

Form CPF M 102: Campaign Finance Report

Adunicanal Probable
Office of Campaign and Political Finance

SALEM, MASS.	File with: City or Town Giros Election Comm
/	- 10 / P - ID

Fill in Reporting Period dates: Beginning Date: 10/21/	2017 Ending Date: 12/34/25 3
Type of Report: (Check one)	÷c N
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 3	30 day after election year-end report dissolution
Annalyssa Gypsy Murphy Candidate Full Name (if applicable) City (oun c)	Committee Name
Office Sought and District	Name of Committee Treasurer
3 5 £ 55 \$\sqrt{2} 5\tau\$. Residential Address	Committee Mailing Address
E-mail: Murphy ward Salem@gmail.com E-r	nail: Murphy word 1 @ 9 mil. com
	one # (optional):
SUMMARY BALANCE IN	FORMATION:
Line 1: Ending Balance from previous report	86.41
Line 2: Total receipts this period (page 3, line 11)	76.82
Line 3: Subtotal (line 1 plus line 2)	163.23
Line 4: Total expenditures this period (page 5, line 14)	106.00
Line 5: Ending Balance (line 3 minus line 4)	57.23
Line 6: Total in-kind contributions this period (page 6)	Ø
Line 7: Total (all) outstanding liabilities (page 7)	Q
Line 8: Name of bank(s) used: Salem Five	Bank
idavit of Committee Treasurer: crify that I have examined this report including attached schedules and it is, to the best of my knowledge including all contributions, leans, receipts, expenditures, disbursements, in-kind contribution accordance activity of all persons acting under the authority or on behalf of this committee in accordance under the penalties of perjury: OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box only)	ons and liabilities for this reporting period and represents the campaign
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 m activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period.	y knowledge and belief, a true and complete statement of all campaign finance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing separate replication of the least of mance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind committee activity, including contributions acting under the authority or on behalf of this committee.	y knowledge and belief, a true and complete statement of all campaign outributions and liabilities for this reporting period and represents the
ed under the penalties of perjury:	(Candidate's signature)

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)
		1	
		1	
Service and the service and th			
ne 9: Total Receipts o	ver \$50 (or listed above)	B	
ne 10: Total Receipts \$50 and under* (not listed above)		76.82	
e 11: TOTAL RECE	EIPTS IN THE PERIOD	76.82 f	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)
0.00.10	050 ()		
	ver \$50 (or listed above) 50 and under* (not listed above)		
	IPTS IN THE PERIOD		f 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.)

To Whom Paid **Date Paid** (alphabetical listing) Address Purpose of Expenditure Amount Advirtising Frabook USA 50.01 Line 12: Total Expenditures over \$50 (or listed above) 50.01 55.99 Line 13: Total Expenditures \$50 and under* (not listed above) Line 14: TOTAL EXPENDITURES IN THE PERIOD 106.00 Enter on page 1, line 4 g

^{*} 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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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	hone			
		Line 12: Expenditures over \$50 (or	r listed above)	
		Line 13: Expenditures \$50 and under		
Enter on page 1, line 4 g Line 14: TOTAL EXPENDITURES IN THE PERIOD				

^{*} 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
	none			
	C. 101.4.104			
		Line 15: In-Kind Contributions o	ver \$50 (or listed above)	
		Line 16: In-Kind Contributions \$5	50 & under (not listed above)	
	Enter on page 1, line 6 g	Line 17: TOTAL IN-KIND COI	NTRIBUTIONS	

^{*} 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.

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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
	none			
	Enter on page 1, line 7 g	Line 18: TOTAL OUTSTANDIN	IG LIABILITIES (ALL)	
	(6			Page 7