

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

2018 DEC 13 AM 11: 10

T3:11	51737 NI PEU	File with: City or Town Clerk or Election Commiss
Fill in I	Reporting Period dates: Beginning Date: SALEM, MASS.	Ending Date: 18
Type of	f Report: (Check one)	
☐ 8th d	lay preceding preliminary 8th day preceding election	□ 30 day after election
Jef	F COHEN	CommiTTEE TO ELECT JEFfor BY M COH
	Candidate Full Name (if applicable)	Committee Name
AT L	Office Sought and District	FLORA TONOHAT
		Name of Committee Treasurer
N2 WI	ANCOCK ST, SMEM MA 01970	12 HANCOCK ST SALEM MA 01970
	Residential Address TM COWENGIA COMENT, NET	E-mail: TM COHEN & I @ COM CAST, NET
Phone # (op	ntional): 978-594-5835	Phone # (optional):
	SUMMARY BALANC	CE INFORMATION:
8	Line 1: Ending Balance from previous report	\$577.16
	T. 6 m. 1	
V	Line 2: Total receipts this period (page 3, line 11)	0
	Line 3: Subtotal (line 1 plus line 2)	1 577, 16
	Eme 3. Subtotal (line 1 plus line 2)	317.16
	Line 4: Total expenditures this period (page 5, line	ne 14)
1	(forgo 0) 2000	
1	Line 5: Ending Balance (line 3 minus line 4)	\$ 577.16
	V	
	Line 6: Total in-kind contributions this period (page	age 6)
1	Line 7: Total (all) autotandina liabilities (h 7)	
	Line 7: Total (all) outstanding liabilities (page 7)	0
	Line 8: Name of bank(s) used: EASTERN (S	RANK
L		
	ommittee Treasurer:	
tify that I h	have examined this report including attached schedules and it is, to the best of	of my knowledge and belief, a true and complete statement of all campaign finance contributions and liabilities for this reporting period and represents the campaign
nce activity	of all persons acting under the authority or on behalf of this committee in ac	accordance with the requirements of M.G.L. c. 55.
ed under ti	he penalties of perjury:	(Treasurer's signature) Date:
R CAND	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	
		· only)
	with Committee and no activity independent of the committee	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 accor	ordance with the requirements of M.G.L. c. 55. I have not received any contributions,
-	y liabilities nor made any expenditures on my behalf during this reporting per	
certify the	without Committee <u>OR</u> Candidate with independent activity filing separ	parate report best of my knowledge and belief, a true and complete statement of all campaign
inance activ	vity, including contributions, loans, receipts, expenditures, disbursements, in-	in-kind contributions and liabilities for this reporting period and represents the
ampaign fi	nance activity of all persons acting under the authority or on behalf of this co	1 1
d under th	e negalties of periury:	(Candidate's cionature) Date: 12/13/18

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			-
			
Line 9: Total Receipts over			
Line 10: Total Receipts \$50 Line 11: TOTAL RECEIP	and under* (not listed above)	==	
	of \$50 and under include them in line 9. I	f	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.

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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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	Address	Purpose of Expenditure	Amoun
Date Faid	(alphabetical listing)	Audress	r at pose of expenditure	Amoun
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111		111	111	
		Line 12: Total Expenditures over \$5	50 (or listed above)	
	1	Line 13: Total Expenditures \$50 and	l under* (not listed above)	
	-			

^{*} 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 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

			112	
Line 12: Expenditures over \$50 (or listed above)			or listed above)	
	I	ine 13: Expenditures \$50 and und	ler* (not listed above)	
		ine 14: TOTAL EXPENDITUR	ES IN THE PERIOD	

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	No. 1 to 6 A system			
		Line 15: In-Kind Contributions ov	ver \$50 (or listed above)	
		Line 16: In-Kind Contributions \$5	0 & under (not listed above)	
Enter on page 1, line 6 g Line 17: TOTAL IN-KIND CONTRIBUTIONS				

^{*} 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.

Page 6

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
	- M '.			
	>			
			115	
	Enter on page 1, line 7 g L	ine 18: TOTAL OUTSTANDIN	NG LIABILITIES (ALL)	

	-
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BCK-305 - Post Office Box 391, Lynn, MA 01903-0491

Customer Statement

Pg 1 of 2

Statement Period: Account Number:

Oct 01, 2018 thru Oct 31, 2018

00601389343

068355

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COMMITTEE TO ELECT JEFFREY M COHEN FLORA M TONTHAT, TREASURER 12 HANCOCK ST **SALEM MA 01970**

Туре	Account #	Ending Balance
FREE BUSINESS CKG	00601389343	\$577.16
TOTAL BALANCE		\$577.16
Total Balance		\$577.16

FREE BUSINESS CHECKING - 00601389343

Transaction Description

STARTING BALANCE

Withdrawal

Deposit

Balance

\$577.16

Starting Balance: \$577.16 Ending Balance: \$577.16

Average Collected Balance: \$577.00

Number of Days in Period: 31 Total Deposits/Credits: \$0.00 Total Withdrawals/Debits: \$0.00

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Now you can make managing your money easier than ever with the new Eastern Mobile and Online Banking experience. You'll find special features like Touch ID®, debit card controls, external transfers, e-statements and enhanced alerts. Go to easternbank.com/GoodEvolves for more information or call 1-800 EASTERN (327-8376).

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Statement Period: Account Number:

Oct 01, 2018 thru Oct 31, 2018 00601389343

STATEMENT DISCLOSURE FOR ELECTRONIC TRANSFERS In case of errors or questions about your electronic transfers, telephone us at 1-800-EASTERN (327-8376) or write us at: Eastern Bank, One Eastern Place, Lynn, MA 01901-1508, Attn: ETS, EP3-11, promptly if you think your statement or receipt is wrong, or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we send you the FIRST statement on which the error or problem appeared.

When you notify us, please include the following information:

- · Your name and account number;
- . The date and dollar amount of the suspected error;
- A description of the error or transfer you are unsure about, and a clear explanation of why you believe there is an error or why you need more information.

We will investigate your complaint and will correct any error promptly. If we require more than 10 business days to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

MANAGING OVERDRAFT FEES

The easiest way to avoid overdrawing your account is to record all transactions in your checkbook register and to reconcile your register to your monthly bank statement.

Additional Resources:

http://www.fdic.gov/consumers/overdraft/overdraft-hi-rez.pdf www.easternbank.com/UnderstandingOverdrafts

ACCOUNT RECONCILIATION

- 1. Check off transactions in your checkbook.
- Subtract from your checkbook balance any service charge or bank charge appearing on your statement.
- List all checks/debits and electronic transactions that are still outstanding, including those written in a prior statement period.
- Complete reconciliation form provided to the right (list deposits/credits that are not shown on statement). The final balance figure should agree with your checkbook balance.

HINTS FOR FINDING DIFFERENCES

Did you enter all checks, deposits and electronic transactions
correctly in your checkbook?
Are all additions and subtractions correct in your checkbook and on
the reconciliation form?
Have you subtracted all bank charges and added all transactions
such as automated and electronic transfers in your checkbook?
Are the amounts of all debits and credits entered in your checkbook
the same as shown on the statement?

Questions?

Call us at 1-800-EASTERN (327-8376) or write us at Eastern Bank, One Eastern Place, Lynn, MA 01901-1508

OUTSTANDING CHECKS/DEBITS/ ELECTRONIC TRANSACTIONS	AMOUNT	
	\$	
TOTAL		

A. STATEMENT ACCOUNT BALANCE	
B. ADD DEPOSIT/CREDITS NOT SHOWN ON STATEMENT	
	 _
C. TOTAL (A & B)	
D. SUBTRACT TOTAL OUTSTANDING CHECKS/ DEBITS/ELECTRONIC TRANSACTIONS	
THIS BALANCE SHOULD AGREE WITH YOUR CHECKBOOK BALANCE	

SAVINGS ACCOUNTS NOT TRANSFERABLE EXCEPT ON THE RECORDS OF THE BANK



BCK-305 - Post Office Box 391, Lynn, MA 01903-0491

Statement Period: Account Number:

Customer Statement

Nov 01, 2018 thru Nov 30, 2018

00601389343

Summary - All Accounts

 Type
 Account #
 Ending Balance

 FREE BUSINESS CKG
 00601389343
 \$577.16

 TOTAL BALANCE
 \$577.16

Total Balance \$577.16

067870

COMMITTEE TO ELECT JEFFREY M COHEN FLORA M TONTHAT, TREASURER 12 HANCOCK ST SALEM MA 01970

FREE BUSINESS CHECKING - 00601389343

Date Transaction Description
STARTING BALANCE

Withdrawa

eposit

Balance

\$577.16

Starting Balance: \$577.16 Ending Balance: \$577.16

Average Collected Balance: \$577.00

Number of Days in Period: 30 Total Deposits/Credits: \$0.00 Total Withdrawals/Debits: \$0.00

Eastern Bank Mobile and Online Banking



Now you can make managing your money easier than ever with the new Eastern Mobile and Online Banking experience. You'll find special features like Touch ID®, debit card controls, external transfers, e-statements and enhanced alerts. Go to easternbank.com/goodchanges for more information or call 1-800 EASTERN (327-8376).

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Statement Period: Account Number: Nov 01, 2018 thru Nov 30, 2018 00601389343

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- · Your name and account number;
- . The date and dollar amount of the suspected error;
- A description of the error or transfer you are unsure about, and a clear explanation of why you believe there is an error or why you need more information.

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ACCOUNT RECONCILIATION

- 1. Check off transactions in your checkbook.
- Subtract from your checkbook balance any service charge or bank charge appearing on your statement.
- List all checks/debits and electronic transactions that are still outstanding, including those written in a prior statement period.
- Complete reconciliation form provided to the right (list deposits/credits that are not shown on statement). The final balance figure should agree with your checkbook balance.

HINTS FOR FINDING DIFFERENCES

Did you enter all checks, deposits and electronic transactions
correctly in your checkbook?
Are all additions and subtractions correct in your checkbook and on
the reconciliation form?
Have you subtracted all bank charges and added all transactions
such as automated and electronic transfers in your checkbook?
Are the amounts of all debits and credits entered in your checkbook
the same as shown on the statement?

Questions?

Call us at 1-800-EASTERN (327-8376) or write us at Eastern Bank, One Eastern Place, Lynn, MA 01901-1508

OUTSTANDING CHECKS/DEBITS/ ELECTRONIC TRANSACTIONS	AMOUNT			
	\$			
TOTAL				

A. STATEMENT ACCOUNT BALANCE	
B. ADD DEPOSIT/CREDITS NOT SHOWN ON STATEMENT	
C. TOTAL (A & B)	
D. SUBTRACT TOTAL OUTSTANDING CHECKS/ DEBITS/ELECTRONIC TRANSACTIONS	
THIS BALANCE SHOULD AGREE WITH YOUR CHECKBOOK BALANCE	

SAVINGS ACCOUNTS NOT TRANSFERABLE EXCEPT ON THE RECORDS OF THE BANK



To: Office of Campaign and Political Finance

12/1/18

From: Jeff Cohen Date: 12/11/18 Re: donation

My mother (Ann Cohen) had submitted a check for \$500 as contribution to my campaign.

However, she had a massive stroke and I never deposited the money.

Therefore, the balance was final at \$577.16 and is reflected as such on my most recent submittal.

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