

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachuseus	2018 FEB - 1 AM was: 40 or Town Clerk or Election Commis
Fill in Reporting Period dates: Beginning Date:	Octal, 2017 CI Ending Date: December 31,201
Type of Report: (Check one)	SALETI MASS.
☐ 8th day preceding preliminary ☐ 8th day preceding el	lection 30 day after election year-end report dissolution
Kristine Wilson Candidate Full Name (if applicable). He School Committee	Committee to dect Kris Wilson Olga merchant
21 Beach Salem	Name of Committee Treasurer
E-mail: Wilson read Com cast, ne	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BA	LANCE INFORMATION:
Line 1: Ending Balance from previous repo	
Line 2: Total receipts this period (page 3, 1	line 11)
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page	e 5, line 14)
Line 5: Ending Balance (line 3 minus line 4	4)
Line 6: Total in-kind contributions this period	od (page 6)
Line 7: Total (all) outstanding liabilities (pa	ige 7) 1751, 40
Line 8: Name of bank(s) used:	rn Bank
idavit of Committee Treasurer: rtify that I have examined this report including attached schedules and it is, to it vity, including all contributions, loans, receipts, expenditures, disbursements, in nce activity of all persons acting under the authority or on behalf of this commi ned under the penalties of perjury: R CANDIDATE FILINGS ONLY: Affidavit of Candidale: (check	(Treasurer's signature) Date: 122/18
incurred any liabilities nor made any expenditures on my behalf during this rep	
Candidate without Committee <u>OR</u> Candidate with independent activity filicertify that I have examined this report including attached schedules and it is, inance activity, including contributions, loans, receipts, expenditures, disburser ampaign finance activity of all persons acting under the authority or on behalf of	to the best of my knowledge and belief, a true and complete statement of all campaign
d under the penalties of perjury:	(Candidate's signature) Date: 1/17/18

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(aspinatorios, inting requires)		(102 CONFIDENCIAL OF \$200 OF MOTO)
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111			
		,	
111			
111	111		
	111		
111			
e 9: Total Receipts o	over \$50 (or listed above)		
2 10: Total Receipts S	\$50 and under* (not listed above)		
- 11. TOTAL DECL	EIPTS IN THE PERIOD		F
; 11. TOTAL RECE	EIL IO IN THE LEWION		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.