

Form CPF M 102: Campaign Finance Report rm ical Finance

	Municipal Fo
Commonwealth of Massachusetts	

File with:	2012 JAN 18 P 2: 28
City or Town Clerk or Election Commission Please print or type all in	nformation, except signatures.
Fill in dates:	OLTY OLEDY CALEM MASS
Const	Poil Ending December 31 2011
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding elect	tion □30 day after election ⊠year-end report □dissolution
Sean Patrick O'Brian	
School Committee Salem, Mon	Committee Name
D Mooney Road Salem Ma	Name of Committee Treasurer
978-766-7179	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from precline 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 Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is to the contribution of the committee Treasurer:	(page 2, line 11) S Period (page 3, line 14) S line 4) S his period (page 4) S othe best of my knowledge and belief, a true and complete statement of all campaign ements, 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
Treasurer's signature (in ink)	, p. 1 jul) ,
	Date
FOR CANDIDATE FILINGS O	NLY: (CANDIDATE MUST SIGN BELOW)
contributions, incurred any liabilities not made any expenditures on my behalf dur. Candidate without Committee OR Candidate with independent activity fl 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 imittee in accordance with the requirements of M.G.L. c. 55. I have not received any ing this reporting period. ling 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	Name and Residential Address (alphabetical listing required)	Amo	ount	Occupation & Employer (for contributions of \$200 or more)
<u>`</u>			T	
			-	
			 	A STREET,
		ann ann de de la company de la		
via himmer de de constante de c			***************************************	
Poddigram machania		The state of the s		
		a-O-amointal-addaens	atro de la constanta	
		a de la companya de l		
and the second s				
Later constanting to a colorer			armont i proprieta	
Line 9: Total	receipts in excess of \$50 (or listed above)			
	receipts \$50 and under* (not listed above)			
	AL RECEIPTS IN THE PERIOD	10	~	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	Amount	
				Production (Millianne and American Conference of Management American Conference of American	
The second secon					
		Line 12	Expenditures over \$50		
			Expenditures \$50 and under*		
Ent	ter on page 1, line 4	Line 1	1:TOTAL EXPENDITURES O	00	

^{*}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
				O processor of the contract of
and the state of t		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	10.00

^{*} 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.

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
	He PONE PONE (PROCEED AND AND AND AND AND AND AND AND AND AN			
anni de manuel a control de come de la come	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	0.00

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