

Municip	mpaign Finance Report oal Form and Political Finance
Commonwealth of Massachusetts File with: City or Town Clerk or Election Commission	2013 OCT 28 A 8: 25
Please print or type all info	rmation, except signatures, K. SALEM, MASS.
Reporting Period Beginning AUGUST 31 2013	B Ending October 18 2013
Type of report: (Check one) ☐8th day preceding preliminary ✓8th day preceding election	□30 day after election □year-end report □dissolution
Full Name of Candidate (if applicable) Ward 4 City (OUNCI) Office Sought and District 10 MODNEY 2d. Salem, MA Residential Address 978-766-7179 Tel. No. (optional)	Committee to Elect Sean O'Brien Committee Name Kelsey Baker Name of Committee Treasurer ID Mooney Rel- Salem, MA Committee Mailing Address 918-7106-7179 Tel. No. (optional)
SUMMARY BALANCI Line 1: Ending balance from previous	E INFORMATION:

SUMMARY BALANCE INFORMATION	ON:
Line 1: Ending balance from previous report	\$ 1772.07
Line 2: Total receipts this period (page 2 line 11)	\$ 2566.12
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 3, line 14)	\$ 4,338.19
Line 5: Ending balance (line 3 minus line 4)	\$ 1,614.24
	\$ 2,123.95
Line 6: Total in-kind contributions this period (page 4)	\$
Line /: Total (all) outstanding liabilities (page 4)	\$
Line 8: Name of bank(s) used Salem Five Cents	2
Salem Five CEVIFS	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, in-kind 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:

October 27,2013

	Date
FOR CANDII	ATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity ind I certify that I have examined this report including a finance activity, of all persons acting under the auth contributions, incurred any liabilities nor made any e Candidate without Committee OR Candidate I certify that I have examined this report including at finance activity, including contributions, loans, recei campaign finance activity of all persons acting under	pendent of the committee ached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign ity or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not accordance.

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

Date	Name and Residential Address	Amount		Occupation & Employer (for contributions of \$200 or more)	
Received	Denise Barrows	500	00	CCO Alternative Trading Systems	
	Lia Fahey 86 wushington Pk Newton, MA 02456	100	00		
	Devon Manchester 17 Wheeler Ave Salem, MA 01970	100	00		
	Ernic Markey 22 Pine St Lynnfield, MA 01940	100	00		
	Josephine Marky 27 Pine St. Lynnfield, Mn 01940	100	00		
0-1-13	Pameia McArtney 82 memorial de salem MA. 01970	100	00		
0-19-13	Loreen Moostian	94	25	and it are assumed that	
0-16-13	MA Republican Municipal (PAC) PO BOX 702 Shrewsbury, MA 01545	250	00	Political Action Committee MA Republican Municipal	
0-16-13	Mr. + Mrs. Noble	100	00		
0-1-13	Jon Rosenthal 40 Bartlett st Marbiehead, MA 01945	15	00		
	Mary Anne Worack 42 osgood st salem. MA 01970	15	00		
Line 9:	Total receipts in excess of \$50 (or listed above)	1594	25		
Line 10:	Total receipts \$50 and under* (not listed above)	971	87		
Line 11:	TOTAL RECEIPTS IN THE PERIOD	2,566		1 3	

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expendit	ure	Amoun
9-11-13	Deschamps	3 Dodge St Salem, MA	signs	41	9 6
10-9-13	Deschamps Printing	3 Dodge st Salem, MA 01970	literature peices	789	5 10
10-11-13	Heritage Industries	22 Fosterst feabody, MA 01960	mailers	33	2
10-16-13	Staples	17 paradiso Rel Swampscottmn 01907	literature	78	0
1			9		
			enditures over \$50	1,614	24
Enter	on page 1, line 4		enditures \$50 and under*	0	
	ed expenditures of \$50 and und	Line 14:10	TAL EXPENDITURES	1,614	24

^{*}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	From Whom Received*	Residential Address	3	Description of Contribution	Value
Received					
		I ir	ne 15:	In-kind over \$50	
				In-kind \$50 and under	
	Enter on page 1, line 6	Li	ne 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: OUTSTANDIN	G LIABILITIES (ALL)	

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.