

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

| | | ZUZI | File with dity of town Cler | or Election Commission | |
|---|---------------------------------------|-----------------------|---------------------------------|------------------------|--|
| Fill in Reporting Period dates: Beginning Date: Octo | ber26,2021 | Ending I | | | |
| Type of Report: (Check one) | | | ALEM. MASS. | | |
| 8th day preceding preliminary 8th day preceding election | 30 day at | fter election | year-end report | dissolution | |
| George T.O'Brine | None | | | | |
| Candidate Full Name (if applicable) | | | Committee Name | | |
| Councilor of Ward 6, Salem, Ma. | · . | 3.1 | | | |
| Office Sought and District | | INAI | ne of Committee Treasurer | | |
| 5 Locust Street Residential Address | | Cc | mmittee Mailing Address | | |
| E-mail: georgethomasob@aol.com | E-mail: | | | | |
| Phone # (optional): | Phone # (opti | ional): | | | |
| |] [| | | | |
| SUMMARY BALANC | CE INFORI | MATION: | | | |
| Line 1: Ending Balance from previous report | | | 0.000 | 00 | |
| Line 2: Total receipts this period (page 3, line 11) | | | 241.4 | 40 | |
| Line 3: Subtotal (line 1 plus line 2) | Line 3: Subtotal (line 1 plus line 2) | | | | |
| Line 4: Total expenditures this period (page 5, lir | ne 14) | | 241. 4 | 11 | |
| Line 5: Ending Balance (line 3 minus line 4) | | | 000.0 | 00 | |
| Line 6: Total in-kind contributions this period (page 6) | | | | | |
| Line 7: Total (all) outstanding liabilities (page 7) | | | 000.0 | 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 penaltics of perjury: | | (Treasurer's | signature) Date: | | |
| FOR 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 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 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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the | s, in-kind contribu | itions and liabilitie | es for this reporting period ar | id represents the | |
| Signed under the penalties of perjury: | mine | (Candidate's | signature) Date: 1 | 2/14/21 | |

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 | |
|--|---|--|--------------------------------------|--|
| Date Received | | Amount | (for contributions of \$200 or more) | |
| | George T.O'Brine 5 Locust Street, Salem, Ma. 01970 | 241.41 | Attorney, self employed | |
| | | 241.41 | | |
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| ine 9: Total Rece | ipts over \$50 (or listed above) | 241.40 | | |
| | | | | |
| ine 10: Total Rec | eipts \$50 and under* (not listed above) | | | |
| no 11. TOTAL | DECEIDTS IN THE DEDICE | 241.40 | | |
| це II; IUIAL | RECEIPTS IN THE PERIOD | 241.40 | ← 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) |
|----------------------|--|-----------------|--|
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| | | | |
| ine 9: Total Receip | ots over \$50 (or listed above) | | |
| ine 10: Total Recei | pts \$50 and under* (not listed above) | | |
| ine 11: TOTAL R | ECEIPTS 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 shoul | d include only those receipts not itemized above. |

^{*} 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 |
|-----------|---|--|---|----------|
| Date Falu | | | | Amount |
| | Gallo Nero, Washugton Street, Peabody, Ma. 01960 | Washig ton street, Peabody, Ma. 01960 | friendly gathering of campaign helpers | 241.4 |
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| | 1 | Line 12: Total Expenditures | s over \$50 (or listed above) | 241.4 |
| | | Line 13: Total Expenditures | \$50 and under* (not listed above) | 00 |
| | Enter on page 1, line 4 → | Line 14: TOTAL EXPEND | DITURES IN THE PERIOD | 241.4 |

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

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