

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

2018 JAN 11 PM 12: 46

CPF ID# 16702

File with: Director Office of Campaign and Political Finance One Ashburton Flace Rm. 411 Boston, MA 02108 (617) 979-8300

CITY CLERK SALEM, MASS

Reporting Period: Beginning	: 10/21/2017	Ending:	12/31/2017
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Type of Report: 2017 Year-end report (MUN)

Nuncio, Ana M.

Full Name of Candidate

Municipal, Salem

Office Sought/ District

20 Winter Street Salem, MA 01970

Residential Address

Nuncio Committee

Committee Name

Timothy Kenslea

Name of Committee Treasurer

20 Winter Street Salem, MA 01970

Committee Address

### SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$108.44
Total receipts this period:	\$150.00
Subtotal:	\$258.44
Total expenditures this period:	\$258.44
Ending Balance:	\$0.00
Total inkind contributions this period:	\$200.00
Total outstanding liabilities:	\$0.00
Name of Bank 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, inkind 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 perj

1-10-2018

l	Arridavit	OI	Candidate	(cneck	T	DOX	OBTA)	:
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Candidate with Committee and no activity independent of the committee

 $oldsymbol{\mathbb{Z}}_{ ext{I}}$  certify that I have examined this report, and attached schedules and it is, to the best of  $oldsymbol{\pi}$ y 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 and 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, inkind 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:

lina m. Candidate's signature (in 1-10-2018

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.

Date Name and Residential Addres	s	<b>Amount Occupation and Employer</b>
11/4/2017 McLaughlin, Bruce	-	\$75.00 Retired
17 Hemenway Road		
Salem, MA 01970		
11/4/2017 McLaughlin, Jeanette		\$75.00 Retired
17 Hemenway Road		
Salem, MA 01970		
	<b>Total Itemized Receipts:</b>	\$150.00
	Total Unitemized Receipts:	\$0.00
	Total Receipts:	\$150.00

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## 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 over \$50 and under may be added together from committee records, and reported on line 13.

Date Name and Address
12/12/2017 Salem Children's Charity
1 Frederick Street
Salem, MA 01970

Amount Purpose
\$258.44 Charitable Donation

Total Itemized Expenditures: \$258.44

Total Unitemized Expenditures: \$0.00

Total Expenditures: \$258.44

## Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date Name and Residential Address

11/7/2017 Schultz, Patrick

40 Summer Street Salem, MA 01947 Value Description, Occupation & Employer

\$200.00 Restaurant Owner

Self-employed

Food Service For Reception

Total Itemized In-kind Contributions:
Total Unitemized In-kind Contributions:

**Total In-kind Contributions:** 

\$200.00 \$0.00

\$200.00

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