

# Form CPF M 102: Campaign Finance Report

Municipal Form

2016 JAN 20 A 10: 17

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Office of Campaign and Political Finance CITY CLERK SALT File with: City or Town Clerk or Election Commission Please print of type all information except signatures. Fill in dates: Month Reporting Period Beginning Type of report: (Check one) ☐8th day preceding election ☐30 day after election ☐year-end report ☐ dissolution ☐8th day preceding preliminary The Committee to elect C. Sargent II Counciller at thur C. Sargintm Full Name of Candidate (if applicable) Committee Name Councillor - at-Large athleen M. Sargin Office Sought and District
Maple Ave So Name of Committee Treasur Maple Ave. Salem Committee Mailing Address 18-745-1055 978-745-1055 Tel. No. (optional) Tel. No. (optional)

SUMMARY BALANCE INFORMATION	N:
Line 1: Ending balance from previous report	\$ 696.42
Line 2: Total receipts this period (page 2, line 11)	\$1775.00
Line 3: Subtotal (line 1 plus line 2)	\$2471.42
Line 4: Total expenditures this period (page 3, line 14)	\$2264.64
Line 5: Ending balance (line 3 minus line 4)	\$ 206.78
Line 6: Total in-kind contributions this period (page 4)	\$ 0.00
Line 7: Total (all) outstanding liabilities (page 4)	\$ 10,100
Line 8: Name of bank(s) used TD Bank	

Affidavit of Committee Treasurer:

Treasurer's signature (in ink)

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)

Affidavit	of Candidate:	(check I box only)	
FILL CONTACT	or candidate.	(CHECK T BOX OUTA)	

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:

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Candidate signature (in ink)			0	

1-19-2016

#### 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			ount	(for contributions of \$200 or more)	
10.26	Arthur C. Sargent III. 8 maple Ave= Candidate loan Recepts 350 x under	1600	00	computer control Spec candidate Loan	
10-19-15	Recepts \$50 x under	175	60		
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		•			
	,				
		et.		* * *	
				199	
Line 9: T	Total receipts in excess of \$50 (or listed above)	1600	00		
Line 10: T		175	00		
Line 11: T	TOTAL RECEIPTS IN THE PERIOD	1775		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.

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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	Amount	
0-26-15	Connolly. Pristing	17 Gill St. Weburn Ma 01081	Election Mailing.	2.264	64
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-		,			
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		-			
,			,	-	
		Line 12: Expenditures over \$50			
1	Enter on page 1, line 4	Line 13: Expenditures \$50 and under*  Line 14:TOTAL EXPENDITURES 2264			64

<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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#### 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
		- 4		
		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

<sup>\*</sup> 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	To Whom Due	Address	Purpose	Amount
Incurred		-		
8-6-99	Arthur C. Sargent	3 Maple Ave Salan	candidate Loan	\$1,000,00
8-31-99	The state of the s	1 6	candidate Loan	500.00
9-3-99	Arthur C. Sargent	8 Maple Ave	Candidate Loan	500.00.
	Arthur C. Sargint	8 Maple Ave	Candidate Luan	500,00
	Arthur C. Sargent	8 Maple Ave	Candidate LOAN	1,500-00
7	AFThur C. Sargente	8 maple Ave	condidate Loan	1,000.00
	Arthur C. Sarget	8 Maple Aug.	Candidate Loan	1,000,00
-	Arthur C. Sargut	8 Maple Ave	Candi Date Loan	1,000-00
	Arthur C. Sargit	8 Maple Ave	Candidate Loan	1,500-00
10.26.2015	Athur C. Sargata	8 maple Auc.	consider Loon	1,600-00
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	\$ 2500.0
		7		710,100,0

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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