

Candidate signature (in ink)

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

File with: City or Town Clerk or Election Commission Please print or type all information, except signatures. 2015 OCT 2b P 2: 31
Fill in dates: Reporting Period Beginning 10 2 2015 Ending 10 The Year CITY CLERK 2015
Type of report: (Check one) ☐ 8th day preceding preliminary ☑ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution
STEPHEN G. DIBBLE Full Name of Candidate (if applicable) WARD 7 CITY COUNCILOR Office Sought and District 74 LLOFFATT RD, SALEM, MA 81970 Residential Address 976 744 7315 Tel. No. (optional) Committee To ELECT STEPHEN G. DIBBLE Committee Name PAMELA C. BOARDWAY Name of Committee Treasurer 74 LLOFFATT RD, SALEM, MA 01970 Committee Mailing Address 978 744 7315 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 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 Signed under the penalties of perjury: 10 125 120 15 Treasurer's signature (in ink) 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:

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	Name and Residential Address Amou		unt	Occupation & Employer (for contributions of \$200 or more)			
Received				(for contributions of \$200 of more)			
10/12/15	BAILEY, ROBERT 7 PERSHING RD, SALEM, MA 01970	100	-				
1016115	BARBUZZI, GEORGE 17 PRESTON RD, SALEM, MA 81970	100	_				
10/15/15	BOARDWAY, ARTHUR 46 MOFFATT RD, SALEM, MA 81970	100	-				
10/9/15	DELLORFAND, DELINDA 62 MOFFATT ND. SALEM, MA 81970	100	-				
12/2/10	DIBBLE, BEN 74 MOFFATT RD, SALEM, MA 81970	200		COMPUTER SOFTWALESALES			
	DIBBLE, SAM TY MOFFATT ND, SALEM, MA 81970	200	-	CLOUD NETWORK ADVISOR			
10/1/10	LABRIE, PAUL 11 HEMENWAY AD, SALEM, MA 81970	200	-	LAND DEVELOPER			
به اماد،	SIFLINGER, DEAN BY TREASURE LANE, SALEM, MADIGTO	100					
1015/15	SOILOL, ELENA 8 AUBURN RD, SALEN MA 8:970	175	-				
10/6/15	TACHUK, JOY I MOFFATT RD, SALEM, MA 81970	100					
10/6/15	VISELLI, JOANNE 4 WEST CIRCLE, SALEM, MA 01970	100					
Line 9:	Total receipts in excess of \$50 (or listed above)	1475					
Line 10:	Total receipts \$50 and under* (not listed above)	1090	-				
Line 11:	TOTAL RECEIPTS IN THE PERIOD	2565	-	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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	ount
1015115	ARIANDER, BEN	10 NOLMAN ST 464 SALEM MA 01970	WEBSITE HISTING FEG	39	95
1017/15	BERTINI'S RESTAURANT	2911 04141	CAMPAIGN KICK OFF EVENT	163	71
10/2/15	DESCHAMPS PRINTING	3 DODGE ST SALEM MA 81970	HAND CARD PRINTING	1062	50
10/14/15	ELECT ELAINE MILO	181 MARLBOROUGH RD SALEM MA 01970	PUBLICITY AT HER EVENT	25	
10/6/15	STAPLES	17 PARADISERD SALEM MA 81970	COPYING, POSTERS	127	46
			. 3		
Line 12: Expenditures over \$50			1418	65	
	inter on page 1, line 4		Expenditures \$50 and under* COTAL EXPENDITURES		

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

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
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} 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
10/2/15	STEPHEN DIBBLE	74 WOFFATT RD SALEM MA 01970	LOAN TO CAMPAGN	50 -
•				
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)		50 -

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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