

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

RECEIVED Municipal Form

Office of Campaign and Political Finance

APR 3 0 2018

File with: City or Town Clerk or Election Commission

Date: 4/30/18

(Candidate's signature)

Fill in Re	eporting Period dates: TOWN Beginning Date:	2/27/1	8	Ending Date:	4/30/18	
Type of l	Report: (Check one)				10	
8th day	y preceding preliminary 🔀 8th day preceding elect	tion [] 30 day	after election year	ar-end report	dissolution
Committe	e to Elect Chuck Takesian		Commit	tee to Elect Chuck Takes	ian	
Colootmar	Candidate Full Name (if applicable)		Marchal		tee Name	
Selectmar	Office Sought and District		Marsha	I Maguire Name of Com	mittee Treasurer	
9 16th Str	reet West, Salisbury, MA 01952		9 16th	Street West, Salisbury, M	A 01952	
	Residential Address			Committee M	lailing Address	
E-mail:	votechuck2015@aol.com		E-mail: _	votechuo	ck2015@aol.con	n
Phone # (opt	ional): 978-462-9560		Phone # (o	optional):	978-462-9560	
	SUMMARY BAL	ANCE	INFO	RMATION:		
	Line 1: Ending Balance from previous report	rt			0.00]
	Line 2: Total receipts this period (page 3, lin	ne 11)			1,740.33	3
	Line 3: Subtotal (line 1 plus line 2)				1,740.33	3
	Line 4: Total expenditures this period (page	5, line	14)		1,514.57	7
	Line 5: Ending Balance (line 3 minus line 4	.)			225.76	5
	Line 6: Total in-kind contributions this period	od (pag	e 6)		(]
	Line 7: Total (all) outstanding liabilities (pa	ige 7)			1,500.00]
	Line 8: Name of bank(s) used: Institution For	r Savings	S			
I certify that I activity, inclu	Committee Treasurer: have examined this report including attached schedules and it is, to ding all contributions, loans, receipts, expenditures, disbursements, ity of all persons acting under the authority or on behalf of this committy of the committee of the c	in-kind cor	ntributions a	and liabilities for this reporting	period and represent c. 55.	ts the campaign
Signed under	the penalties of perjury:	7		(Treasurer's signature)	Date: 4/3	30/18
Candida I certify activity, incurred Candida I certify t	DIDATE FILINGS ONLY: Affidavit of Candidate: (che the with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is of all persons acting under the authority or on behalf of this committe any liabilities nor made any expenditures on my behalf during this re the without Committee OR Candidate with independent activity that I have examined this report including attached schedules and it is ctivity, including contributions, loans, receipts, expenditures, disbur	e is, to the be tee in accor reporting pe filing sepa is, to the be	est of my kr rdance with eriod. rate repor est of my kr	the requirements of M.G.L. c. s t nowledge and belief, a true and	55. I have not receive	ved any contributions, of all campaign
	n finance activity of all persons acting under the authority or on beha					

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)
2/27/18	Charles Takesian 9 16th Street West (Loan) Salisbury, MA 01952	1,500.00	Retired
4/19/18	Freeman Condon 6 Forest Road Salisbury, MA 01952	100.00	
ine 9: Total Recei	pts over \$50 (or listed above)	1,600.00	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	140.33	
	RECEIPTS IN THE PERIOD	1,740.33	← 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.)

D-4. D-!J	To Whom Paid	4.3.3	Davis and affirm and through	A 4
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3/28/18	North of Boston Media	23 Liberty Street Newburyport, MA 01950	Ad	300.00
3/28/18	Signs By Doug	590 Newburyport Turnpike Rowley, MA 01969	Stickers for Sign	132.81
l/1/18	Bob's Signs	50 Elm Street Salisbury, MA 01952	Signs	625.00
ł/15/18	Staples	536 Lafayette Road Seabrook, NH	Cards	429.98
		Line 12: Total Expenditures	over \$50 (or listed above)	1,487.79
		Line 13: Total Expenditures	\$50 and under* (not listed above)	26.78
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	1,514.57

^{*} 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 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
3/18/18	Charles Takesian	9 16th Street West Salisbury, MA 01952	Finance	1,500.00
Tradestandario de decida PAT ESTANDARIO PER	Enter on page 1. line 7	→ Line 18: TOTAL OUTST	ANDING LIABILITIES (ALL)	1,500.00