

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

MAY - 1 2017

File with City or Town Clerk or Election Commission May 1, 2017 OF SALISBURY **Ending Date:** Fill in Reporting Period dates: Beginning Date: Jan 1, 2017 Type of Report: (Check one) dissolution 30 day after election year-end report 8th day preceding preliminary X 8th day preceding election Committee to Elect Wilma McDonald Wilma M McDonald Committee Name Candidate Full Name (if applicable) John P McDonald Selectman, Municipal, Town of Salisbury Office Sought and District Name of Committee Treasurer 229 North End Blvd, Salisbury MA 01952 same as candidate Residential Address Committee Mailing Address same as candidate jpwemcd@aol.com E-mail: E-mail: Phone # (optional): Phone # (optional): SUMMARY BALANCE INFORMATION: 147.78 Line 1: Ending Balance from previous report 152.95 Line 2: Total receipts this period (page 3, line 11) 300.73 Line 3: Subtotal (line 1 plus line 2) 300.73 Line 4: Total expenditures this period (page 5, line 14) 0 **Line 5:** Ending Balance (line 3 minus line 4) 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: Newburyport 5 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. Date: May 1, 2017 (Treasurer's signature) Signed under the penalties of perjury: 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 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 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. Date: May 1, 2017 (Candidate's signature) 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.

(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)
Date Received	(aiphabetical fisting required)	Amount	(for contributions of \$200 or more)
/04/2017	Wilma McDonald, 229 North End Blvd, Salisbury MA 01952	152.95	
	Salisbuly MA 01932		
120			
Line 9: Total Receipts over \$50 (or listed above) 152.95			
ine 10: Total Rec	ceipts \$50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD 152.95			← Enter on page 1, line 2
Line II: TOTAL RECEIF IS IN THE LEXIOD			Lively de selle there receipts not itemized above

^{*} 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.)

report an expen	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	Amount			
Date Faid	(arphabetear isong)		Turpos or Emparement				
04/04/2017	Snapfish	Internet	Printed material, envelopes	153.73			
04/25/2017	USPS	19 Main St., Seabrook, NH	Postage	147			
]	Line 12: Total Expenditures of	over \$50 (or listed above)	300.73			
		Line 13: Total Expenditures \$.					
	Enter on page 1, line 4 →		TURES IN THE PERIOD	300.73			

^{*} 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 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
N/A	N/A	N/A	N/A	0
	Enter on page 1, line 7	→ Line 18: TOTAL OUTS	FANDING LIABILITIES (ALL) 0