Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED
JUN - 8 2015
TOWN OF SALISBURY

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: MAY 4 2015 Ending Date: JUNE 8 2015

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☑ 30 day after election ☐ year-end report ☑ dissolution

Candidate Full Name (if applicable)	COMMITTEE TO VOTE YES FOR A NEW SALISBURY POLICE STATION (Committee Name)
Office Sought and District	RONALD J. GUILMETTE (Name of Committee Treasurer)
Residential Address	PO BOX 5511 SALISBURY MA 01952 (Committee Mailing Address)
Telephone Number (optional):	Telephone Number (optional): 978 462 8361

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	250.00
Line 2: Total receipts this period (page 3, line 11)	765.15
Line 3: Subtotal (line 1 plus line 2)	1015.15
Line 4: Total expenditures this period (page 5, line 14)	$ 1015.15
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	$ 270.00
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	INSTITUTION FOR SAVINGS - NEWBURYPORT MA

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: Ronald J. Guilmette (Treasurer's signature) Date: June 8 2015

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.

Signed under the penalties of perjury: _____ (Candidate's signature) Date: _____

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)
MAY 12 2015	ALBERT PETERSON 467 NORTH END BLVD SALISBURY MA 01952	50.00	
MAY 31 2015	INSTITUTION FOR SAVINGS 93 STATE STREET NEWBURYPORT MA 01950	.15	
MAY 12 2015	NANCY PETERSON 467 NORTH END BLVD SALISBURY MA 01952	50.00	
MAY 4 2015	SALISBURY POLICE ASSOC 24 RAILROAD AVE SALISBURY MA 01952	500.00	TOWN OF SALISBURY POLICE DEPARTMENT
JUNE 4 2015	SALISBURY POLICE ASSOC 24 RAILROAD AVENUE SALISBURY MA 01952	140.00	TOWN OF SALISBURY POLICE DEPARTMENT
MAY 12 2015	LUIS VALDEZ 600 BULFINCH DR. APT 606 ANDOVER MA 01810	25.00	

Line 9: Total Receipts over $50 (or listed above)	640 —	
Line 10: Total Receipts $50 and under* (not listed above)	125.15	
Line 11: TOTAL RECEIPTS IN THE PERIOD	765.15	← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
6-8-2015	OPPORTUNITY WORKS INC.	10 OPPORTUNITY WAY NEWBURYPORT, MA 01950	POSTAGE AND MAILING.	445.54
5-20-2015	SUPER CHEAP SIGNS	9200 WATERFORD CENTRE SUITE #100 AUSTIN, TX 78758	LAWN SIGNS AND SHIPPING	558 20
6-8-2015	TOWN OF SALISBURY GENERAL FUND	BEACH ROAD SALISBURY, MA 01952	RESIDUAL FUNDS DISSOLUTION	11.41

Line 12: Total Expenditures over $50 (or listed above)	1003.74
Line 13: Total Expenditures $50 and under* (not listed above)	11.41
Line 14: TOTAL EXPENDITURES IN THE PERIOD	1015.15

Enter on page 1, line 4 →

* 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 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
MAY 1 2015	SPS NEW ENGLAND	99 ELM ST SALISBURY, MA 01952	1,800 COLOR COPIES - BROCHURE	270-

Line 15: In-Kind Contributions over $50 (or listed above)	270-
Line 16: In-Kind Contributions $50 & under (not listed above)	0
Line 17: TOTAL IN-KIND CONTRIBUTIONS	270-

Enter on page 1, line 6 →

* 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.