

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance 20 P 1:53

File with: 1/19/2016 City or Town Clerk or Election Commission Reporting Period - Beginning: 10/17/2015 Ending: 12/31/2015 Type of report: Year-end William Legault The Committee to Elect William Legault Full Name of Candidate Committee Name Councilor at Large - Salem MA Vince Swiniuch Office Sought/ District Name of Committee Treasurer 2 Orne Street 72 Washington Square Salem, MA 01970 Salem, MA 01970 Residential Address Committee Address SUMMARY BALANCE INFORMATION Ending Balance from previous report: \$918.00 Total receipts this period: \$189.00 Subtotal: \$1,107.00 Total expenditures this period: \$1,045.80 Ending Balance: \$61.20 Total inkind contributions this period: \$0.00 Total outstanding liabilities: \$0.00 Name of bank(s) used: Salem Five 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) 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:

### 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 Employe |
|--|--|---------------------------------|------------------------|
| 11/2/2015  | Susan, Keenan<br>82 Webb Street<br>Salem, MA 01970 | \$100.00                        |                        |
| Total Itemized Receipts Total Unitemized Receipts Total Receipts |  | \$100.00<br>\$89.00<br>\$189.00 |                        |

## 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                |
|------------|--|-------------------------------------|------------------------|
| 11/9/2015  | Creative Salem<br>265 Essex Street<br>Salem, MA 01970      | \$200.00                            | Office Rent            |
| 10/29/2015 | Kevin Hogan<br>13 Gardner Street<br>Beverly, MA 01915      | \$125.00                            | Sign Design            |
| 10/29/2015 | Old Main Street Pub<br>121 Essex Street<br>Salem, MA 01971 | \$130.00                            | Event Function         |
| 11/9/2015  | Rachel Durkin<br>170A Old Burley Street<br>Salem, MA 01970 | \$300.00                            | Consultant             |
| 12/31/2015 | William Legault<br>2 Orne Street<br>Salem , MA 01970       | \$250.80                            | Reimbursement (See R1) |
|            | zed Expenditures<br>mized Expenditures<br>ditures          | \$1,005.80<br>\$40.00<br>\$1,045.80 |                        |

### 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<br>Occupation/Employer |
|---|------------------------------|------------------|------------------------------------|
| Total Itemized Inkind Contributions Total Unitemized Inkind Contributions |                              | \$0.00<br>\$0.00 |                                    |
|   | nkind 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

Total Outstanding Liabilities

\$0.00

## Schedule R: Reimbursements

Date Reimbursee Amount

12/31/2015 William Legault \$250.80



# Form CPF R1: Itemization of Reimbursements Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission 1/19/2016

#### William Legault

Individual Being Reimbursed

### The Committee to Elect William Legault

Committee Name

\$250.80

Amount of Reimbursement

12/31/2015

Date of Reimbursement

Signed under the penalties of perjury:

Candidate's/Treasurer's signature (in ink)

Date

| Date       | Vendor Name and Address                       | Amount   | Purpose                            |
|------------|---|----------|------------------------------------|
| 10/20/2015 | Home Depot<br>Traders Way<br>Salem, MA 01970  | \$152.80 | Pine Strapping & Ties<br>For Signs |
| 10/20/2015 | US Postmaster 2 Margin Street Salem, MA 01970 | \$98.00  | Postage                            |