



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

File with:  
City or Town Clerk or Election Commission

2015 OCT 26 P 2:10

Please print or type all information, except signatures.

## Fill in dates:

Reporting Period Beginning 1 01 15 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

TIMOTHY R JENKINS

Full Name of Candidate (if applicable)

WARD 2 COUNCILLOR

Office Sought and District

18 BROAD ST, SALEM, MA

Residential Address

804 678 9747

Tel. No. (optional)

CITIZENS FOR JENKINS

Committee Name

JAMES KEARNEY

Name of Committee Treasurer

1 1/2 CANBRIDGE ST SALEM MA

Committee Mailing Address

978 745 8428

Tel. No. (optional)

## SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>-0-</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>6,350.-</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>6,350.-</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>3,501.10</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>2,848.90</u>
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Line 6: Total in-kind contributions this period (page 4)	\$ <u>150.-</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>-0-</u>
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:

James Kearney  
Treasurer's signature (in ink)

10.26.15  
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:

Timothy R Jenkins  
Candidate signature (in ink)

10/26/15  
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)	Amount	Occupation & Employer (for contributions of \$200 or more)

Date Received	Name and residential address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/03/15	Alves, Dionisio, 57 Summer St, Salem, MA	\$ 250.00	Business development, Stowe Group
9/12/15	Burns, William, 5 Warner St, Salem, MA	\$ 100.00	
8/18/15	Dickson, Brenton, 135 Federal St, Salem, MA	\$ 500.00	Retired, Retired
8/23/15	Eschauzier, Peter, 15 1/2 River St, Salem, MA	\$ 250.00	Retired, Retired
9/08/15	Fishman, Elaine & David, 15906 Hampton Summit Dr, Chest	\$ 1,000.00	Retired, Retired
9/11/15	Gaither, Pamela & Thomas, 7 Winslow Rd, Winchester, MA	\$ 100.00	
8/25/15	Hartfelder, Mary, 10 Monroe St, Salem, MA	\$ 150.00	
7/31/15	Jenkins, Timothy, 18 Broad St, Salem, MA	\$ 500.00	Investment Advisor, Dolphin Investment Advisors, Inc.
8/07/15	Lebovici, Darrow, 122 Federal St, Salem, MA	\$ 250.00	Retired, Retired
8/21/15	Madore, Mary, 31 Forrester St, Salem, MA	\$ 200.00	Retired, Retired
8/03/15	Miles, Kathleen A, 37 Chestnut St, Salem, MA	\$ 750.00	Retired, Retired
9/18/15	Pickering, Timothy, 16 Spruce Ledge Ln, Friendship, ME	\$ 150.00	
9/16/15	Pyfrin, Joseph, 21 Chestnut St, Salem, MA	\$ 100.00	
8/21/15	Shreve, Warren, 17 1/2 Chestnut St, Salem, MA	\$ 200.00	Artist, Self employed
8/20/15	Sirianni, Anna, 131 Livingstone Ave, Beverly, MA	\$ 300.00	Scientist, Cell Signalling Technology
7/31/15	Sirianni, Louis, 6 Botts Ct, Salem, MA	\$ 300.00	Architect, VernerJohnson
7/31/15	Sirianni, Victoria, 6 Botts Ct, Salem, MA	\$ 400.00	Retired, Retired
9/11/15	Snell, Jocelyn, 7 Hamilton St, Salem, MA	\$ 100.00	
8/07/15	Twohey, Margaret K. S., 122 Federal St, Salem, MA	\$ 250.00	Retired, Retired
7/31/15	von Bruns, Charles, 3 River St, Salem, MA	\$ 100.00	
8/03/15	Wilbert, Mary R, 7 Cedar St, Apt 4, Salem, MA	\$ 50.00	

Line 9: Total receipts in excess of \$50 (or listed above)	6,000	—	
Line 10: Total receipts \$50 and under* (not listed above)	350	—	
Line 11: TOTAL RECEIPTS IN THE PERIOD	6,350	—	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.

## 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	

Date Paid	To Whom Paid (alphabetical)	Address	Purpose of Expenditure	Amount
9/09/15	Connolly Printing	17B Gill St, Woburn, MA 1801	Lawn signs 100	\$ 504.69
9/08/15	Creative Ink	167 Boston St, Salem, MA 1970	Hangers, lawn signs, & bumper stickers	\$ 1,120.12
9/29/15	Creative Ink	167 Boston St, Salem, MA 1970	Bumper stickers (250)	\$ 210.38
9/08/15	Jenkins, Linda	18 Broad St, Salem, MA 1970	Reimbursement: postcards, magnets, food for sign crew, cc voter info	\$ 357.87
8/30/15	Jenkins, Timothy	18 Broad St, Salem, MA 1970	Reimbursement for printing expenses (invoice on file)	\$ 762.34
8/19/15	Jenkins, Timothy	18 Broad St, Salem, MA 1970	Reimbursement for voter data & copies	\$ 61.00
9/26/15	The Columbus Society	94 Washington Square, Salem, MA 1	Reserving K of C for 10/15/15	\$ 240.00
9/21/15	Zazzle.com	Zazzle.com, ,	Tim For 2 tote bags	\$ 144.70

Line 12: Expenditures over \$50			3,401	10	
Line 13: Expenditures \$50 and under*			100	—	
Line 14: TOTAL EXPENDITURES			3,501	10	

Enter on page 1, line 4

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

\* 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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**"IN-KIND" CONTRIBUTIONS**

Date Received	From Whom Received	Residential Address	Description of Contribution	Value
10/12/15	Hart, David	104 Federal St, Salem, MA, 1970	Venue & food	\$ 150.00

			Line 15: In-kind over \$50	150.00
			Line 16: In-kind \$50 and under	0.00
			Line 17: Total In-kind	150.00

Enter on page 1, line 6

\* 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
			Line 18: OUTSTANDING LIABILITIES (ALL)	0.00

Enter on page 1, line 7

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.