



## 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)
10/20/15	Peter T. Bakula 278 Newbury St Lot 51 Peabody MA 01960	\$400.00	Dept. Manager at Walmart
8/31/15	Tom Bakula & Pat Day 1 Upham St Salem MA 01970	\$200.00	both retired
10/19/15	Edward Dukea, Jr. 59 Gardner St. Peabody MA 01960	\$210.00	retired
9/3/15	Wendy Knight 24 May St Peabody MA 01960	\$100.00	
9/24/15	Steve Wallas R11 Andover St. Peabody MA 01960	\$60.00	
9/1/15	Tom & Marcia O'Leary 278 Newbury St Lot # Peabody MA 01960	\$60.00	
10/2/15	Maureen Varney 286 Newbury St #162 Peabody MA 01960	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		\$1130.00	
Line 10: Total Receipts \$50 and under* (not listed above)		<del>\$360.00</del> 410.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		<del>1490.00</del> 1540.00	← 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 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
10/1/15	Thriftco Printing	26 Howley St Peabody MA 01960	Palm Card Deposit	\$150. <sup>00</sup>
10/6/15	"	"	Palm Card Balance	\$301. <sup>56</sup>
10/13/15	"	"	Dear Friend Cards Deposit	\$75. <sup>00</sup>
10/20/15	"	"	literature mailing deposit	\$150. <sup>00</sup>
10/26/15	"	"	literature mailing balance	\$674. <sup>60</sup>
Line 12: Total Expenditures over \$50 (or listed above)				1351. <sup>16</sup>
Line 13: Total Expenditures \$50 and under* (not listed above)				\$126. <sup>88</sup>
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>\$1478.<sup>04</sup></b>

\* 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
* 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.				
Enter on page 1, line 6 →				
<b>Line 15: In-Kind Contributions over \$50 (or listed above)</b>				
<b>Line 16: In-Kind Contributions \$50 &amp; under (not listed above)</b>				
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				0

## 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
Enter on page 1, line 7 →				
<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				0