

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2017 08 T 30 PM 12: 53

-	File with CEND Your Clerk or Election Commissi
Fill in Reporting Period dates: Beginning Date: A	ugust 26, 2017 Ending Parm, MASS, 20, 2017
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	a 30 day after election year-end report dissolution
Lisa Jean Baptiste Peterson	Lisa Peterson For Salem
Candidate Full Name (if applicable) City Councillor - Ward 3, Salem MA	Committee Name Scott Peterson
Office Sought and District	Name of Committee Treasurer
68 Broad Street, Salem MA 01970 Residential Address	68 Broad Street, Salem MA 01970
E-mail: lisa@lisaforsalem.com	Committee Mailing Address E-mail: scott.lee.peterson@gmail.com
Phone # (optional): (978) 219-9840	Phone # (optional):
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line	11) 16,574
Line 3: Subtotal (line 1 plus line 2)	16,574
Line 4: Total expenditures this period (page 5,	line 14) 9,447.95
Line 5: Ending Balance (line 3 minus line 4)	7,126.05
Line 6: Total in-kind contributions this period ((page 6)
Line 7: Total (all) outstanding liabilities (page	7)
Line 8: Name of bank(s) used: Salem Five	
ffidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the betivity, including all contributions, loans, receipts, expenditures, disbursements, in-kin nance activity of all persons acting under the authority or on behalf of this committee igned under the penalties of perjury:	poest of my knowledge and belief, a true and complete statement of all campaign finance not contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: October 29, 2017
FOR CANDIDATE FILINGS ONLY: 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 activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ting period.
Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority or on behalf of	the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the
grand under the panelties of paringry	Date: October 29, 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.

(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)	
Sep 13, 2017	ALCOTT, Robin 8 Deborah Ann Drive, Rehoboth, MA, 02769	200	Not Employed	
May 30, 2017	ARNO, Deb 66 Broad Street, Salem, MA, 01970	150		
Mar 20, 2017	BAPTISTE, Chris 71 Middlesex, Reading, MA, 01867	100		
Jul 25, 2017	BAPTISTE, Chris 71 Middlesex Ave, Reading, MA, 01867	250	Homemaker	
Oct 20, 2017	BARCELO, Craig 8 Pope Street, Salem, MA, 01970	100	·	
Mar 19, 2017	BRADT, Liz 22 Larchmont Road, Salem, MA, 01970	100		
Jul 26, 2017	BRITTAIN, Deborah 4931 Bonita Bay Blvd, Bonita Springs, FL, 34134	1,000	Not Employed	
Aug 12, 2017	COLL, Denise 32 marine road, south boston, MA, 02127	250	Not Employed	
Sep 16, 2017	DEJESUS, Michael 3 Birch Woods Drive, Beverly, MA, 01915	250	Data Analytics, Forrester Research Inc	
Mar 8, 2017	DOHERTY, Rosaleen 5 Trager Rd, Marblehead, MA, 01945	500	Business Owner, Self Employed	
September 6, 2017	DRINAN, Helen 568 E 5th Street Boston, MA 02127	500	President, Simmons College	
Sep 11, 2017 .	DUANE, James 31 Winthrop Street Unit 1, Charlestown, MA, 02129	500	Attorney, Peabody & Arnold LLP	
ine 9: Total Recei	pts over \$50 (or listed above)	3,900		
ine 10: Total Rece	ipts \$50 and under* (not listed above)		e	
ine 11: TOTAL F	RECEIPTS IN THE PERIOD		← 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)	
Oct 20, 2017	ECKERT, Jennifer 51 Commonwealth Avenue, Boston, MA, 02116	500	Social Worker, Boston Post Adoption Resources	
Sep 21, 2017	EVANS, April 21 Rockwood Street, Boston, MA, 02130	100	= .	
May 30, 2017	EVERETT, Deborah 65 Cavendish Circle, Salem, MA, 01970	60	A	
Sep 19, 2017	EVERETT, Deborah 65 Cavendish Circle, Salem, MA, 01970	200	Registered Nurse, Boston Children's Hospital	
August 14, 2017	GELIN BERG, Helaine 9 Nightingale Lane Salem, MA 01970	100		
Apr 22, 2017	KLEIDERMAN, Matthew 21 1/2 Broad St, Salem, MA, 01970	250	Director of Architecture, Copyright Clearance Cente	
ug 14, 2017	KLEIDERMAN, Matthew 21 1/2 Broad St, Salem, MA, 01970	500	Director of Architecture, Copyright Clearance Center	
1ar 22, 2017	KRUCKEMEYER, Katherine 63 Fairfield Ave, Holyoke, MA, 01040	200	Folklorist, self-employed	
oct 20, 2017	LAKE, Leslie 407 East 91st Street, Apt 2B New York, NY 10128	1,000	Managing Director / Partner / Co-Founder INVUS Financial Advisors	
ugust 11, 2017	LORD, Marianne 4 Carroll Circle Weston, MA 02493	250	Vice President of Advancement, Simmons College	
ay 2, 2017	MACDONALD, Russ 15 Fortune Way, Salem, MA, 01970	100	Retired / Not Employed	
ul 24, 2017	MACDONALD, Russ 15 Fortune Way, Salem, MA, 01970	150	Retired / Not Employed	
ctober 11, 2017	MACDONALD, Russ 15 Fortune Way, Salem, MA, 01970	250	Retired / Not Employed	
ine 9: Total Recei	pts over \$50 (or listed above)	.3,660		
ine 10: Total Rece	ipts \$50 and under* (not listed above)			
ine 11: TOTAL R	RECEIPTS IN THE PERIOD	•]	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

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.

——————————————————————————————————————	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
September 4, 2017	MESCHINO, Joan 1 Bradford Ave, Hull MA 02045	\$250.00	State Legislator, Commonwealth of Massachusetts	
Mar 8, 2017	MORSILLO, Patricia 53 Broad St., Salem, MA, 01970	\$100.00	*	
October 6, 2017	PABICH, Diane 35 Winter Island Road Salem, MA 01970	\$300.00	Owner, Salem Inn	
ul 24, 2017	PETERSON, Eric 35 Stanley Brooke Rd, Salem, NH, 03079	\$250.00	Technical Account Manager, Microsoft	
Mày 30, 2017	PETERSON, Marcia 628 South Sixteenth, Bismark, ND, 58504	\$500.00	Case Aide, State of North Dakota	
August 2, 2017	PISA, Regina 399 Hammond Street Chestnut Hill, MA 02467	\$250.00	Chairman Emeritus, Goodwin Procter LLP	
day 30, 2017	POWERS, Craig 23 Francis Rd, Salem, MA, 01970	\$100.00		
Apr 29, 2017	REGAN, Denise 65 Broad Street, Salem, MA, 01970	\$100.00		
uly 24, 2017	SLOANE, Toby 2727 South Ocean Boulevard, Apt. 1402 Highland Beach, FL 33487-1843	\$200.00	Retired / Not Employed	
Mar 13, 2017	SOHRABJI, Niloufer 31 Queensberry Street # 17, Boston, MA, 02215	\$100.00	Professor, Simmons College	
ul 25, 2017	SOHRABJI, Niloufer 31 Queensberry Street # 17, Boston, MA, 02215	\$200.00	Professor, Simmons College	
lay 30, 2017	STEWART, Lorelee 7 barnes rd, Salem, MA, 01970	\$60.00	Advocate, Metro Housing Boston	
ine 9: Total Recei	pts over \$50 (or listed above)	\$2,410.00	. U	
ine 10: Total Rece	ipts \$50 and under* (not listed above)			
ine 11: TOTAL R	RECEIPTS IN THE PERIOD		← 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)
Date Received		Amount	(for contributions of \$200 of more)
Mar 31, 2017	TOULOPOULOS, Pamela 26 Country Club Drive, Arlington, MA, 02474	\$100.00	U 143
Aug 8, 2017	WATSON, Roslyn 25 Braddock Park, Boston, MA, 02116	\$1,000.00	Self Employed
Mar 6, 2017	WHITE, Amy P.O. Box 97, York Harbor, ME, 03911	\$100.00	External Relations, Simmons College
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Line 9: Total Receip	ots over \$50 (or listed above)	\$1,200.00	•
Line 10: Total Recei	pts \$50 and under* (not listed above)	\$5,404.00	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	\$16,574.00	← 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.

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.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
March 12, 2017	ActBlue	P.O. Box 441146 Somerville, MA 02144-0031	Fundraising Software Fee	83.1
July 30, 2017	ActBlue	P.O. Box 441146 Somerville, MA 02144-0031	Fundraising Software Fee	11
August 13, 201	ActBlue	P.O. Box 441146 Somerville, MA 02144-0031	Fundraising Software Fee	59.4
May 30, 2017	Adam Antczak	48 Wellman Street Beverly, MA 01915	Campaign Kickoff Event - Music	. 10
May 26, 2017	Amazon.com	410 Terry Ave. North, Seattle, WA, 98109	Campaign Event Supplies	316.9
August 7, 2017	Castle Creek Adventure Land	100 Swampscott Rd, Salem, MA 01970	Neighborhood Campaign Event - Food	100
July 31, 2017	Epstein, Gary	763 Waverly Street Framingham, MA 01702	Printing of Yard Signs	450
May 30, 2017	Far From the Tree Hard Cider	108 Jackson St, Salem, MA 01970	Campaign Kickoff Event - Venue Fee	500
May 30, 2017	Hunt, Holly	4 1st Street Apt 9107 Salem, MA 01970	Campaign Kickoff Event - Reimbursement for Supplies	79.56
May 30, 2017	Letourneau, Kevin .	67 Alden Street Lynn, MA 01902	Campaign Kickoff Event - Photographer	250
Aug. 21, 2017	Mandees Pizza	408 Essex St, Salem, MA 01970	Neighborhood Campaign Event - Food	183.78
Sept. 21, 2017	Market Basket	227 Highland Ave, Salem, MA 01970	Neighborhood Campaign Event - Food	54.04
1		Line 12: Total Expenditures ov	er \$50 (or listed above)	2,289.89
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on none 1 line 4 ->	Line 14: TOTAL EXPENDIT	LIDES IN THE DEDIOD	

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	· Address	Purpose of Expenditure	Amount
April 4, 2017	Massachussetts Democratic Party .	11 Beacon Street Boston, MA 02138	Votebuider Registration Fee	500
June 23, 2017	Michaels Stores	35 Independence Way, Danvers, MA 01923	Campaign Event Supplies	97.4
July 26, 2017	O'Hare, Kalen	9 Griffin Terrace, Apt 1, Lynn MA 01902	Campaign Management	500
August 9, 2017	O'Hare, Kalen	9 Griffin Terrace, Apt 1, Lynn MA 01902	Campaign Management	500
Aug. 23, 2017	O'Hare, Kalen	9 Griffin Terrace, Apt 1, Lynn MA 01902	Campaign Management	500
Sept. 6, 2017	O'Hare, Kalen	9 Griffin Terrace, Apt 1, Lynn MA 01902	Campaign Management	500
Sept. 20, 2017	O'Hare, Kalen	9 Griffin Terrace, Apt 1, Lynn MA 01902	Campaign Management	500
Oct. 19, 2017	O'Hare, Kalen	9 Griffin Terrace, Apt 1, Lynn MA 01902	Campaign Management	. 500
Oct. 6, 2017	O'Hare, Kalen	9 Griffin Terrace, Apt 1, Lynn MA 01902	Campaign Management	500
Oct. 16, 2017	Salem, House of Pizza	23 Endicott St, Salem, MA 01970	Neighborhood Campaign Event - Food	110
Aug. 7, 2017	Staples	17 Paradise Rd, Salem, MA 01970	Campaign Headquarters - Office Supplies	94.75
Aug. 15, 2017	Staples	17 Paradise Rd, Salem, MA 01970	Campaign Headquarters - Office Supplies	111.49
aug. 21, 2017		17 Páradise Rd, Salem, MA 01970	Campaign Headquarters - Office Supplies	70.36
8		Line 12: Expenditures over \$50	(or listed above)	4,484.06
ia .		Line 13: Expenditures \$50 and u	inder* (not listed above)	
· 21	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES 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.

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Lisa Peterson for Salem

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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,

	To Whom Paid		Purpose of Expenditure	
Date Paid	(alphabetical listing)	Address	(include CPF ID# if a contribution to another committee)	Amount
Oct. 17, 2017	Staples	17 Paradise Rd, Salem, MA 01970	Campaign Headquarters - Office Supplies	\$56.0
June 23, 2017	Target	227 Highland Ave, Salem, MA 01970	Campaign Headquarters - Office Supplies	\$91.0
May 6, 2017	The Scarlet Letter	10 Colonial Rd #14, Salem, MA 01970	Printing costs for Campaign Literature	\$361.0
May 15, 2017	The Scarlet Letter	10 Colonial Rd #14, Salem, MA 01970	Printing costs for Campaign Literature	\$55.0
July 3, 2017	The Scarlet Letter	10 Colonial Rd #14, Salem, MA 01970	Printing costs for Campaign Literature	\$309.0
Aug. 18, 2017	The Scarlet Letter	10 Colonial Rd #14, Salem, MA 01970	Printing costs for Campaign Literature	\$253.0
Oct. 5, 2017	The Scarlet Letter	10 Colonial Rd #14, Salem, MA 01970	Printing costs for Campaign Literature	\$575.0
May 27, 2017	US Postal Service	2 Margin St, Salem, MA 01970	Postage	\$196.00 ·
Aug. 18, 2017	US Postal Service	2 Margin St, Salem, MA 01970	Postage	\$98.00
Oct. 4, 2017	US Postal Service	2 Margin St, Salem, MA 01970	Postage	\$68.00
Oct. 4, 2017	Walmart	450 Highland Ave, Salem, MA 01970	Campaign Headquarters - Office Supplies	\$62.00
		-27		
	e = 3'	Line 12: Total Expenditures ov	ver \$50 (or listed above)	\$2,124.00
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	\$550.00
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	\$9,448.00

^{*} 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
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2.	17			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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.

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