA 01970	100		
Aug 1, 2013	JANET Z. ROME 97 SCHOOL ST BELMONT, MA 02478	500	HOMEMAKER	
Jul 22, 2013	LINDA A. ST. PIERRE 83 BAYVIEW AVE SALEM, MA 01970	100		
Jul 28, 2013	BETTY L. SINGER 45 LONGWOOD AVE APT 405 BROOKLINE MA 02446	100		
Line 9: Total Rece	ipts over \$50 (or listed above)	2,450		
Line 10: Total Rece	eipts \$50 and under* (not listed above)	506		
Line 11: TOTAL RECEIPTS IN THE PERIOD 2,956				

^{*} 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)

	Name and Residential Address Occupation & Employer					
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)			
Line 9: Total Receip	ots over \$50 (or listed above)					
Line 10: Total Recei	pts \$50 and under* (not listed above)					
Line 11: TOTAL R	ECEIPTS IN THE PERIOD					
	receipts of \$50 and under include them in line	O. I in a 10 ab - 1	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 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

	To Whom Paid	Adduses	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	rurpose of Expenditure	Amount
Aug 15, 2013	DESCHAMPS PRINTING CO INC	3 DODGE STREET SALEM, MA 01970	PRINTING STICKERS CARDS	848.94
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	848.9
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	New York Control of the Control of t
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	848.9

above. Page 4

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
-				
1				
		Line 12: Expenditures over \$50	(or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				
	Enter on page 1, line $4 \rightarrow 1$	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	
you have item	ized expenditures of \$50 and under.	include them in line 12. Line 13 sh	ould include only those 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.

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
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions \$		0
If an in-kind cont		Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	0

^{*} 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.

Page 6

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
1				