

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2018 JAN 24 PM 2: 13

Fill in Reporting School Hates ASS. Beginning Date: JANUARU Type of Report: (Check one)	File with: City or Town Clerk or Election Commission 1 2018 Ending Date: JANUARY 23 2018
Type of Report: (Charle one)	
Type of Report. (Check one)	
8th day preceding preliminary 8th day preceding election 30 da	y after election year-end report dissolution
KATHERINE CACICIA	•
Candidate Full Name (if applicable)	MITTEE TO ELECT KATIE CASIBLIA
	Committee Name
Office Sought and District	JEFFREY CASIGLIA Name of Committee Treasurer
44 CHESTNUT ST. SALEM, MA 01970 Residential Address	CHESTNUT ST., SALEM, MA 01970 Committee Mailing Address
	Committee Mailing Address
1	Kcasiglia@yahoo.com
Prione #	(optional): 857-231-6902
SUMMARY BALANCE INFO	RMATION:
Line 1: Ending Balance from previous report	-\$1479.13
Line 2: Total receipts this period (page 3, line 11)	\$ ~
Line 3: Subtotal (line 1 plus line 2)	·#1479.13
Line 4: Total expenditures this period (page 5, line 14)	Ø
Line 5: Ending Balance (line 3 minus line 4)	-41479.13
Line 6: Total in-kind contributions this period (page 6)	\$1479.13
Line 7: Total (all) outstanding liabilities (page 7)	Ø
Line 8: Name of bank(s) used: NONE USED	
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of my knowled this report including attached schedules are in it is, to the best of my knowled the certify including all contributions, loans, receiped, expenditure in absurate ants, in-kind contributions at imance activity of all persons acting under the authority. 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 knowled 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 activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in accordance 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 activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions in the authority or on behalf of this committee in accordance with independent activity of all persons acting under the authority or on behalf of this committee in accordance with independent activity filing separate report.	owledge and belief, a true and complete statement of all campaign finance the requirements of M.G.L. c. 55. I have not received any contributions, owledge and belief, a true and complete statement of all campaign buttoms and liabilities for this requestion particles.

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
	NONE	Ð	
9: Total Receipts	s over \$50 (or listed above)		
10: Total Receipt	s \$50 and under* (not listed above)		
	CEIPTS IN THE PERIOD Ceints of \$50 and under include them in line 0	Ø	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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
NONE		P	
	er \$50 (or listed above)		
	50 and under* (not listed above)		
	IPTS IN THE PERIOD	Ø -	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 (alphabetical listing)	Address	Purpose of Expenditure	Amoun
	NONE			ø
		Line 12: Total Expenditures ov	L	
	.	Line 13: Total Expenditures \$50 Line 14: TOTAL EXPENDIT		

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
_	NONE			Ø	
				and the state of t	
	Line 12: Expenditures over \$50 (or listed above) Line 13: Expenditures \$50 and under* (not listed above)				
f vou have itensive	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include under them.				

^{*} 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
1/23/18	Katie Casiglia	44 Chestnut St. Salem MA	LIABILITY FOREIVENESS	\$1479.13
		Line 15: In-Kind Contributions		1479.13
	T	Line 16: In-Kind Contributions		Ø
If an in kind annum		Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS 4	1479.13

^{*} 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
1/18/13	KATIE CASIGLIA	H4 CHESTNUT ST SALEM MA	LOAN	화100
8/1/13	i	(-	[4	4138
8/27/13	(1	1,	11	\$363.38
8 30 13	Į (Li	Į i	\$176.25
9/4/13	10	£'	1,	\$28. 7 5
9/5/13	ĮΙ	O		\$385.87
9/13/13	()	ē C.	((\$286.88
1/23/18	11	į (LOAN FORGIVENESS	-\$1479.13
			¥1	

Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)