

Form CPF M 102: Campaign Finance Report

Municipal Form

Commonwealth f Massachusetts	Consistence of Consistence of Montaine	2017 OCT 25 AM 8: 21
File with: City or Town Clerk or Election Commission		SALEM, MASS.
Please print or ty	pe all information, except signatures.	
Fill in dates: Reporting Period Beginning 08 26	Year Month	Date Year 20
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding	ng election 30 day after election	□year-end report □dissolut
Full Name of Candidate (if applicable) Councillor - at - Large Office Sought and District Maple Avenue Residential Address Salem MA. 01970 778-745-1055 Tel. No. (options)		ee Name for at Large stee Treasurer Sargent iling Address , Salem MA.
	BALANCE INFORMATION:	
Line 1: Ending balance from		620.26
Line 2: Total receipts this pe	eriod (page 2, line 11)	350.00
Line 3: Subtotal (line 1 plus line 2	2) \$	970.26

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Line 2: Total receipts this period (page 2, line 11)	\$ 350,00
Line 3: Subtotal (line 1 plus line 2)	\$ 970.26
Line 4: Total expenditures this period (page 3, line 14)	\$ 804-31
Line 5: Ending balance (line 3 minus line 4)	\$ 165.95
Line 6: Total in-kind contributions this period (page 4)	\$ 0.00
Line 7: Total (all) outstanding liabilities (page 4)	\$ 11,000
Line 8: Name of bank(s) used T. D. 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:

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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L' 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 <u>OR</u> 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 signature (in ink)

10-24-2017 Date

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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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received	eived (alphabetical listing required)		Occupation & Employer (for contributions of \$200 or more		
8/27/17	Patrick curtain 19 Raymond Ave, Salen MA	200	00	Retired Destirt	
9/11/17	Peter Merry	150	00		
				·	
				W)	
*					
				*	
				P	
				£	
Line 9: 7	Total receipts in excess of \$50 (or listed above)	350	00		
	Total receipts \$50 and under* (not listed above)	0	00		
	TOTAL RECEIPTS IN THE PERIOD	350	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.

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

This page may be copied 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	Amo	oun
0/4/17	Connolly Printing	17-B GIN Street Woburn MA Loring Ave	Printing/Mailing	802	3
7/27/17	T.D. Bank	Salen MA	Printing/Mailing Bank Fews.	2	00
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			·		
	·				
				947	3)
		Line 12: Ex	11 2 3		3) 3†
	İ		openditures \$50 and under*	2	0
En	ter on page 1, line 4			8024 3	

^{*}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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				-
Val		·	=	
		Line 15:	In-kind over \$50	0.00
		Line 16:	In-kind \$50 and under	0.00
	Enter on page 1, line 6	Line 17:	Total In-kind	0-00

^{*} 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
8-6-99	Arthur C. Sargent	8 Maple Ave Salan	candidate Loan	\$1,000,00
	Arthur C. Sargesta	8 maple ALR	candidate Loan	500.00
9-3-99	Arthur C. Sargent	8 Maple Ave	Candidate Loan	500.00.
	Arthur C. Sargiate	8 Maple Ave	Candidate Loan	500.00
	Arthur C. Sargest	8 Maple Ave	Candidate Loan	1,500.00
•	APTHUR C. Sargente	8 maple Ave	condidate Loan	1,000.00
	Arthur C. Sarget		candidate Loan	1,000.00
~	Arthur C. Sargut	8 Maple Ave	Candidate Loan	11000-00
	Arthur C. Samuet	8 Maple Aus	Candidate Loan	1,500-00
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	\$ 8500.00

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This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	31			
				-
				1
		Line 15:	In-kind over \$50	0.00
		Line 16:	In-kind \$50 and under	0,00
	Enter on page 1, line 6	Line 17: '	Total In-kind	0.00

^{*} 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
10/26/15	Arthur C. Sargente	8 Maple Avenue Salem	Candidate Loan	71,600,00
8/24/17	Arthur C. Sargent	8 maple Avenue Salem	Candidate Loan	F 900.00
		·	<u> </u>	
×	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	11,000-0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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