



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

2017 JAN 18 PM 1:05
CITY CLERK
SALEM, MASS.

File with:
City or Town Clerk or Election Commission

1/15/2017

Reporting Period - Beginning: 1/1/2016 Ending: 12/31/2016

Type of report: Year-end

Jerry Ryan

Full Name of Candidate

City Council

Office Sought/ District

11 Locust Street
Salem, MA 01970

Residential Address

Committee to Elect Jerry L. Ryan

Committee Name

Patricia Chesley

Name of Committee Treasurer

4 Nichols Street
Salem, MA 01970

Committee Address

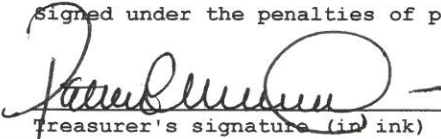
SUMMARY BALANCE INFORMATION

Ending Balance from previous report:	\$252.05
Total receipts this period:	\$3,784.87
Subtotal:	\$4,036.92
Total expenditures this period:	\$3,881.32
Ending Balance:	\$155.60
Total inkind contributions this period:	\$0.00
Total outstanding liabilities:	\$4,800.00
Name of bank(s) used:	Eastern 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, inkind 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:


Treasurer's signature (in ink)

1/15/17
Date

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, and 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 and 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, inkind 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:



1/15/2017

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.

Date	Name and Residential Address	Amount	Occupation and Employer
2/11/2016	Breen, William 16 Oak Street Salem, MA 01970	\$100.00	
2/11/2016	Butler, Patricia 8 South Street Salem, MA 01970	\$100.00	Retired Retired
2/11/2016	Butler, Thomas 8 South Street Salem, MA 01970	\$100.00	Retired MA State Police
2/16/2016	Pinto, Steven 55 Columbus Avenue Salem, MA 01970	\$100.00	
2/11/2016	Prevey, Paul 26 Tremont St Salem, MA 01970	\$100.00	
1/27/2016	Ryan (Loan), Jerry 4 Nichols Street Salem, MA 01970	\$147.00	Insurance Agent Eastern Insurance
1/27/2016	Ryan (Loan), Jerry 4 Nichols Street Salem, MA 01970	\$20.17	Insurance Agent Eastern Insurance
1/26/2016	Ryan (Loan), Jerry 4 Nichols Street Salem, MA 01970	\$562.70	Insurance Agent Eastern Insurance
1/21/2016	Ryan (Loan), Jerry 4 Nichols Street Salem, MA 01970	\$300.00	Insurance Agent Eastern Insurance
2/11/2016	Ryan, Ann 1 Woodside Street Salem, MA 01970	\$100.00	Retired Retired

Date	Name and Residential Address	Amount	Occupation and Employer
2/11/2016	Ryan, Martha 1 Woodside Street Salem, MA 01970	\$100.00	Nurse
Total Itemized Receipts		\$1,729.87	
Total Unitemized Receipts		\$2,055.00	
Total Receipts		\$3,784.87	

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 over \$50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
1/26/2016	Connolly Printing 17b Gill St Woburn, MA 01801	\$562.70	2/12/16 Fundraiser Mailing
1/21/2016	Finz 76 Wharf St Salem, MA 01970	\$300.00	Deposit - Fundraiser Food/function
2/12/2016	Finz 76 Wharf St Salem, MA 01970	\$434.10	Fundraiser Food/function
3/11/2016	Lovely Committee 14 Story Street Salem, MA 01970	\$100.00	14258 Contribution
3/24/2016	Ryan, Jerry 4 Nichols Street Salem, MA 01970	\$147.00	Liability repayment/stamps
3/24/2016	Ryan, Jerry 4 Nichols Street Salem, MA 01970	\$20.17	Liability repayment/labels
4/12/2016	Ryan, Jerry 4 Nichols Street Salem, MA 01970	\$1,072.48	Partial Liability repayment
3/24/2016	Ryan, Jerry 4 Nichols Street Salem, MA 01970	\$562.70	Liability repayment/Connolly Fun
3/24/2016	Ryan, Jerry 4 Nichols Street Salem, MA 01970	\$300.00	Liability repayment-Finz DP
1/27/2016	USPS 17 Conant St Danvers, MA 01923	\$147.00	Stamps For 2/12/16 Fundraiser
Total Itemized Expenditures		\$3,646.15	
Total Unitemized Expenditures		\$235.17	
Total Expenditures		\$3,881.32	

Schedule C: "Inkind" Contributions

Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.

Date	Name and Residential Address	Value	Description Occupation/Employer
	Total Itemized Inkind Contributions	\$0.00	
	Total Unitemized Inkind Contributions	\$0.00	
	Total Inkind Contributions	\$0.00	

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 the liabilities incurred during this reporting period.

Date	To Whom Due	Amount	Purpose
10/26/2015	Ryan (Loan), Jerry 4 Nichols Street Salem, MA 01970	\$4,800.00	Loan/connolly Printing/2 Mailings
Total Outstanding Liabilities		\$4,800.00	