



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

2016 JAN 21 P 6:55

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

FILE #
CITY CLERK, SALEM, MASS

Fill in dates:

Reporting Period Beginning Month 10 Date 17 Year 2015 Ending Month 12 Date 31 Year 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

504 678 9747

Tel. No. (optional)

Citizens For Jenkins

Committee Name

James Kearney

Name of Committee Treasurer

11/2 Cambridge ST. Salem MA

Committee Mailing Address

978 745 8428

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 2848.90

Line 2: Total receipts this period (page 2, line 11) \$ 2403.00

Line 3: Subtotal (line 1 plus line 2) \$ 5,251.90

Line 4: Total expenditures this period (page 3, line 14) \$ 2,869.03

Line 5: Ending balance (line 3 minus line 4) \$ 2,382.87

Line 6: Total in-kind contributions this period (page 4) \$ 400.00

Line 7: Total (all) outstanding liabilities (page 4) \$ 0.00

Line 8: Name of bank(s) used Eastern Bank

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:

Treasurer's signature (in ink)

James Kearney

Date

10/20/15

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:

Candidate signature (in ink)

Tim Jenkins

Date

10/20/15

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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Date rcv'd	Name last	Name 1st	Address	City	State	Zip	Amount	Occupation	Employer
09/24/15	Wilkens	Edward & Winifred	5 Botts Ct	Salem	MA	01970	\$ 100.00		
10/02/15	Lebovici	Darrow	122 Federal St	Salem	MA	01970	\$ 250.00	Retired	Retired
10/02/15	Twohey	Margaret	122 Federal St	Salem	MA	01970	\$ 250.00	Retired	Retired
10/03/15	Cook	Walter & Ann	23 Summer St	Salem	MA	01970	\$ 100.00		
10/12/15	Cleary	Barbara	104 Federal St	Salem	MA	01970	\$ 100.00		
10/12/15	Hart	David	104 Federal St	Salem	MA	01970	\$ 100.00		
10/12/15	Dickson	Elizabeth	135 Federal St	Salem	MA	01970	\$ 150.00		
10/15/15	Wilbert	Mary	7 Cedar St, Apt 4	Salem	MA	01970	\$ 50.00		
10/15/15	Locke	Linda	1 Pickering St	Salem	MA	01970	\$ 100.00		
10/15/15	Macartney	Pamela	82 Memorial Dr	Salem	MA	01970	\$ 100.00		
10/17/15	Arlander	Jane	93 Federal St	Salem	MA	01970	\$ 100.00		

Line 9: Total receipts in excess of \$50 (or listed above)			1400	00
Line 10: Total receipts \$50 and under* (not listed above)			1003	00
Line 11: TOTAL RECEIPTS IN THE PERIOD			2403	00

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.

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	To whom paid	Address	City	State	Zip	Purpose of	Amount
12/29/15	Carr John	7 River St	Salem	MA	1970	Reimbursement for printing costs less \$250 contribution	637.20
11/30/15	Creative Ink	167 Boston St	Salem	MA	01970	Stamps	\$ 610.94
10/20/15	Eastern Bank	125 Washington St	Salem	MA	01970	Bank charge	\$ 64.00
11/30/15	Gatehouse Media MA	P O Box 9113	Needham	MA	02492	Stamps	480.25
10/23/15	Jenkins Tim	18 Broad St	Salem	MA	01970	Reimbursement for 2015 poll book	\$ 25.00
11/30/15	Jenkins Tim	18 Broad St	Salem	MA	01970	500 Flyers 8.5x11 60#. 2,000 Yes Virginia flyers 8.5x11 60. 300	121.69
10/21/15	Madore Mary	31 Forrester St	Salem	MA	01970	Reimbursement for meet & greet expenses	247.30
10/24/15	Miles Kathy	37 Chestnut St	Salem	MA	01970	Reimbursement for K of C hors d'oeuvres from Steve's Quality	103.96
10/20/15	Salem News	32 Dunham Rd	Beverly	MA	01915	Ad (to run 10/29/15)	245.70
10/27/15	USPS		Salem	MA	01970	Postage	77.00
10/29/15	USPS		Salem	MA	01970	Postage	70.00
10/23/15	USPS Salem		Salem	MA	01970	Postage	35.00
10/26/15	USPS Salem		Salem	MA	01970	Postage	70.00
10/13/15	VistaPrint	275 Wyman St	Waltham	MA	02451	Banner & post card	80.99

2869.03

				Line 12: Expenditures over \$50	60 00
				Line 13: Expenditures \$50 and under*	2809 03
				Line 14: TOTAL EXPENDITURES	2869 03

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.

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
12/29/15	John Carr	4 River St. Salem MA 01970	Partial payment printing invoice totaling \$887.20	\$250
			3 Invoices 10/29 138.13 10/30 138.13 10/30 610.94	
10/26/15	Ken Harris	42 Chestnut St. Salem MA 01970		\$150
Line 15: In-kind over \$50				—
Line 16: In-kind \$50 and under				400.00
Line 17: Total In-kind				

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)				—

Enter on page 1, line 7



Commonwealth
of Massachusetts

FORM CFP R 1. REIMBURSEMENT OF REIMBURSEMENTS

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 12/29/2015

Name of Individual Being Reimbursed: John Carr

Committee Name: Citizens For Jenkins

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
12/29/15	Minit-Print	40 Boston St, Salem, MA	Printing (N.B. total invoices \$887.20. Balance \$250 in-kind-contribution)	637.20

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

637.20

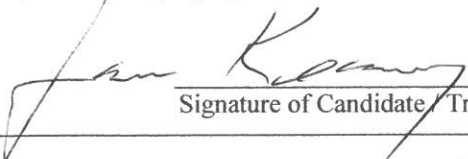
Line 2: Expenditures \$50 or under (not itemized):

0

Line 3: TOTAL AMOUNT REIMBURSED:

637.20

Signed under the penalties of perjury:


Signature of Candidate/Treasurer

Date: 1/20/16

Please prepare a separate report for each reimbursement check issued by the committee.