



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2015 OCT 19 P 1:28

FILE #
CITY CLERK, SALEM, MASS.
10/18/2015

File with:
City or Town Clerk or Election Commission

Reporting Period - Beginning: 1/1/2015 Ending: 10/16/2015

Type of report: Pre-election

Jerry Ryan

Full Name of Candidate

City Council

Office Sought/ District

**4 Nichols Street
Salem, MA 01970**

Residential Address

Committee to Elect Jerry L. Ryan

Committee Name

Patricia Chesley

Name of Committee Treasurer

**6 Hanson Street
Salem, MA 01970**

Committee Address

SUMMARY BALANCE INFORMATION

Ending Balance from previous report:	\$236.25
Total receipts this period:	\$5,866.14
Subtotal:	\$6,102.39
Total expenditures this period:	\$5,911.22
Ending Balance:	\$191.17
Total inkind contributions this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of bank(s) used:	Eastern Bank

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, inkind 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:

Treasurer's signature (in ink)

Date

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, and 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 and 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, inkind 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:

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.

Date	Name and Residential Address	Amount	Occupation and Employer
6/26/2015	Bucco, Charlotte 11 Woodside Street Salem, MA 01970	\$75.00	
9/9/2015	Butler, Patricia 8 South Street Salem, MA 01970	\$250.00	Retired Retired
10/5/2015	Butler, Paul 32 Albion Street Salem, MA 01970	\$50.00	Retired Retired
6/26/2015	Butler, Paul 32 Albion Street Salem, MA 01970	\$100.00	Retired Retired
10/5/2015	Butler, Sally 32 Albion Street Salem, MA 01970	\$50.00	Retired Retired
6/26/2015	Butler, Sally 32 Albion Street Salem, MA 01970	\$100.00	Retired Retired
9/9/2015	Butler, Thomas 8 South Street Salem, MA 01970	\$250.00	Retired MA State Police
6/26/2015	Curtin, Patrick 19 Raymond Avenue Salem, MA 01970	\$100.00	Dentist Self Employed
10/5/2015	Hancock, Karen 7 Henry Street Salem, MA 01970	\$25.00	
10/13/2015	Mroz, Rosemary 50 Lovett Street Salem, MA 01970	\$25.00	Retired

Date	Name and Residential Address	Amount	Occupation and Employer
6/26/2015	O'Donnell, Thomas 80 Washington Square Salem, MA 01970	\$100.00	
6/26/2015	Ofilos, Jeannine 21 Buena Vista Ave Salem, MA 01970	\$100.00	
6/26/2015	Pinto, Steven 55 Columbus Avenue Salem, MA 01970	\$150.00	
6/26/2015	Prevey, Paul 26 Tremont Street Salem, MA 01970	\$100.00	
6/26/2015	Reardon, Robert 2 Larch Avenue Salem, MA 01970	\$100.00	
7/5/2015	Ryan (loan), Jerry 4 Nichols Street Salem, MA 01970	\$18.05	Insurance Agent Eastern Insurance
6/15/2015	Ryan (Loan), Jerry 4 Nichols Street Salem, MA 01970	\$39.85	Insurance Agent Eastern Insurance
6/15/2015	Ryan (Loan), Jerry 4 Nichols Street Salem, MA 01970	\$6.38	Insurance Agent Eastern Insurance
8/10/2015	Ryan (Loan), Jerry 4 Nichols Street Salem, MA 01970	\$10.61	Insurance Agent Eastern Insurance
5/27/2015	Ryan (Loan), Jerry 4 Nichols Street Salem, MA 01970	\$196.00	Insurance Agent Eastern Insurance
5/26/2015	Ryan (Loan), Jerry 4 Nichols Street Salem, MA 01970	\$323.00	Insurance Agent Eastern Insurance
7/7/2015	Ryan (Loan), Jerry 4 Nichols Street Salem, MA 01970	\$254.96	Insurance Agent Eastern Insurance

Date	Name and Residential Address	Amount	Occupation and Employer
6/17/2015	Ryan (Loan), Jerry 4 Nichols Street Salem, MA 01970	\$150.05	Insurance Agent Eastern Insurance
6/16/2015	Ryan (Loan), Jerry 4 Nichols Street Salem, MA 01970	\$47.53	Insurance Agent Eastern Insurance
6/15/2015	Ryan (Loan), Jerry 4 Nichols Street Salem, MA 01970	\$49.70	Insurance Agent Eastern Insurance
6/14/2015	Ryan (Loan), Jerry 4 Nichols Street Salem, MA 01970	\$65.01	Insurance Agent Eastern Insurance
6/26/2015	Ryan, Ann 1 Woodside Street Salem, MA 01970	\$100.00	Retired Retired
7/7/2015	Ryan, George 20 Humphrey Street Swampscott, MA 01907	\$100.00	Retired
10/5/2015	Ryan, George 20 Humphrey Street Swampscott, MA 01907	\$100.00	Retired
6/26/2015	Ryan, James 25 Albion Street Salem, MA 01970	\$100.00	Plant Worker Sesd
6/26/2015	Ryan, Martha 1 Woodside Street Salem, MA 01970	\$100.00	Nurse
Total Itemized Receipts		\$3,236.14	
Total Unitemized Receipts		\$2,630.00	
Total Receipts		\$5,866.14	

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 over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
5/31/2015	A O H 104 Boston Street Salem, MA 01970	\$100.00	Hall Rental June Fundraiser
10/4/2015	Bj's 6 Hutchison Drive Danvers, MA 01923	\$59.48	Supplies For October Fundraiser
10/3/2015	Bj's 6 Hutchison Drive Danvers, MA 01923	\$157.43	Supplies For October Fundraiser
6/14/2015	Bj's 6 Hutchison Drive Danvers, MA 01923	\$65.01	Supplies For June Fundraiser
3/17/2015	Committee To Elect Joan Lovely 14 Story Street Salem, MA 01970	\$100.00	Donation
10/5/2015	Connolly Printing 17b Gill St Woburn, MA 01801	\$323.00	Letterhead & Envelope
10/7/2015	Connolly Printing 17b Gill St Woburn, MA 01801	\$382.50	Dear Friend Card
9/1/2015	Connolly Printing 17b Gill St Woburn, MA 01801	\$672.56	Yard Signs
5/26/2015	Connolly Printing 17b Gill St Woburn, MA 01801	\$323.00	Letterhead & Envelope
7/28/2015	Connolly Printing 17b Gill St Woburn, MA 01801	\$1,115.63	Palm Cards
10/4/2015	E.W. Hobbs Inc 205 Fort Ave Salem, MA 01970	\$120.00	Popcorn For October Fundraiser

Date	Name and Address	Amount	Purpose
10/4/2015	Party City 300 Andover St. Peabody, MA 01960	\$6.34	Supplies For October Fundraiser
6/17/2015	Roaster Peppers 100 Boston Street Salem, MA 01970	\$150.05	Food For June Fundraiser
8/12/2015	Ryan (loan), Jerry 4 Nichols Street Salem, MA 01970	\$6.38	Liability repayment/DollarTree 6
8/12/2015	Ryan (loan), Jerry 4 Nichols Street Salem, MA 01970	\$39.85	Liability repayment/Target 6/15/
8/12/2015	Ryan (loan), Jerry 4 Nichols Street Salem, MA 01970	\$10.61	Liability repayment/CVS 8/10/15
8/12/2015	Ryan (loan), Jerry 4 Nichols Street Salem, MA 01970	\$49.70	Liability repayment/Party City 6
8/12/2015	Ryan (loan), Jerry 4 Nichols Street Salem, MA 01970	\$254.96	Liability repayment/Staples 7/7/
8/12/2015	Ryan (loan), Jerry 4 Nichols Street Salem, MA 01970	\$196.00	Liability repayment / USPS 5/27/15
7/20/2015	Ryan (loan), Jerry 4 Nichols Street Salem, MA 01970	\$323.00	Liability repayment / Connolly Printing 5/26
8/12/2015	Ryan (loan), Jerry 4 Nichols St Salem, MA 01970	\$150.05	Liability repayment/Roasted Pepp
8/12/2015	Ryan (loan), Jerry 4 Nichols Street Salem, MA 01970	\$65.01	Liability repayment/BJs 6/14/15
8/12/2015	Ryan (loan), Jerry 4 Nichols Street Salem, MA 01970	\$47.53	Liability repayment/Market Baske

Date	Name and Address	Amount	Purpose
8/12/2015	Ryan (loan), Jerry 4 Nichols Street Salem, MA 01970	\$18.05	Liability repayment/Staples 7/5/
9/5/2015	Salem Firemen's Relief Assoc 48 Lafayette St Salem, MA 01970	\$100.00	Donation
7/7/2015	Staples 17 Paradise Road Salem, MA 01970	\$254.96	Ink Cartridges For Printer
5/27/2015	USPS 17 Conant St Danvers, MA 01923	\$196.00	Stamps For June Fundraiser
8/10/2015	USPS 17 Conant St Danvers, MA 01923	\$147.00	Stamps For Thank You Letters
10/3/2015	USPS 17 Conant St Danvers, MA 01923	\$245.00	Stamps
Total Itemized Expenditures		\$5,679.10	
Total Unitemized Expenditures		\$232.12	
Total Expenditures		\$5,911.22	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
	Total Itemized Inkind Contributions	\$0.00	
	Total Unitemized Inkind Contributions	\$0.00	
	Total Inkind Contributions	\$0.00	

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 the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
Total Outstanding Liabilities		\$0.00	