

# Form CPF M 102: Campaign Finance Report

### Municipal Form

Office of Campaign and Political Finance

Commission wealth of Massachusetts
File with:  City or Town Clerk or Election Commission  Please print or type all information available: #
Please print or type all information, except signatures
Fill in dates:  Reporting Period Beginning 10-26-13  Separate Month Pate Month Pate Period Beginning 10-26-14
Type of report: (Check one)  □8th day preceding preliminary □8th day preceding election □30 day after election □year-end report □dissolution
Full Name of Candidate (if applicable) SCHOOL COMMITTEE MEMBER Office Sought and District 17 Valley St. Salem MA Residential Address 978 979 5770 Tel. No. (optional)  Committee to elect Patrick Schults Committee Name Michelle Stuler Name of Committee Treasurer 17 Valley St. Salem MA 01970 Committee Mailing Address 978 979 5770 Tel. No. (optional)
SUMMARY BALANCE INFORMATION:  Line 1: Ending balance from previous report  Line 2: Total receipts this period (page 2, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 3, line 14)  Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 4)  Line 7: Total (all) outstanding liabilities (page 4)  Line 8: Name of bank(s) used  Bevery Cooperative 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, in-kind 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 - 21 / 4  Date
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
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 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 reportion points.

☐ Candidate without Committee <u>OR</u> Candidate with Independent activity filling separate report 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 contributions, loans, receipts, expenditures, disbursements, in-kind 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: Candidate signature (in ink)

#### 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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

Date Received	ceived (alphabetical listing required)		Amount		Occupation & Employer (for contributions of \$200 or more)
10/29/13	John Robinson 18 Conant St. Savem Jonathan Arst 201 Washington St. SA		50	_	
12/9/13	Jonathan Arst 201 Washington St. SA	nem ó	250	_	Merchant Consulting
,					
					γ '
		-			
Line 9:	Total receipts in excess of \$50 (or listed above)	)			
	Total receipts \$50 and under* (not listed above)				
	TOTAL RECEIPTS IN THE PERIOD		300		Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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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, from committee records, and reported on line 13.

This page may be copied 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 Purpo (alphabetical listing)		Purpose of Expenditure	Ar	Amount	
					T	
					+	
					-	
					+	
					+	
					-	
	1					
		**V	,	<b>1</b>		
			Expenditures over \$50			
Ente	er on page 1, line 4		Expenditures \$50 and under*  FOTAL EXPENDITURES	9		

<sup>\*</sup>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 3

## 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	: Total In-kind	0

<sup>\*</sup> 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.

#### 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: OUTSTANDING LIAB	BILITIES (ALL)	10

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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