

Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

of Massachusetts		701h JAN 20 E	D 2: 37
File with: City or Town Clerk or Election Commission Please print or type all inform	nation, except signatures.	FILE #	M. MASS
Fill in dates: Month Date Year Reporting Period Beginning October 17 2015	Ending Dec	ember 31 2	Year () ! I
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election	☐30 day after election	year-end report	□dissolution
Full Name of Candidate (if applicable) School Committee Office Sought and District HT Buffun Street Residential Address Salem Ma. 01970 Tel. No. (optional)	Committee Ma	Pelletur ittee Treasurer Lm Street	etional)
Line 1: Ending balance from previous Line 2: Total receipts this period (page Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line Line 6: Total in-kind contributions this Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used	se 2, line 11) \$ d (page 3, line 14) \$ period (page 4) \$ (page 4) \$	5185.04 5187,58 -328 7.94 400100 3100,00	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the finance activity, including all contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this of Signed under the penalties Treasurer's signature (in ink)	s, in-kind contributions and liability ommittee in accordance with the roof perjury:	ties for this reporting period	and represents the
FOR CANDIDATE FILINGS ONL	$\underline{\mathbf{Y}}$: (CANDIDATE MUST SIG	SN 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 b finance activity, of all persons acting under the authority or on behalf of this committee contributions, incurred any liabilities nor made any expenditures on my behalf during the Candidate without Committee OR Candidate with independent activity filling at I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this committee. Signed under the penalties of persons acting under the authority or on behalf of this committee.	in accordance with the requirements reporting period. parate report st of my knowledge and belief, a n-kind contributions and liabilities mannitee in accordance with the rejury:	ents of M.G.L. c. 55. I have true and complete statement is for this reporting period as	not received any

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 Name and Residential Address Received (alphabetical listing required)		Am	ount	Occupation & Employer (for contributions of \$200 or more)	
io [18]	James M. Fleming (Ivan) 47 Buffun St. Salem Ma	2500	0 00		
10/19/1		200	0 00	Retired	
,	Danves, Ma				
A10 8-280					
Line 9:	Total receipts in excess of \$50 (or listed above)	2706	úO		
	Total receipts \$50 and under* (not listed above)	24626	00		
Line 11: TOTAL RECEIPTS IN THE PERIOD S			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	un
10/31/15	James M. Flemy Thrifteo Printing	49 Beffun St Swim Ma	Repayment of	2500	0
10/20/15	Thriften Printing	Salem Ma 26 Howley St Peadody Ma	Printing of brackue and mailing	2567	1
, ,					
74.					
E					
		Line 12: Ex	spenditures over \$50	<i>3</i>	
	er on page 1, line 4		openditures \$50 and under* OTAL EXPENDITURES	50 0	Ó

^{*}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
10/19/15	Roger Errie	30 Wholers Line Salem, Ma.	Food + Beverages for fundraiser	400
	,			
		Line 15:	In-kind over \$50	406 00
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	400,0

^{*} 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
9/21/15	James M. Fleny	47 Buffun ST	Loan	\$1300
10/2-2/27	Janes M. Plany	47 Buffum St. Salen Ma	Loan	\$ 300
10/23/57	James M Fleny	47 Buffum St Salan Ma	Loan	\$1500
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	\$ 3100,00

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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