

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

of Massachusetts	7013 IAN 23 A 11: 118
File with: City or Town Clerk or Election Commission	ZUI3 JAN 23 A II: 48
Please print or type al	Il information, except signatures. #
Fill in dates:  Reporting Period Beginning 0 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Year         Month         Date         Year           2012         Ending         12         31         2012
Type of report: (Check one)	
☐8th day preceding preliminary ☐8th day preceding ele	ection □30 day after election ☑year-end report □dissolution
Sean P. O'Brien	Committee to Elect Sean O'Brien
Full Name of Candidate (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer
10 Mooney Pd Salem, MA	10 Mooney Rd. Salem, MA
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
	rei. No. (optional)
Line 1: Ending balance from pr Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minu Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used So	## sthis period (page 4)  ## sthis period (page 4)
I certify that I have examined this report including attached schedules and it is	s, to the best of my knowledge and belief, a true and complete statement of all campaign ursements, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.
Treasurer's signature (in ink)	01/15/13 Date
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the committee 1 certify that I have examined this report including attached schedules and it is, finance activity, of all persons acting under the authority or on behalf of this contributions, incurred any liabilities nor made any expenditures on my behalf d  Candidate without Committee OR Candidate with Independent activity I certify that I have examined this report including attached schedules and it is, finance activity, including contributions, loans, receipts, expenditures, disburser campaign finance activity of all persons acting under the authority or on behalf of Signed under the penaltic	to the best of my knowledge and belief, a true and complete statement of all campaign ommittee in accordance with the requirements of M.G.L. c. 55. I have not received any during this reporting period.  If Illing separate report to the 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 of this committee in accordance with the requirements of M.G.L. c. 55.
Candidate signature (in ink)	Date

#### 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)		ount	Occupation & Employer (for contributions of \$200 or more)
12/24/12	John Boxis	50	00	,
12/19/12	Josephine and Ernie Markey 22 Pine St. Lynnfield, MH 01940	100	00	
12/15/12	Sean O'Brien 10 Mooney Rd. Salem, MA 01970	100	60	
Line 9:	Total receipts in excess of \$50 (or listed above)	250	00	
	Total receipts \$50 and under* (not listed above)			
		250	00	Enter on page 1, line 2

<sup>\*</sup> 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 Address (alphabetical listing)	Address	urpose of Expenditure	e Amour	
					$\dagger$
					+
					+
					+
					-
	- (4)				
		Line 12: Exper	nditures over \$50		
				10 5	50
Ente	er on page 1, line 4	Line 14: TOTa			50

<sup>\*</sup>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
12/28/12	Joseph Markey	22 Pine Street Lynnfield, MA 01940	purchase of banner and Stickers	\$127. 33
				-
		Line 15:	In-kind over \$50	127. 33
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	127.33

<sup>\*</sup> 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
E	inter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	0

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