



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

2018 JAN 16 PM 12:05

File with:

City or Town Clerk or Election Commission

CITY CLERK
SALEM, MASS.

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month 10 Date 21 Year 2017 Ending Month 12 Date 31 Year 2017

Type of report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ Year-end report ☐ dissolution

Arthur C. Sargent

Full Name of Candidate (if applicable)

Councillor-at-Large

Office Sought and District

8 Maple Avenue

Residential Address

Salem MA. 01970

978-745-1055

Tel. No. (optional)

The Committee to Elect, Arthur C.

Committee Name

Sargent Councillor at Large

Name of Committee Treasurer

Kathleen M. Sargent

Committee Mailing Address

8 Maple Ave, Salem MA.

978-745-1055

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 165.95

Line 2: Total receipts this period (page 2, line 11) \$ 2920.00

Line 3: Subtotal (line 1 plus line 2) \$ 3085.95

Line 4: Total expenditures this period (page 3, line 14) \$ 3041.02

Line 5: Ending balance (line 3 minus line 4) \$ 44.93

Line 6: Total in-kind contributions this period (page 4) \$ 0.00

Line 7: Total (all) outstanding liabilities (page 4) \$ 11,300.00

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:

Kathleen M. Sargent
Treasurer's signature (in ink)

1/16/17
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

☒ 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:

Arthur C. Sargent
Candidate signature (in ink)

1-16-2017
Date

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	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
11/5/17	Daniel Gorman 841 Salem St. Malden MA	100	00	
11/5/17	John Femino 90 Margin St. Salem MA	100	00	
11/5/17	Ed Moriarty 29 Winter Island Rd Salem MA	100	00	
11/5/17	Pam Lombardini 3 Larch Ave Salem MA	100	00	
11/5/17	William Breen 16 Oak St. Salem MA	200	00	Level 3 Communications Cambridge MA.
11/5/17	Ted Kolbielka 27 Forrester St Salem MA	100	00	
11/5/17	Darrow Lebovici 122 Federal St. Salem MA	100	00	
11/5/17	Margaret Twohey 122 Federal St. Salem MA	100	00	
11/5/17	James Noble 17 Barnes Circle Salem MA	100	00	
11/5/17	Jere Jennings 18 River St Salem MA	100	00	
11/5/17	Dennis Murray Freeman Road Salem MA	100	00	
11/5/17	Paul Prevey 5 Freeman Road Salem MA	100	00	
11/5/17	Steve Pinto 55 Columbus Road Salem MA	100	00	
11/5/17	Curtis Edmunds 499 Loring Ave Salem MA	100	00	
11/9/17	Arthur C. Sargent is candidate Loan, 8 Maple Ave Salem MA	300	00	Instrumentation Specialist M.W.R.A.
Line 9: Total receipts in excess of \$50 (or listed above)		1800	00	Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)		1120	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2920	00	

* 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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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.

*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6				Line 15: In-kind over \$50
				0.00
				Line 16: In-kind \$50 and under
				0.00
				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 Sabin	Candidate Loan	\$1,000.00
8-31-99	Arthur C. Sargent	8 Maple Ave	Candidate Loan	500.00
9-3-99	Arthur C. Sargent	8 Maple Ave	Candidate Loan	500.00
10-22-99	Arthur C. Sargent	8 Maple Ave	Candidate Loan	500.00
10-26-99	Arthur C. Sargent	8 Maple Ave	Candidate Loan	1,500.00
10-26-99	Arthur C. Sargent	8 Maple Ave	Candidate Loan	1,000.00
9-6-01	Arthur C. Sargent	8 Maple Ave.	Candidate Loan	1,000.00
9-5-03	Arthur C. Sargent	8 Maple Ave	Candidate Loan	1,000.00
10-27-03	Arthur C. Sargent	8 Maple Ave	Candidate Loan	1,500.00
Enter on page 1, line 7				Line 18: OUTSTANDING LIABILITIES (ALL)
				\$8,500.00

Continued
on Page #5

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
Line 15: In-kind over \$50				0.00
Line 16: In-kind \$50 and under				0.00
Line 17: Total In-kind				0.00

Enter on page 1, line 6

* 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. Sargent	8 Maple Avenue Salem	Candidate Loan	\$1,600.00
8/24/17	Arthur C. Sargent	8 Maple Avenue Salem	Candidate Loan	\$900.00
11/10/17	Arthur C. Sargent	8 Maple Avenue Salem	Candidate Loan	\$300.00
Line 18: OUTSTANDING LIABILITIES (ALL)				\$11,300.00 KMS

Enter on page 1, line 7