

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

18 (20)
Commonwealth
of Massachuset

le with: ty or Town Clerk or Election Commission	2012 JAN 19 A 11: 03
	nformation, except signatures.
Fill in dates	SIFT CLERK, SALEM, PASS
1 Control of the cont	O Ending Dec 31 20
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding elect	tion □30 day after election \(\sqrt{year-end report}\) □dissolution
William J Kirby	
Full Name of Candidate (if applicable) School Committee	Committee Name
Office Sought and District 41 Sable Rd Salem	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from pred 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 liability Line 8: Name of bank(s) used	(page 2, line 11) S Reriod (page 3, line 14) S S S S S S S S S S S S S
reasurer's agnature (in mk)	Date
FOR CANDIDATE FILINGS O	ONLY: (CANDIDATE MUST SIGN BELOW)
ontributions, incurred any liabilities nor made any expenditures on my behalf dur. Candidate without Committee OR Candidate with independent activity fluctify 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 mittee in accordance with the requirements of M.G.L. c. 55. I have not received any ring this reporting period. Illing separate report the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the this committee in accordance with the requirements of M.G.L. c. 55.

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	· ·		unt	Occupation & Employer (for contributions of \$200 or more)	
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			To produce communication		
		-			
Line 0: Total	receipts in excess of \$50 (or listed above)				
	receipts \$50 and under* (not listed above)				
	AL RECEIPTS IN THE PERIOD			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.

Page 2

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	Am	ount
Nev	Crossys Harket	Canal St	Food For Heet+ Greet	86	06
	Quick Signs		Greet Campaign Signs	95	00
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				valvalani maraka kanan kanan da kanan d	80-90-100-100-100-100-100-100-100-100-100
				Addignment of the control of the con	
	jan		Expenditures over \$50		
2°*X			Expenditures \$50 and under*		
	nter on page 1, line 4	Contract to the contract of th	4: TOTAL EXPENDITURES	181	06

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

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
				Vicinity and the second
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	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
	Enter on page 1, line 7	Line 18: OUTSTANDING	and the second s	

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.

Page 4