



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2015 SEP 21 P 12: 55

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

FILE #

CITY CLERK, SALEM, MASS.

Fill in dates:

Reporting Period Beginning January 1 2015 Ending September 11 2015

Type of report: (Check one)

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

Cheryl A Riley

Full Name of Candidate (if applicable)

ward 3 City Councilor

Office Sought and District

236 Jefferson Ave

Residential Address

978 741-4679

Tel. No. (optional)

Committee to Elect Cheryl A Riley

Committee Name

Ryan Riley

Name of Committee Treasurer

236 Jefferson Ave

Committee Mailing Address

978 741-4679

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 1071.00

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

Line 3: Subtotal (line 1 plus line 2) \$ 1071.00

Line 4: Total expenditures this period (page 3, line 14) \$ 1051.41

Line 5: Ending balance (line 3 minus line 4) \$ 19.69

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

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

Line 8: Name of bank(s) used Greater Salem Employees Federal Credit Union

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:

[Signature]

Treasurer's signature (in ink)

9/20/15

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:

Cheryl A Riley

Candidate signature (in ink)

9/20/15

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) |
|--|---|--------|---|
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| Line 9: Total receipts in excess of \$50 (or listed above) | | | Enter on page 1, line 2 |
| Line 10: Total receipts \$50 and under* (not listed above) | | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | | |

* 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.

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 | |
|-------------------------|--|-------------------------------------|---------------------------------------|--------|----|
| 8/27/15 | Connolly Printing | 178 Gill Street Woburn MA 01801 | Signs | 535 | 50 |
| 9/8/15 | The Morse Hall | 50 Grove St Salem, MA | Fundraiser | 400 | 00 |
| 8/26/15 | The Scarlet Letter Press & Gallery | 10 Colonial Rd Salem MA suite 14 | Campaign Palm Cards | 115 | 81 |
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| | | | Line 12: Expenditures over \$50 | | |
| | | | Line 13: Expenditures \$50 and under* | | |
| Enter on page 1, line 4 | | | Line 14: TOTAL EXPENDITURES | 1051 | 31 |

*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 | | |
| | | Line 16: In-kind \$50 and under | | |
| | | 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 |
|-------------------------|-------------|---------|--|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Enter on page 1, line 7 | | | Line 18: OUTSTANDING LIABILITIES (ALL) | |

CONNOLLY PRINTING

178 Gill Street, Woburn MA 01801 • 781-932-8885
ConnollyPrinting.com • 800-406-7206

Fax: (781) 932-8544
Email: kevinc@connollyprinting.com
Website: http://www.connollyprinting.com

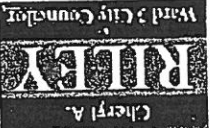
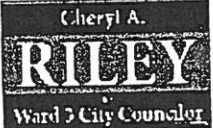
Invoice

| Date | Invoice # |
|-----------|-----------|
| 8/24/2015 | 20353 |

Bill To

Committee to Elect Cheryl Riley
236 Jefferson Avenue
Salem, MA 01970

| P.O. No. | Terms | Due Date | Rep | Ship Via | Woburn |
|----------|----------------|-----------|-----|----------|--------|
| | due on receipt | 8/31/2015 | KC | | F.O.B |

| Description | Item Code | Quantity | Price Each | Amount |
|--|-----------|----------|------------|----------|
| Product: Polycoated Signs • 28 in x 22 in - Polycoated Sign • Polycoated .024 • 2 Ink Colors: Nazdar 1800 Series - PMS 281 dark blue, Nazdar 1800 Series - PMS 187 scarlet red   | | 100 | \$3.79 | \$379.00 |
| Product: Frames or Stakes • 100 U-Frame | | 100 | \$1.25 | \$125.00 |

Thank you for doing business with Connolly Printing.

In the event the customer doesn't pay in accordance to the payment terms above, the customer agrees to pay a late charge of 1.8% per month of the total amount of any late

Subtotal: \$504.00

(6.25%) \$31.50

Total: \$535.50



NO. 0090621

Treasurer's Check

DATE: 01/04/01
MEMO: 000000

PAY

59-8548
2113

TO THE ORDER OF

DATE

AMOUNT

100.00
ONE HUNDRED AND 00/100 DOLLARS

Cheryl Bailey

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

HOLD AT AN ANGLE TOWARDS LIGHT TO VIEW SAFETY FEATURES ON BACK

⑈0090621⑈ ⑆211385488⑆

85481 6⑈

20



NO.0030571

Treasurer's Check

CHECK 000000000000
PAGE 00000000

50-8548
2113

PAY

TO THE ORDER OF

Leigh Riley

DATE 09-17-11 AMOUNT \$2113.00

US\$2,113.00
Two thousand one hundred thirteen and 00/100

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

FOR ANY INQUIRY TOWARDS LIGHT, VERIFY SAFETY FEATURES ON BACK

⑈0090571⑈ ⑆211385488⑆ 85481 6⑈ 20



NO.0090561

Treasurer's Check

CHECK NUMBER
0090561

PAY

59-8548
2113

TO THE ORDER OF

Chief Riley

DATE

AMOUNT

0090561

NON-NEGOTIABLE

AUTHORIZED SIGNATURE

HOLD AT AN ANGLE TOWARDS LIGHT TO VERIFY SAFETY FEATURES ON BACK

⑈0090561⑈ ⑆211385488⑆

85481 6⑈

20



**THE SCARLET LETTER
PRESS & GALLERY_{LLC}**

10 Colonial Road, Suite 14
Salem, MA 01970

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

Invoice

| Date | Invoice # |
|-----------|-----------|
| 8/26/2015 | 2645 |

Bill To

Cheryl Riley
236 Jefferson Ave
Salem, Ma 01970

| P.O. No. | Terms | Project |
|----------|----------------|---------|
| 08261502 | Due on receipt | |

| Quantity | Description | Rate | Amount |
|------------------------------|---|--------------|----------|
| 1 | Campaign Rack Cards - 4/4 - 100# Gloss Cover -----qty 500 | 136.25 | 136.25T |
| | Neighbor Discount | -20.00% | -27.25 |
| | MA Sales Tax | 6.25% | 6.81 |
| Thank you for your business. | | Total | \$115.81 |

PAID
8/26/15
Receivable

