

Form CPF M 102: Campaign Finance Report Municipal Form

THE STATE OF THE S	Office of Campaign and Political Finance			
Commonwealth of Massachusetts				
File with:	1. 10			
City or Town Clerk or Election Commission	NO. 10 10 10 10 10 10 10 10 10 10 10 10 10			
- CI V CI FOW ON FI	se print or type all information, except signatures.			
Fill in dates:	Date V			
Reporting Period Beginning Septem	Total Test			
reporting 1 orion beginning John Con-	Ending 001000 16, 2013			
Type of report: (Check one) ☐8th day preceding preliminary ☐8th	n day preceding election			
Cheryl A Riley	Committee to Elect Cheryl A Riley			
Full Name of Candidate (if appl				
	Councilor Ryan Riley			
Office Sought and Distric				
236 Jefferson A				
Residential Address				
978741-467	9 Committee Mailing Address 978741-4679			
16	el. No. (optional)			
•	MMARY BALANCE INFORMATION:			
Line 1: Ending bala	nnce from previous report \$ 19-69			
	ets this period (page 2, line 11) \$ 1290.00			
Line 3: Subtotal (line				
The state of the s				
	ditures this period (page 3, line 14) \$ 1288.63			
Line 5: Ending bala	nce (line 3 minus line 4) \$ 2/.06			
Line 6: Total in-kind	contributions this period (page 4) \$			
Line 7: Total (all) out	tstanding liabilities (page 4)			
	(s) used Greater Salem Employees Federal Credit			
Line of tank	, , ,			
	Union			
finance activity, including all contributions, loans, recei	ched schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign ipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the e 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 CANDIDA	TE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)			
Affidavit of Candidate: (check 1 box only)				
☐ Candidate with Committee and no activity indepe	endent 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				
contributions, incurred any liabilities nor made any expe	y or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any			
☑ Candidate without Committee OR Candidate with	h independent activity filing separate report			
I certify that I have examined this report including attac	thed schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign			
campaign finance activity of all persons acting under the	expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.			
Old A I A Sig	ned under the penalties of perjury:			
(Gerul A/Keler	in hills			
Candidate signature (in ink)	10 pto 10			

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	Amount		Occupation & Employer (for contributions of \$200 or more)
Received	(alphabetical listing required)		Т	(101 Continuations of 3200 of more)
9/11/15	Alterations By Ruse (Rost Virgas) 2 Colonial Road Salem ma 01970 Shirley Beauvais Rilay 10 Fort Ave Salem ma 01970	100	00	
1/1/10	Shirley Beauvais Riley			
9/16/15	Salem ma 01970	100	00	
9/16/15	Joan Tremblay 33 Greenway Load Salen MA 01970 Pauline + Edward Vass Tr 232 Jefferson Ave	100	ov	
9/16/5	Pavline + Edward Vass Tr 232 Jefferson Ave Swem MA 01970	1100	co	
4.915	suem MA OF (O	100		
				:
			_	
	otal receipts in excess of \$50 (or listed above)	400	00	
Line 10: T	otal receipts \$50 and under* (not listed above)	8.90	00	
Line 11: T	OTAL RECEIPTS IN THE PERIOD	12.90	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.

Page 2

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

Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amoun	
	(alphabetical listing)				
		6 Hutchinson Dr.	Food for		T
9/11/5	BJ'S	Danvers MA 01923	The state of the s	41	195
11611		11 Newbury St.	Feed for		1
9/16/15	BJ'S Costeo	Danvers MA 01923	fundraiser	78	91
1.40		227 Highland Are	Feed for		
9/14/15	Market Basket The Scarlet Letter Press + Gallery	Salem MA 01970	Fundraiser	47	61
111	The Scarlet Letter	10 Colonial Rd	flyers for		
1/28/15	Press + Gallery	10 Colonial Rd Soite 14 Salem MA 01910	campaign	45	116
1	Cheryl Reley	236 Jetherson Me	Payback for money borround Count		_
02215	Cheryl Ritey	Salem MA 01970	money borrowed towns	1075	cr
' '	,		•		
					-
					-
			9		
					-
			,		
				13	
		Line 12: F	Expenditures over \$50	1288	63
	ŀ		Expenditures \$50 and under*	,,	
	Subsection makes 1 lines 4		TOTAL EXPENDITURES	1200	17
E	Enter on page 1, line 4	Line 14: 1	OTAL EXTENDITURES	1288	63

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

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
			a //	
		*		
	1			
	16			
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} 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
E	nter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

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.

Page 4

2015 OCT 26 P 1: 11

(XXXXXXXX A Ø92115

1139.69 SW

45.16

1094.53

CHK# 090730

REF# 943069

SHARE WITHDRAWAL CITY CLERK, SALEM, MASS.

2529 REC

PAYEE: COMMITTEE TO ELECT

FEBRUARY CREDIT CARON

THE HERE OF

TELLER: CMJ

DATE: 09/28/15 TIME: 13:37 MT CHECK RECEIVED BY:

COMMITTEE TO ELECT CHERYL RILEY 236 JEFFERSON AVENUE SALEM, MA Ø1970

NO.0090730

Treasurer's Check

CHK# 090730 REF# 943069

FORTY FIVE AND 16/100 DOLLARS

09/28/15 ******45.16**

COMMITTEE TO ELECT THE SCARLET LETTER PRESS AND GALLERY

#0090730# #211355488#

85481 BIP

30

udios C. Jella



THE SCARLET LETTER PRESS & GALLERYUC

10 Colonial Road, Suite 14 Salem, MA 01970

978-741-1850 | 978-741-1851 info@thescarletletterpress.com www.thescarletletterpress.com

	Invoice
Date	Invoice #

Date	Invoice #
9/28/2015	2743

Bill To	
Cheryl Riley	
236 Jefferson Ave	
Salem, Ma 01970	

		P.O. No.		Terms		Project
		09281502	Du	e on receipt		
Quantity	Description		Rate		Amount	
500	Cheryl Riley Fliers - 28# Text - 1/0 - 8.5" x 5.5" Typsetting Service - File Set Up MA Sales Tax		ı	0.055 15.00 6.25%	27.50T 15.00T 2.66	

500	Cheryl Riley Fliers - 28# Text - 1/0 - 8.5" x 5.5" Typsetting Service - File Set Up MA Sales Tax	0.055 15.00 6.25%	15.00T
9 1			
		,	
ank you for yo	pur business.	Total	\$45.16



TOTAL

CHANGE

CASH

60.00 12.39

NUMBER OF ITEMS 19

Irx:1290 Term: 106 Store: 58 20:37:50

THANK YOU FOR SHOPPING MARKET BASKET WE APPRECIATE YOUR BUSINESS OPEN MON-SAT 7AM-9PM SUN 7AM-7PM WE ACCEPT ALL MAJOR CREDIT CARDS



Gen.Mar. Brian Peck 6 HUTCHINSON DRIVE (978) 774-7300 DANVERS, MA

Club:30 Reg:4 Trans:4564 09/16/15 11:11:50

 $\overline{\Omega}$ $\underline{\omega}$ $\underline{\omega}$ $\underline{\omega}$ $\underline{\omega}$ $\underline{\omega}$

Cashier: 333823

Cash CHANGE TOTAL NUMBER OF ITEMS SOLD	2 @ 9.99 **** SUBTOTAL **** TOTAL	2 @ 7.99 82486270040 VEG 1	**************************************	*** MEMBERSHIP ID. 03040118870 *** *** MEMBERSHIP EXPIRES ON 04/16 ***
MS SOLD		VEG TRAY 64Z	VEG PLATTER FRUIT TRAY	******* 03040118 RES DN
n (1	بجدد	19	ភ ភ	******** 8870 *** 04/16 ***
8.05	41.95 41.95	19.98 N	5.99 N	* * * * * * * * * * * * * * * * * * *

84 beins a BJ's MEMBER I JUST SAVED: \$6.29

*************************** ******************* ******************** My Yearly Savings @ 09/15/15 \$140.70



DANVERS #301

11 NEWBURY STREET DANVERS, MA 01923 EMBER #111781674363 26

	Ð	0000
TOTAL Cash CHANGE COUPON	SUBTOTAL 6.25% Tr	43475 43475 998876 0127339 998876 0127339 128163 309881
S TENDERED	TAX	COOKIES 60CT COOKIES 60CT ***KS WATER*** CPN/998876 ***KS WATER** CPN/998876 80Z HOT CUP PAPER PLATES RUFFLES 28Z RUFFLES 28Z
100.00 21.09 3.00	77. 42 1. 49	## ## ## ## ## ##

TOTAL NUMBER OF ITEMS SOLD = 8 CASHIER: CHRIS C REG# 1 PLANTAGE 10:43 0301 01 0042 68 THANK YOU! PLEASE COME AGAIN

		×

ACCOUNT E DATE OF PREVIOUS ES TRANSACTION INTEREST PRINCIP.

NUMBER TRANSACTION GALANCE ER AMOUNT

XXXXXXX A 092815

1094.55 SW

1075.00

19.55

HK# 090952

REF# 945549

SHARE WITHDRAWAL

REC 2714

AYEE: CHERYL RILEY

TELLER: CMJ

ATE: 10/22/15 TIME: 13:58 MT CHECK RECEIVED BY:

COMMITTEE TO ELECT CHERYL RILEY 236 JEFFERSON AVENUE SALEM, MA Ø1970

Greater Salem & Smilagees ETPERAL CREDIT UNION

NO.0090952

Treasurer's Check

CHK# 090952 REF# 945549

53-8548

ONE THOUSAND SEVENTY FIVE AND 00/100 DOLLARS

TO THE CHOER OF

DATE

water a. 2

AMOUNT

10/22/15 ****1,075.00**

CHERYL RILEY

FEDERAL CREDIT UNION

#0090952# #211385488#

85481 61

30