

Form CPF M T101: CHANGE OF TREASURER; ACCEPTANCE OF OFFICE BY TREASURER MUNICIPAL FORM

Office of Campaign and Political Finances PM 4: 21

File wi	th: City / Town Clerk or	Election Commission				CITY	CLERK 1. MASS.
1.	Committee Name:	No on Question 1				SALEM	1. MASS.
2.	New Treasurer*:	Deborah Prentice					
		* A public employee may not	serve as treas	surer of any poli	tical committee	(see below).	
2a. Treasurer's Address: 16 Hardy St							
	City / State / Zip:	Salem	MA	01970	Phone #:	(978) 744-3608	E-mail: prenticed45@yahoo.com
3.	Committee Mailing	Address: 16 Hardy St					
	City / State / Zip:	Salem	MA	01970	Phone #:	(978) 744-3608	
this may beha	office I become an app not serve as treasurer lf.	ointed public employee, I r	must resign t ttee except a	his position ar	nd notify OCPI	of my resignation:	nt election; 2) if after my acceptance of a; and 3) a candidate or elected official political committee organized on his/her Date: 1/8/18
FOF	R CANDIDATE COM	IMITTEES ONLY					
		ointment of the new treasur ENALTIES OF PERJURY:	er of this co	mmittee.			
			Candidate's	signature			Date:
		J	DEFINITIO	N OF A PUE	LIC EMPLO	YEE	

M.G.L. Chapter 55, Section 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.

SELECTED EXTRACTS FROM M.G.L C. 55

Section 3 requires the director to:

"assess a civil penalty for any [late filed] report ... of twenty-five dollars (\$25) per day [up to \$5,000 per report]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate; and in all other instances, the civil penalty shall be assessed against the treasurer of a political committee

Section 5 outlines statements of organization of political committees:

... Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid, or while the name and address of any of its officers or members, as originally or subsequently chosen, is not filed in accordance with the provisions of this section or chapter 52, as the case may be.

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election

No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents



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2.	New Treasurer*:	Deborah Prentice						
		* A public employee may not s	erve as treas	surer of any pol	itical committee	(see below).		
2a.	Treasurer's Address:	16 Hardy St						
	City / State / Zip:	Salem	MA	01970	Phone #:	(978) 744-3608	E-mail: pre	nticed45@yahoo.com
3.	Committee Mailing	Address: 16 Hardy St						
	City / State / Zip:	Salem	MA	01970	Phone #:	(978) 744-3608		
may beha	office I become an app not serve as treasurer lf.	rds of all campaign finance a cointed public employee, I mu of a political action committee ENALTIES OF PERJURY:	ust resign t	his position are sauthorized b	nd notify OCPI	of my resignation:	and 3) a cand	lidate or elected official
	CANDIDATE COM							
I here	eby consent to the app NED UNDER THE PE	ointment of the new treasurer NALTIES OF PERJURY:	r of this co	mmittee.				
		C	Candidate's	signature				Date:
		DI	EFINITIO	N OF A PUB	LIC EMPLO	YEE		

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No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	2018 JAN 18 PM 4: 21		
Fill in Reporting Period dates: Beginning Date: Oct	t 1, 2017 Ending Date: Dec 31, 2017		
Type of Report: (Check one)	ORLEH, MASS.		
8th day preceding preliminary 8th day preceding election	☐ 30 day after election		
Condidate Full Name CC 19 11 1	No on Question 1		
Candidate Full Name (if applicable)	Committee Name		
Office Sought and District	Deborah Prentice Name of Committee Treasurer		
	16 Hardy St		
Residential Address	Committee Mailing Address		
E-mail:	E-mail: prenticed45@yahoo.com		
Phone # (optional):	Phone # (optional): (978) 744-3608		
SUMMARY BALAN	CE INFORMATION:		
Line 1: Ending Balance from previous report	0		
Line 2: Total receipts this period (page 3, line 11	1) 1,190		
Line 3: Subtotal (line 1 plus line 2)	1,190		
Line 4: Total expenditures this period (page 5, lin	ine 14) 1,190		
Line 5: Ending Balance (line 3 minus line 4)	O		
Line 6: Total in-kind contributions this period (pa	page 6) 596.43		
Line 7: Total (all) outstanding liabilities (page 7)	0		
Line 8: Name of bank(s) used: Salem Five Cents S	Savings Bank		
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo 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	contributions and habilities for this reporting period and represents the campaign a accordance with the requirements of M.G.L. c. 55. Date: Date:		
gned under the penalties of perjury:	(Candidate's signature)		

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)	
Oct 12, 2017	Kennedy, Robert P 8 Dibiase St Salem, MA 01970	100	Retired	
Oct 30, 2017	Kennedy, Robert P 8 Dibiase St Salem, MA 01970	100	Retired	
Oct 8, 2017	Prentice, Deborah 16 Hardy St Salem, MA 01970	100	Retired	
Nov 1, 2017	Quinn, Colleen North St Salem, MA 01970	100	Retired	
ne 9: Total Receip	ots over \$50 (or listed above)	400		
ne 10: Total Receip	ots \$50 and under* (not listed above)	790		
	ECEIPTS IN THE PERIOD	1,190	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 (alphabetics	al listing required)	Amount	(for contributions of \$200 or more)
1 111			
			1
	1		
ine 9: Total Receipts over \$50 (or liste	ed above)	400	
ine 10: Total Receipts \$50 and under*		790	
ine 11: TOTAL RECEIPTS IN THE		1,190	← 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

Date Paid	To Whom Paid (alphabetical listing)	nmittee name and a page number o		
	(w.p.awoereur insting)	Address	Purpose of Expenditure	Amount
Dec 28, 2017	Prentice, Deborah	16 Hardy St Salem, MA 01970	Postage reimbursement	101.8
Dec 28, 2017	Stacy, Todd	PO Box 1022 Salem, MA 01970	Web services	6
Nov 1, 2017	Stripe.com	185 Berry St Ste 550 San Francisco, CA 94107-9105	Web services - donation processing	38.1
Oct 30, 2017	USPS	2 Margin St. Salem, MA 0970	Postage	99
				-
	-	Line 12: Total Expenditures over	r \$50 (or listed above)	1,190,
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	1,190.

^{*} 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						
Date I alu	(alphabetical listing)	Address	Purpose of Expenditure	Amount			
	_						
		Line 12: Expenditures over \$50 ((or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)							
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD							
Troughors itemine		include them in line 12. Line 13 sho					

^{*} 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
Oct 30, 2017	Lovely, Mark	205 Highland Ave Salem, MA 01970	Card stock, printer ink Staples	117.1
Nov 8, 2017	Prentice, Deborah	16 Hardy St Salem, MA 01970	Automated Telephone Calls Dialing Services LLC	98.7
Oct 30, 2017	Prentice, Deborah	16 Hardy St Salem, MA 01970	Postage, office supplies USPS	44.2
Oct 15, 2017	Steadman, Maribel	5 Lowell St Salem, MA 01970	Signs SignsOnTheCheap.com	336.2
		Line 15: In-Kind Contributions	over \$50 (or listed above)	596.43
		Line 16: In-Kind Contributions 3	550 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	596.43

^{*} 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
] [
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0