

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

Commonwealth of Massachusetts	
2021 JAN 14 AM 11: 33	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: CITY CLERK	Ending Date: 12/31/2020
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election  year-end report dissolution
Sean O'Brien	
Candidate Full Name (if applicable) Committee to elect Sean O'Brien	Committee Name
Office Sought and District  27 Abbott Street	Name of Committee Treasurer
Residential Address E-mail:	Committee Mailing Address E-mail:
Phone # (optional):	Phone # (optional):
CHIRARA A PORT TO A T. A RIVE	CE INTORNALITION
SUMMARY BALANC	LE INFORMATION:
Line 1: Ending Balance from previous report	367.56
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	367.56
Line 4: Total expenditures this period (page 5, lin	ne 14)
Line 5: Ending Balance (line 3 minus line 4)	367.56
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Salem	Five
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in ac incurred any liabilities nor made any expenditures on my behalf during this reporting	be best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, a 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, disbursements campaign finance activity of all persons acting under the authority or on behalf of thi	s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 12/29/2020

#### **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.)

report all receipts. P	lease include your committee name and a pa	ige number on e	
	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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		P**	
		L	
		I	
		L	
Line 9: Total Recei	pts over \$50 (or listed above)		
10 E 15	' , mgo 1 1 4 /		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
I OIIII I	ECHION IN THE LINE		← Enter on page 1, line 2

<sup>\*</sup> 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)
			,
:#			
ne 9: Total Receipt	ts over \$50 (or listed above)		
ne 10: Total Receip	ets \$50 and under* (not listed above)		
ine 11: TOTAL RE	ECEIPTS IN THE PERIOD		Today and 1 12 C
	eceipts of \$50 and under, include them in line	O Line 10 should is	1.0.

<sup>\*</sup> 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	Amouni
		,		
			0	
	· ·			
		Line 12: Total Expenditures o	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	
			(1100 11000 1100 100 10)	

<sup>\*</sup> 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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				N. V

## SCHEDULE B: EXPENDITURES (continued)

T	To Whom Paid	OULE B: EXPENDITURES (	- Continued)	,
Date Paid	(alphahetical listing)	Address	Purpose of Expenditure	Amount
	L			
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u		
	Enter on page 1 line 4 ->			
VOU hove tramero		Line 14: TOTAL EXPENDITU		

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include any trace different above.

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## 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	Vaiue
×				
1		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

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

 $MGL\ c$  55 remires committees to renort ALL liabilities which have been renorted previously and are still outstanding as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purnaco	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	