



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: 2015 OCT 26 P 2:15 City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

1/1/15

Ending Date:

10/16/2015

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

William Edward Luster

Candidate Full Name (if applicable)

City of Salem Ward Seven Councillor

Office Sought and District

420 Lafayette Street, Salem, MA 01970

Residential Address

Telephone Number (optional):

9782399487

Committee to Elect William Luster

Committee Name

Kemith Luster

Name of Committee Treasurer

420 Lafayette Street, Salem, MA 01970

Committee Mailing Address

Telephone Number (optional):

9782399487

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0.00

Line 2: Total receipts this period (page 3, line 11)

6,671.77

Line 3: Subtotal (line 1 plus line 2)

6,671.77

Line 4: Total expenditures this period (page 5, line 14)

4,621.77

Line 5: Ending Balance (line 3 minus line 4)

2,050.00

Line 6: Total in-kind contributions this period (page 6)

0.00

Line 7: Total (all) outstanding liabilities (page 7)

4,621.77

Line 8: Name of bank(s) used: Salem Five

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:

[Signature]

(Treasurer's signature)

Date: 10/26/15

FOR CANDIDATE FILINGS ONLY: 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:

[Signature]

(Candidate's signature)

Date: 10/26/15

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
10/13/15	Deborah Collier-Commins Swampscott, MA	250.00	Crowninshield Management Corporation President
10/13/15	Stuart Comins Swampscott, MA	250.00	Crowninshield Management Corporation Vice President
10/13/15	James Cowdell 3 Mary Ellen Drive Lynn, MA 01904	100.00	
10/13/15	David Doyle 6 Hayes Road Salem, MA 01970	100.00	
10/13/15	Dan Geary 15 Lafayette Ave Danvers, MA 01923	100.00	
10/13/15	Patricia MacLeod 18 Beach Ave Salem, MA 01970	100.00	
10/13/15	Lisa McCabe 11 D Russell Drive Salem, MA 01970	100.00	
10/13/15	Frank Milo 181 Marlborough Road Salem, MA 01970	250.00	Aggregate Industries Mechanic
10/13/15	Rick Rennard 38 Riverview Drive Danvers, MA 01923	100.00	
10/13/15	Ralph Swanson One Orange Street Salem, MA 01970	100.00	
10/13/15	Patricia Zaido 10 Andrews Street Salem, MA 01970	100.00	
10/13/15	Bill Luster 420 Lafayette Street Salem, MA 01970	4,621.77	HEP Vice President
Line 9: Total Receipts over \$50 (or listed above)		6,171.77	
Line 10: Total Receipts \$50 and under* (not listed above)		500.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		6,671.77	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

* 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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
10/16/15	Clear Bags	4949 Windplay Drive El Dorado Hills CA 95762	Doorknob Literature Bags	63.07
10/9/15	Deschamps Printing	3 Dodge Street Salem, MA 01970	Campaign Printing	1,317.50
10/12/15	Deschamps Printing	3 Dodge Street Salem, MA 01970	Campaign Printing	687.97
10/14/15	Deschamps Printing	3 Dodge Street Salem, MA 01970	Campaign Printing	906.15
10/13/15	Fedex	240 Andover Street Peabody, MA 01960	Campaign Printing	270.91
10/14/15	Hawthorne Hotel	18 Washington Square Salem, MA 01970	Campaign KickOff Party	871.59
10/16/15	WH Candy	3115 Homeward Way Fairfield OH 45014	Halloween Campaign Chocolate Bars	325.52
10/8/15	WIX.Com	2601 Mission Street San Francisco, CA 94110	Website Construction	130.10

Line 12: Total Expenditures over \$50 (or listed above)	4,572.81
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Line 13: Total Expenditures \$50 and under* (not listed above)	48.96
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Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD	4,621.77
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* 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 B: EXPENDITURES (continued)[illegible]

* 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 on page 1.

[illegible]

* 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
10/16/15	Bill Luster	420 Lafayette Street Salem, MA 01970	Credit Card Reimbursement	4,621.77
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				4,621.77