

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

of Mnasnchusstts
File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.
Fill in dates: CITY CLERK, SALEM, MASS. Reporting Period Beginning / 01 /5 Ending 10 16 2015
Type of report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
TIMOSHY R JENKINS Full Name of Candidate (if applicable) WARD Z CONNCLICER Office Sought and District 18 BRAND ST, SALEM, MA Residential Address 894 678 9747 Tel. No. (optional) Committee Name TAMES KERNEY Name of Committee Treasurer 1 ± CAMBRIDGE ST SALEM M Committee Mailing Address 978 745 8428 Tel. No. (optional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) 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 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: D. 26. 5 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 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, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report 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 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: Oate Candidate signature (in ink)

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

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.

Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

Amount Ocupation & Employer (for contributions of \$200 or

Name and residential address (alphabetical listing

Date

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7/31/15 von Bruns, Charles, 3 River St, Salem, MA \$ 100.00 , \$ 50.			\$ 100.00	1	
7/31/15 von Bruns, Charles, 3 River St, Salem, MA \$ 100.00 , \$ 50.	8/07/15	Twohey, Margaret K. S., 122 Federal St, Salem, MA	\$ 250.00	Retired, F	Retired
Line 9: Total receipts in excess of \$50 (or listed above) Line 10: Total receipts \$50 and under* (not listed above) Line 11: TOTAL RECEIPTS IN THE PERIOD 6.000 Enter on page 1, line 2	7/31/15	von Bruns, Charles, 3 River St, Salem, MA	\$ 100.00	,	
Line 10: Total receipts \$50 and under* (not listed above) Line 11: TOTAL RECEIPTS IN THE PERIOD 4.350 Enter on page 1, line 2	8/03/15	Wilbert, Mary R, 7 Cedar St, Apt 4, Salem, MA	\$ 50.00	1	
Line 10: Total receipts \$50 and under* (not listed above) Line 11: TOTAL RECEIPTS IN THE PERIOD 4.350 Enter on page 1, line 2					
Line 11: TOTAL RECEIPTS IN THE PERIOD 4.350 Enter on page 1, line 2					
					Enter on page 1, line 2
	10 1	and a standard of the color of the standard of			hauld include only these receipts and itemized

Page 2 above.

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

8/30/15 8/19/15 9/26/15	(alphabetical) Connolly Printing Creative Ink Creative Ink Jenkins, Linda Jenkins, Timothy Jenkins, Timothy The Columbus Society	18 Broad St, Salem, MA 1970 18 Broad St, Salem, MA 1970 18 Broad St, Salem, MA 1970 18 Broad St, Salem, MA 1970 94 Washington Square, Salem, MA 1	Purpose of Expenditure Lawn signs 100 Hangers, lawn signs, & bumper stickers Bumper stickers (250) Reimbursement: postcards, magnets, food for sign crew, cc voter info Reimbursement for printing expenses (invoice on file) Reserving K of C for 10/15/15	\$ \$ \$	504.69 1,120.12 210.38 357.87 762.34 61.00
9/21/15	Zazzle.com	Zazzle.com, ,	Tim For 2 tote bags	\$	240.00 144.70

	Line 12: Expenditures over \$50 3,401 10
	Line 13: Expenditures \$50 and under* 100
Enter on page 1, line 4	Line 14:TOTAL EXPENDITURES 3,501 10

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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Date Received	From Whom Received*	Residential Address	Description of Contribution		Value
IN-KIND" CC Date Received	PATRIBUTIONS From Whom Received	Residential Address	Description of Contribution	Va	alue
10/12/15	Hart, David 10	4 Federal St, Salem, MA, 1970	Venue & food	\$ 15	50.00
		Line 15: In	-kind over \$50		150,

Enter on page 1, line 6

Line 16: In-kind \$50 and under

Line 17: Total In-kind

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	Enter 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.

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^{*} 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.