



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 OCT 28 AM 10:15

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

August 31st 2019

Ending Date:

October 18th. 2019

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Robert K McCarthy

Candidate Full Name (if applicable)

Ward 1 councillor

Office Sought and District

148 Bay View Ave

Residential Address

Telephone Number (optional):

Committee to Elect Robert K McCarthy

Committee Name

Aidan P Bunting

Name of Committee Treasurer

96 Bay View Ave

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

3793.85

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

50

Line 3: Subtotal (line 1 plus line 2)

3843.85

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

1399.46

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

2444.39

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

- 0 -

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

- 0 -

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 penalties of perjury:

(Treasurer's signature)

Date: October 27th 2019

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:

(Candidate's signature)

Date: October 27th 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.)

[illegible]

* 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)[illegible]

Line 9: Total Receipts over \$50 (or listed above)	- 0 -
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Line 10: Total Receipts \$50 and under* (not listed above)	50
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Line 11: TOTAL RECEIPTS IN THE PERIOD	50
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← 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
Sept/3/2019	Robert K McCarthy	As above	Reimbursement - campaign expenses	79.66
Sept/3/2019	Robert K McCarthy	As above	Reimbursement - campaign expenses	922.80
Oct/12/19	Scarlet Letter	10 Colonial Road Salem, MA 01070	Palm Cards	397.00
		Line 12: Total Expenditures over \$50 (or listed above)		1399.46
		Line 13: Total Expenditures \$50 and under* (not listed above)		- 0 -
Enter on page 1, line 4 →		Line 14: TOTAL EXPENDITURES IN THE PERIOD		1399.46

* 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]

Line 12: Expenditures over \$50 (or listed above)

-0

Line 13: Expenditures \$50 and under* (not listed above)

- 0

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

- 0

* 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.

[illegible]

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.

0024 B395C6 check 1 07/10/18 11:30

RICHARD D. RODERICK
MARY R. B. RODERICK
7 SUTTON AVE.
SALEM, MA 01970

5-7515/110

17912

DATE 5-24-2019

PAY TO THE
ORDER OF

Robert McCarthy
Fifty Dollars and no/100

\$ 50⁰⁰/₁₀₀

DOLLARS



Security Features
Included.
Details on Back.



Santander

Santander Bank, N.A.

MEMO

Re-elect

[Signature]

⑆011075150⑆ 71000016296⑆ 7912



BCK-305 - Post Office Box 391, Lynn, MA 01903-0491

Customer Statement

Pg 1 of 3

Statement Period: Sep 01, 2019 thru Sep 30, 2019
 Account Number: 00600191068
 Number of Items Enclosed: 2

008043



COMMITTEE TO ELECT ROBERT K MCCARTHY
 AIDAN P BUNTING TRESURER
 148 BAY VIEW AVE
 SALEM MA 01970-5745

Summary - All Accounts

Type	Account #	Ending Balance
FREE BUSINESS CKG	00600191068	\$2,841.39
TOTAL BALANCE		\$2,841.39
Total Balance		\$2,841.39

FREE BUSINESS CHECKING - 00600191068

Date	Transaction Description	Withdrawal	Deposit	Balance
	STARTING BALANCE			\$3,793.85
Sep 30	Deposit		50.00	

Starting Balance: \$3,793.85
 Ending Balance: \$2,841.39
 Average Collected Balance: \$2,908.00

Number of Days in Period: 30
 Total Deposits/Credits: \$50.00
 Total Withdrawals/Debits: \$1,002.46

Check Summary

Check No.	Date	Amount	Check No.	Date	Amount	Check No.	Date	Amount
157	09/05 ☐	79.66	158	09/05 ☐	922.80			

Total 2 Checks @ \$1,002.46 * Indicates a skip in sequence † Indicates a substitute check

Balance Summary

Date	Balance	Date	Balance	Date	Balance	Date	Balance
09/05	2,791.39	09/30	2,841.39				

Eastern Bank Mobile and Online Banking



Now you can make managing your money easier than ever with the new Eastern Mobile and Online Banking experience. You'll find special features like Touch ID®, debit card controls, external transfers, e-statements and enhanced alerts. Go to easternbank.com/goodchanges for more information or call 1-800 EASTERN (327-8376).

02XGKA_BK_081EAST001_M084

Statement Period: Sep 01, 2019 thru Sep 30, 2019
Account Number: 00600191068
Number of Items Enclosed: 2

STATEMENT DISCLOSURE FOR ELECTRONIC TRANSFERS

In case of errors or questions about your electronic transfers, telephone us at 1-800-EASTERN (327-8376) or write us at: Eastern Bank, One Eastern Place, Lynn, MA 01901-1508, Attn: ETS, EP3-11, promptly if you think your statement or receipt is wrong, or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we send you the FIRST statement on which the error or problem appeared.

When you notify us, please include the following information:

We will investigate your complaint and will correct any error promptly. If we require more than 10 business days to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

MANAGING OVERDRAFT FEES

The easiest way to avoid overdrawing your account is to record all transactions in your checkbook register and to reconcile your register to your monthly bank statement.

Additional Resources:

<http://www.fdic.gov/consumers/overdraft/overdraft-hi-rez.pdf>

www.easternbank.com/UnderstandingOverdrafts

ACCOUNT RECONCILIATION

HINTS FOR FINDING DIFFERENCES

Questions?

Call us at 1-800-EASTERN (327-8376)

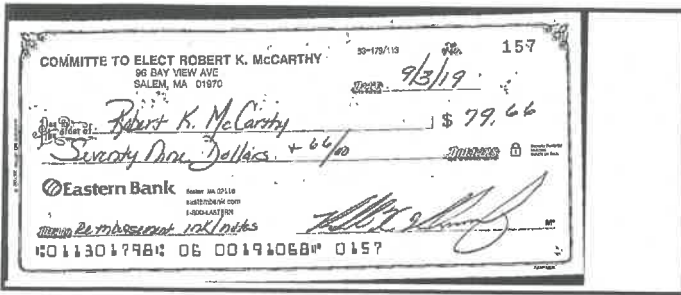
or write us at Eastern Bank, One Eastern Place, Lynn, MA 01901-1508

OUTSTANDING CHECKS/DEBITS/ ELECTRONIC TRANSACTIONS	AMOUNT	
	\$	
TOTAL		

A. STATEMENT ACCOUNT BALANCE		
B. ADD DEPOSIT/CREDITS NOT SHOWN ON STATEMENT		
C. TOTAL (A & B)		
D. SUBTRACT TOTAL OUTSTANDING CHECKS/ DEBITS/ELECTRONIC TRANSACTIONS		
THIS BALANCE SHOULD AGREE WITH YOUR CHECKBOOK BALANCE		

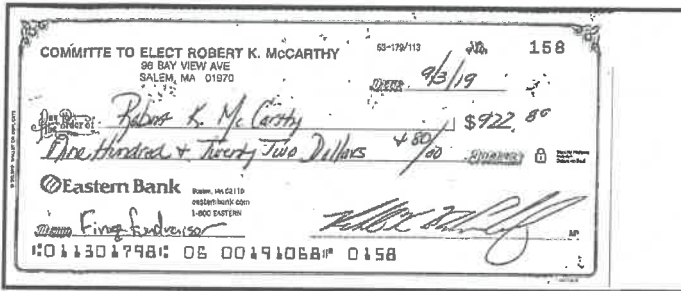
SAVINGS ACCOUNTS NOT TRANSFERABLE EXCEPT ON THE RECORDS OF THE BANK

Statement Period: Sep 01, 2019 thru Sep 30, 2019
 Account Number: 00600191068
 Number of Items Enclosed: 2



COMMITTEE TO ELECT ROBERT K. MCCARTHY
 96 BAY VIEW AVE
 SALEM, MA 01970
 9/3/19
 \$ 79.66
 Seventy Nine Dollars + 66/100
 Eastern Bank
 MICR Line: ⑆011301798⑆ 06 00191068⑈ 0157

CK #157 PD 09/05/2019 \$79.66



COMMITTEE TO ELECT ROBERT K. MCCARTHY
 96 BAY VIEW AVE
 SALEM, MA 01970
 9/3/19
 \$ 922.80
 Nine hundred + twenty two Dollars + 80/100
 Eastern Bank
 MICR Line: ⑆011301798⑆ 06 00191068⑈ 0158

CK #158 PD 09/05/2019 \$922.80

