

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

2018 JAN 23 PM 3: 56

Fill in Reporting	Period dates:	Beginning Date:	October 21, 20			y or Town Cleri ecember 31,	2017 74 S
Type of Report:							
8th day preceding	g preliminary [38th day preceding election	on [] 30 da	y after election	⊠ year-	end report	dissolution
Lisa Jean Baptiste P			Lisa Pe	eterson for Salem			
	Candidate Full Name (i	f applicable)			Committee	Name	
City Councillor - Wai			Scott P	eterson			
	Office Sought and	District	11.14		ne of Committ	ee Treasurer	
68 Broad Street, Sal	em, MA 01970 Residential Add		68 Bro	ad Street, Salem,			
∃-mail:					mmittee Maili		
-	lisa@lisafors	alem.com	E-mail:	sco	tt.lee.peter	son@gmail.	com
Phone # (optional):	978	-219-9840	Phone # (optional):			
		SUMMARY BALA	NCE INFO	RMATION:			
Line	1: Ending Balan	ce from previous report				\$7,126.0	
Line	Line 2: Total receipts this period (page 3, line 11)					\$2,147.8	9
Line	Line 3: Subtotal (line 1 plus line 2)					\$9,273.86	
Line	Line 4: Total expenditures this period (page 5, line		line 14)		WI W W W W W W W W W W W W W W W W W W	\$9,234.39	
Line	Line 5: Ending Balance (line 3 minus line 4)				TIPETINE AND	\$39.47	
Line	Line 6: Total in-kind contributions this period (page					\$0.00	
		standing liabilities (page	7)				
Line	3: Name of bank	(s) used: Salem Five					
ivity, including all contri	d this report including a outions, loans, receipts, s acting under the author	ttached schedules and it is, to the expenditures, disbursements, in-kirity or on behalf of this committee	e agnitudiatene a	nd liabilities for this w	eporting period M.G.L. c. 55.	d and represents	campaign finance the campaign
OR CANDIDATE F	ILINGS ONLY:	Affidavit of Candidate: (check 1	box only)				
I certify that I have exar activity, of all persons a	nined this report include cting under the authorit	dependent of the committee ing attached schedules and it is, to y or on behalf of this committee in es on my behalf during this report	accordance with t	owledge and belief, a the requirements of M.	true and compl .G.L. c. 55. I 1	ete statement o	f all campaign finance ed any contributions,
I certify that I have exam finance activity, including	nined this report including contributions, loans,	e with independent activity filing ng attached schedules and it is, to receipts, expenditures, disburseme under the authority or on behalf of	the best of my kno	butions and liabilities	for this renorti	no seeded and	f all campaign epresents the
ned under the penalties	of perjury:	Liva 15 Kete	rson	(Candidate's si	gnature)	Date: Janu	lary 22, 2018

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)
10/28/2017	CHRISTEL, JESSICA 47 Endicott Street, Salem, MA 01970	\$100.00	
10/26/2017	EVERETT, DEBORAH 65 Cavendish Circle, Salem, MA 01970	\$175.00	M M
 10/30/2017	FENDER, ELIZABETH 6023 Bentway Drive, Charlotte, NC 28226	\$250.00	Not Employed
10/25/2017	SPECK, WILLIAM 25 Suttonplace, New York City, NY 10022	\$1,000.00	Physician, Columbia University
10/21/2017	WELLER, SCOTT 74 Hathorne Street, Salem, MA 01970	\$250.00	Self-Employed, Real Estate
	K		
			2
ne 9: Total Receip	ots over \$50 (or listed above)	\$1,775.00	
ne 10: Total Recei	pts \$50 and under* (not listed above)	\$372.81	
ne 11: TOTAL R	ECEIPTS IN THE PERIOD	\$2,147.81	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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		The Handburgh of	
ine 9: Total Receipts over \$50 (or listed above)		\$0.00	
ne 10: Total Receipts \$50 and under* (not listed above)		\$372.81	
ne 11: TOTAL RECEIPTS IN THE PERIOD \$2,147.81			← 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 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
Date Laid				Amount
11/3/2017	DESCHAMPS PRINTING	3 Dodge Street, Salem, MA 01970	Printed Doorhangers	\$1,242.06
10/31/2017	DESCHAMPS PRINTING	3 Dodge Street, Salem, MA 01970	Printed Mailers	\$2,754.06
11/16/2017	FAR FROM THE TREE CIDER	108 Jackson Street, Salem, MA 01970	Election Night Watch Party Rental Fee	\$478.50
12/29/2017	FIELD FIRST STRATEGIES	14 Beacon Street, Boston, MA 02108	Campaign Consultant Fee	\$200.00
11/13/2017	FIELD FIRST STRATEGIES	14 Beacon Street, Boston, MA 02108	Campaign Consultant Fee	\$1,500.00
11/8/2017	MANDEES PIZZA	408 Essex Street, Salem MA 01970	Neighborhood Campaign Event - Food	\$54.97
11/6/2017	MARKET BASKET	227 Highland Avenue, Salem MA 01970	Food for Campaign Event	\$184.62
11/6/2017	MARKET BASKET	227 Highland Avenue, Salem, MA 01970	Food for Campaign Event	\$61.24
10/27/2017	MARKET BASKET	227 Highland Avenue, Salem, MA 01970	Food for Campaign Event	\$69.01
11/8/2017	MARKET BASKET	227 Highland Avenue, Salem, MA 01970	Food for Campaign Event	\$118.29
1/3/2017	O'HARE, KALEN	9 Griffin Terrace, Apt. 1, Lynn, MA 01902	Campaign Management	\$500.00
1/21/2017	O'HARE, KALEN	9 Griffin Terrace, Apt. 1, Lynn, MA 01902	Campaign Management	\$500.00
		Line 12: Total Expenditures over	er \$50 (or listed above)	\$9,081.26
-		Line 13: Total Expenditures \$50	and under* (not listed above)	\$153.13
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	\$9,234.39

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/24/2017	O'HARE, KALEN	9 Griffin Terrace, Apt. 1, Lynn, MA 01902	Campaign Management	\$750.00
10/28/2017	PARTY CITY	300 Andover Street, Peabody, MA 01960	Campaign Halloween Decorations	\$72.98
11/3/2017	STAPLES	17 Paradise Road, Salem MA 01970	Campaign Headquarters Supplies	\$72.95
11/6/2017	TARGET	227 Highland Avenue, Salem MA 01970	Campaign Headquarters Supplies	\$110.68
10/26/2017	THE SCARLET LETTER PRESS	10 Colonial Road, #14, Salem MA 01970	Campaign Printed Literature	\$337.88
10/31/2017	US POSTAL SERVICE	2 Margin Street, Salem MA 01970	Postage	\$147.00
•				
*				11-11-12-12-12-12-12-12-12-12-12-12-12-1
		Line 12: Expenditures over \$50	(or listed above)	\$9,081.26
		Line 13: Expenditures \$50 and u	under* (not listed above)	\$153.13
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	\$9,234.39

^{*} 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
			1	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	\$0.00
		Line 16: In-Kind Contributions \$	50 & under (not listed above)	\$0.00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	\$0.00

^{*} 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.

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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
	errore			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	\$0.00