

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

| File with: City or Town Clerk or Election Commission Please print or type all in | 2012 JAN 19 A 9: 15 nformation, except signatures. |
|--|---|
| Fill in dates: Reporting Period Beginning (5 2 2 2 | YES CITY CLERK SALEM, MASS. Ending 1 2 31 2011 |
| Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding elect | tion □30 day after election ⊠year-end report dissolution |
| Full Name of Candidate (if applicable) Councillor - at - Large Office Sought and District 8 Maple Ave Salem Ma. Residential Address 978-745-1055 Tel. No. (optional) | The Committee to elect Arthus C. Sargent TE Counciller at large Committee Name Kathleen M. Sargent Name of Committee Treasurer 8 Maple Ave. Salen Ma. Committee Mailing Address 978-745-1055 Tel. No. (optional) |
| SUMMARY BALA Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used Summary Bala Line 2: Total (line 1 plus line 2) | (page 2, line 11) \$ 000 \$ 892.46 eriod (page 3, line 14) \$ 892.46 this period (page 4) \$ 8500.00 |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, finance activity, including all contributions, loans, receipts, expenditures, disbur campaign finance activity of all persons acting under the authority or on behalf of Signed under the persons activity of all persons acting under the authority or on behalf of the persons activity of all persons acting under the authority or on behalf of the persons activity of all persons acting under the persons activity of all persons acting under the authority or on behalf of the persons activity of all persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the authority or on behalf of the persons acting under the p | to the best of my knowledge and belief, a true and complete statement of all campaign reements, 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, malties of perjury: |
| FOR CANDIDATE FILINGS | ONLY: (CANDIDATE MUST SIGN BELOW) |
| inance activity, of all persons acting under the authority or on behalf of this co contributions, incurred any liabilities nor made any expenditures on my behalf did candidate without Committee OR Candidate with independent activity 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 ommittee in accordance with the requirements of M.G.L. c. 55. I have not received any luring this reporting period. filling separate report to the best of my knowledge and belief, a true and complete statement of all campaign ments, 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. |

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) | Amount | | Occupation & Employer (for contributions of \$200 or more | |
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| Line 9: | Total receipts in excess of \$50 (or listed above) | 0 | 00 | | |
| Line 10: | Total receipts \$50 and under* (not listed above) | . 0 | ØŎ | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 0 | 0d | 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 | Am | ount |
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| | | | | nacionalización come en entendente en entre por entre sobre estable es | |
| | | Line 12: | Expenditures over \$50 | 0 | 20 |
| Nove. | | | Expenditures \$50 and under* | | 00 |
| fine treed | nter on page 1, line 4 | Line 14: TOTAL EXPENDITURES | | 0 | 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 |
|--|-------------------------|--|-----------------------------|-------|
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| | | Special and the second control of the second | | · |
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| Miller of the Control | | Line 15: | In-kind over \$50 | 0.00 |
| | | Line 16: | In-kind \$50 and under | 0.00 |
| | Enter on page 1, line 6 | Line 17: | Total In-kind | 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.

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 |
|--|--------------------|-------------------|----------------|------------|
| 8-6-99 | Arthur C. Sargenta | 8 Maple Aus Salam | candidate Loan | \$1,000,00 |
| | Arthur C. Sargente | 8 maps Ave | candidate Loan | 500.60 |
| 9-3-99 | Arthur C. Sargent | 8 Maple Ave | Candidate Loan | |
| Annual Control of Cont | Arthur C. Sarget | 8 Maple Ave | Candidate Luan | 500.00 |
| | Arthur C. Sargent | 8 maple Aus | Candidate Loan | 1500-00 |
| Portion September 1997 | AFThur C. Sargente | 8 Maple Auc | condidate Loan | 1,000.00 |
| ~ 7 | Arthur C. Sargit | * | Candidate Loan | 1,000,00 |
| | Arthur C. Sarguet | | Candidate Loan | 1,500-00 |
| 105(-02) | Arthur C. Sargent | 8 Maple Ave | Candidate Loan | 1,300,00 |
| Enter on page 1, line 7 Line 18: OUTSTANDING LIABILITIES (ALL) | | | | \$ 8500.00 |

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.

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