

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	2011 OCT 31 P 3: 22	
File with: City or Town Clerk or Election Commission	FILE # CITY CLERK. SALEM. MASS. 10/31	./201
Reporting Period - Beginning: 9/3/2011	Ending: 10/21/2011	
Type of report: Pre-election		
Paul Prevey	Committee to Elect Paul Prevey	
Full Name of Candidate	Committee Name	
Ward 6 City Councilor	Beverly Moustakis	
Office Sought/ District	Name of Committee Treasurer	
26 Tremont Street	26 Tremont Street	
Salem, MA 01970	Salem, MA 01970	
Residential Address	Committee Address	
Total receipts this period: Subtotal: Total expenditures this period: Ending Balance: Total inkind contributions this p Total outstanding liabilities: Name of bank(s) used: Sa	\$75.00 \$2,205.00 \$0.00 \$2,205.00 eriod: \$0.00 \$0.00	
Affidavit of Committee Treasurer: I certify that I have examined this report, including attached s belief, a true and complete statement of all campaign finance ac expenditures, disbursements, inkind contributions and liabilitie finance activity of all persons acting under the authority or on requirements of M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature (in ink)	tivity including all contributions, loans, receipt s for this reporting period and represents the cam	S,
Affidavit of Candidate (check 1 box only) :		
Candidate with Committee and no activity independent I certify that I have examined this report, and attached schedul true and complete statement of all campaign finance activity, of this committee in accordance with the requirements of M.G.L. c. any liabilities nor made any expenditures on my behalf during th	es and it is, to the best of my knowledge and belia all persons acting under the authority or on behal 55. I have not received any contributions, incurred	lf of

Candidate without Committee OR candidate with independent activity filing separate report.

I certify that I have examined this report and attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity including contributions, loans, receipts, expenditures, disbursements, inkind 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:

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.

Date	Name and Residential Address	Amount	Occupation and Employe
10/18/2011	Legere, Roger 64 Marlborough Road Salem, MA 01970	\$75.00	Retired Retired
	zed Receipts emized Receipts epts	\$75.00 \$0.00 \$75.00	

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 over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
	emized Expenditures itemized Expenditures	\$0.00 \$0.00	
Total Exp	penditures	\$0.00	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date Name and Residential Address	Value Description Occupation/Employer
Total Itemized Inkind Contributions	\$0.00
Total Unitemized Inkind Contributions Total Inkind Contributions	\$0.00 \$0.00

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 the liabilities incurred during this reporting period.

Date To Whom Due Amount Purpose

Total Outstanding Liabilities

\$0.00