



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

CITY OF PEABODY

2011 OCT 25 P 12: 14

CITY CLERK

Fill in dates:

Reporting Period Beginning 09 01 2011 Ending 10 31 2011

Type of report: (Check one)

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

WILLIAM C. AYLWARD

Full Name of Candidate (if applicable)

LIGHT COMMISSIONER

Office Sought and District

3 BRADFORD RD.

Residential Address

PEABODY, MA 01960

Tel. No. (optional)

CAMPAIGN TO ELECT WILLIAM AYLWARD

Committee Name

LESLIE AYLWARD

Name of Committee Treasurer

3 BRADFORD RD.

Committee Mailing Address

PEABODY MA 01960

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$	<u>31.45</u>	
Line 2: Total receipts this period (page 2, line 11)	\$	<u>2795.00</u>	
Line 3: Subtotal (line 1 plus line 2)	\$	<u>2826.45</u>	
Line 4: Total expenditures this period (page 3, line 14)	\$	2365.4 → <u>2401.54</u>	
Line 5: Ending balance (line 3 minus line 4)	\$	461.05 → <u>424.91</u>	

Line 6: Total in-kind contributions this period (page 4)	\$	<u>65.00</u>	
Line 7: Total (all) outstanding liabilities (page 4)	\$	<u>500.00</u>	
Line 8: Name of bank(s) used		<u>TD BANK</u>	

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.

Leslie Aylward
Treasurer's signature (in ink)

Signed under the penalties of perjury:

10/31/11
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 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.

William C. Aylward
Candidate signature (in ink)

Signed under the penalties of perjury:

10/31/2011
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.

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	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/9	ATLWARD, DARCI ROY 11 RAINBOW DANVER	50 00	
10/14	BETTENCOURT, TED 1 AMERICA DR. PEABODY	60 00	
10/14	D'ALLEVA, NICK 6 SAMUS CIRCLE PEABODY	60 00	
10/10	DOMINICO, STEVE MERCOTH RD PEABODY	100 00	
10/14	GALLAGHER, CHRIS PO BOX 2494 PEABODY MA	60 00	
10/10	JAYNES, SUZANNE 42 ELWORTH RD. PEABODY	80 00	
10/14	LEVINE, CHRISTINA PINWOOD RD. PEABODY	50 00	
10/15	ONEIL, TRACEY 21 ANTRIM RD. PEABODY	50 00	
10/14	ORTINS, ANA 12 FELTON ST. PEABODY	50 00	
9/29	OWENS, DAVID 17 MUNSON DR PEABODY	60 00	
10/15	ROSSINGNOLL, TOM 14 RUTLEDGE RD. PEABODY	100 00	
10/14	SARGENT, MARY 10 EVANS, RD. LYNNFIELD.	50 00	
10/15	SPARUK, HEIDI 131 GOODALE ST PEABODY	300 00	UNemployed
10/10	SPELLONS, TEO 4 AROMARK DR DANVER	100 00	
10/14	SPILIONIS, JIMIE 85 GARDNER ST Peabody	50 00	
Line 9: Total receipts in excess of \$50 (or listed above)		1050 00	
Line 10: Total receipts \$50 and under* (not listed above)		1745 00	1745.00
Line 11: TOTAL RECEIPTS IN THE PERIOD		2795 00	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 A: RECEIPTS

10/16 TURCO, JUN \$ 100.00
161 Lynnfield St. Peabody



~~ADDITION~~ TO PAGE (2)

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	
10/14	EDIBLE ARRANGEMENTS	7A BURBON ST PEABODY, MA	FRUIT BASKET.	\$65.00	
				Line 15: In-kind over \$50	\$65.00
				Line 16: In-kind \$50 and under	
				Line 17: Total In-kind	\$65.00

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.

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	
8/11	WILLIAM AYLWARD	3 DRAFFORD RD. PEABODY MA	LOAN	\$500.00	
				Line 18: OUTSTANDING LIABILITIES (ALL)	\$500.00

Enter on page 1, line 7

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.