

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 OCT 23 PM 12: 35

Fill in Reporting Period dates: Beginning Date: Jan	File with: City or Town Clerk or Election Commission O1, 2019 Ending Date: Oct 18, 2019
Jan	ending Date: Soct 18, 2019 ASS.
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Timothy G. Flynn	Committee to Elect Tim Flynn
Candidate Full Name (if applicable)	Committee Name
City Councillor, Ward 4 Office Sought and District	Michael Kelly
42 Sable Rd. Salem, MA 01970	Name of Committee Treasurer
Residential Address	7 DiBiase St. Salem, MA 01970 Committee Mailing Address
E-mail:	E-mail:
Phone # (optional):	Phone # (optional):
CHARMADS DAT AND	TE ENTON A ATTON
SUMMARY BALANC	LE INFORMATION:
Line 1: Ending Balance from previous report	32.66
Line 2: Total receipts this period (page 3, line 11)	600.00
Line 3: Subtotal (line 1 plus line 2)	632.66
Line 4: Total expenditures this period (page 5, line	e 14) 525.94
Line 5: Ending Balance (line 3 minus line 4)	106.72
Line 6: Total in-kind contributions this period (page	ge 6) o
Line 7: Total (all) outstanding liabilities (page 7)	q
Line 8: Name of bank(s) used: Eastern Bank	
certify that I have examined this report including attached schedules and it is, to the best of ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind or inance activity of all persons acting under the authority or of schall of this computes in a signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. [Treasurer's signature] Date: Oct 21, 2019
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the bactivity, of all persons acting under the authority or on behalf of this committee in accommuted any liabilities nor made any expenditures on my behalf during this reporting p	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority of on behalf of this	pest of my knowledge and belief, a true and complete statement of all campaign
gned under the penalties of perjury:	(Candidate's signature) Date: Oct 21, 2019

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.)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
Jun 26, 2019	Committee to Elect Justin Whittier 10 River St. Salem, MA 01970	100.0	
May 25, 2019	Professional Fire Fighters of MA Peoples Committee #80374 2 Center Plaza, Boston, MA 02108	500.00	
	×		
ine 9: Total Receipts over \$50 (or listed above)		600.00	
ine 10: Total Receipts \$50 and under* (not listed above)		0.00	
ne 11: TOTAL RI	ECEIPTS IN THE PERIOD	600.00	← 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.

SCHEDULE A: RECEIPTS (continued)

Date Received Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer t (for contributions of \$200 or more)		
ine 9: Total Receipts	s over \$50 (or listed above)				
ine 10: Total Receipt	s \$50 and under* (not listed above)				
	CEIPTS IN THE PERIOD		← 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.

(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.)

D-4 D-11	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
lun 11, 2019	Thriftco Printing	56 Pulaski St. Peabody, MA 01960	100 Yard signs 100 Wire frames	525
	×			
				1
	h	Line 12: Total Expenditures ove		525.9
		Line 13: Total Expenditures \$50	L	0.0
		Line 14: TOTAL EXPENDITU	VRES IN THE PERIOD	525.9

^{*} 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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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				7 mount
		Line 12: Expenditures over \$50 (or listed above)	
	t	Line 13: Expenditures \$50 and un		
	- t	Line 14: TOTAL EXPENDITU		

^{*} 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.

Date Received	From Whom Received*	Residential Address	Description of Contributio	n Value
	×			
		Line 15: In-Kind Contributions o	ver \$50 (or listed above)	
		Line 16: In-Kind Contributions \$5	50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	

^{*} 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.

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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
	×			
]		
	Enter on page 1, line $7 \rightarrow 1$	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	