



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2-17-19 Ending Date: 10-25-19

2019 OCT 28 AM 11:44
CITY CLERK
SALEM, MASS.

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

JAMES R. WILLIS JR.

Candidate Full Name (if applicable)

SALEM WARD 1 COUNCILLOR

Office Sought and District

18 PINGREE ST, #1, SALEM, MA

Residential Address

E-mail:

Phone # (optional): 9783985922

COMMITTEE TO ELECT JAMES WILLIS

Committee Name

KERI M. KILLAM

Name of Committee Treasurer

PO BOS 8463, SALEM, MA 01971

Committee Mailing Address

E-mail:

Phone # (optional): 9783985922

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>2812</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2812</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2723.96</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>88.04</u>
Line 6: Total in-kind contributions this period (page 6)	<u>171</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>200</u>
Line 8: Name of bank(s) used:	<u>EASTERN</u>

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)

Date: 10/28/19

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 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: 10/28/19

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)
2-17-19	LAUREN NOYES 26 GENEVA ST, #1 SALEM, MA 01970	50	
3-6-19	GYPSY MURPHY 85 SUMMER STREET MANCHESTER BY THE SEA, MA 01944	60	
5-5-19	DEBORAH PRENTICE 16 HARDY STREET SALEM, MA 01970	50	
5-12-19	PAMELA LOMBARDINI 3 LARCH AVE SALEM, MA 01970	50	
6-1-19	JOANNE WILLIS 2955 WESTLINGTON CIR CUMMING, GA 30040	500	ADMIN ASST, GOOD SHEPHERD CATHOLIC CHURCH
6-3-19	CLAUDIA FERRECCHIA 29 NORWOOD ST MARLBORO, MA 01752	250	TITLE EXAMINER, TITLE SOLUTIONS
6-9-19	PAMELA CAPTAIN 65 1/2 ESSEX ST SALEM, MA 01970	100	
8-4-19	CHRISTIAN DAY 1604 SAINT PHILIP ST NEW ORLEANS, LA 70116	250	RETAIL STORE OWNER, WARLOCKS, INC.
8-5-19	ALBERT HILL 4 LARKIN LA SALEM, MA 01970	100	
9-26-19	JAMES R. WILLIS JR SEE ABOVE	100	
10-7-19	JAMES R. WILLIS JR. SEE ABOVE	100	
10-10-19	TYLER TERRY 22 SCHOOL ST SALEM, MA 01970	300	WISER SOLUTIONS, SOFTWARE ENGINEER
Line 9: Total Receipts over \$50 (or listed above)		2320	
Line 10: Total Receipts \$50 and under* (not listed above)		292	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2612.00	← 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 (for contributions of \$200 or more)
10-15-19	TYLER TERRY SEE ABOVE	150	SEE ABOVE
10-18-19	BARBARA MANK 51 LAFAYETTE ST SALEM, MA 01970	50	
10-18-19	LAUREN NOYES 26 GENEVA ST, #1 SALEM, MA 01970	160	ASST, BANFIELD ANIMAL HOSPITAL
10-23-19	JAMES BOUDREAU 109 ELM ST MARBLEHEAD, MA 01945	50	
10-18-19	JAMES R. WILLIS JR.	200	LOAN
Line 9: Total Receipts over \$50 (or listed above)		2320	
Line 10: Total Receipts \$50 and under* (not listed above)		292	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2612.00	← 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 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
6-2-19	OLDE MAIN ST PUB	121 ESSEX ST SALEM, MA 01970	EVENT BOOKING	60
6-12-19	JAMES R. WILLIS JR.	SEE ABOVE	REIMBURSE FOR FB ADS, STAPLES, US POST OFF, LYFT, FRIENDS/SCOA, UPS STORE	189.63
7-10-19	FULL COLOR PRINTING	26 JOYCE ST, LYNN, MA	PRINT MATERIALS	193.90
7-27-19	FULL COLOR PRINTING	SEE ABOVE	PRINT MATERIALS	350
8-13-19	JAMES R. WILLIS JR.	SEE ABOVE	REIMBURSE FOR US POST OFF, HOME DEPOT, UPS STORE, LIBRARY COPIES/FAX	74.62
9-3-19	THRIFTCO PRINTING	56 PULASKI ST, PEABODY, MA	PRINT MATERIALS	150
9-3-19	JAMES R. WILLIS JR.	SEE ABOVE	REIMBURSE FOR UPS STORE, STAPLES, COONS GIFT STORE US POST OFF, FB AD	79.74
9-19-19	THRIFTCO PRINTING	SEE ABOVE	PRINT MATERIALS	221.66
9-19-19	FULL COLOR PRINTING	SEE ABOVE	PRINT MATERIALS	200
10-11-19	MYCAMPAIGNSTORE.COM	ONLINE	PRINT MATERIALS	267.08
10-17-19	THRIFTCO PRINTING	SEE ABOVE	PRINT MATERIALS	400
10-21-19	THRIFTCO PRINTING	SEE ABOVE	PRINT MATERIALS	304.58
Line 12: Total Expenditures over \$50 (or listed above)				2551.71
Line 13: Total Expenditures \$50 and under* (not listed above)				172.25
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2723.96

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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10-21-19	JAMES R. WILLIS JR.	SEE ABOVE	REIMBURSE FOR US POST OFF MAILING	60.50
Line 12: Expenditures over \$50 (or listed above)				2551.71
Line 13: Expenditures \$50 and under* (not listed above)				172.25
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				2723.96

* 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 Contribution	Value
6-2-19	JOANNE KENNEDY	17 CARLTON ST SALEM, MA	OLDE MAIN ST PUB GIFT CERT	150
		Line 15: In-Kind Contributions over \$50 (or listed above)		150
		Line 16: In-Kind Contributions \$50 & under (not listed above)		21
Enter on page 1, line 6 →		Line 17: TOTAL IN-KIND CONTRIBUTIONS		171

* 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
10-18-19	JAMES R. WILLIS JR.	SEE ABOVE	LOAN	200
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				200