



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF PEABODY  
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-1-17 2017 Ending Date: 8-12-17

Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

WILLIAM C. AYLWARD  
Candidate Full Name (if applicable)  
LIGHT COMMISSIONER  
Office Sought and District  
7 VIOLET RD PEABODY MA 01960  
Residential Address  
Telephone Number (optional): \_\_\_\_\_

CAMPAIGN TO ELECT WILLIAM AYLWARD  
Committee Name  
CINDY MELANSON  
Name of Committee Treasurer  
7 VIOLET RD. PEABODY MA 01960  
Committee Mailing Address  
Telephone Number (optional): \_\_\_\_\_

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>\$ 13.91</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 1980.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 1993.91</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 1018.57</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 975.34</u>
Line 6: Total in-kind contributions this period (page 6)	<u>\$ 351.49</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>\$ 500.00</u>
Line 8: Name of bank(s) used:	<u>T.D. BANK W. PEABODY 01960</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.  
Signed under the penalties of perjury: Cindy Melanson (Treasurer's signature) Date: 10-10-2017

**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: William C. Aylward (Candidate's signature) Date: 10-16-17

## 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)
9/23	ANNE MANNING - MARTIN 37 DEXTER ST PEABODY	75-	
9/23	JULIE CHIEMETS 12 PROCTOR CIRCLE PEABODY	100-	
9/23	SUSAN BROTHIE 18 SABINO FARM RD. PEABODY	100-	
9/23	WILLIAM F AYLWARD 150 LYNNWAY # 107 LYNN	100-	
9/23	WILLIAM R AYLWARD 358 BROADWAY # 22 LYNN	100-	
Line 9: Total Receipts over \$50 (or listed above)		\$475	
Line 10: Total Receipts \$50 and under* (not listed above)		\$1505	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>\$1980</b>	← 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 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
9/23	MIKE D'ORSI BAKERY	197 WASHINGTON ST PEABODY 01960	FOOD FOR FUNDRAISER	168.50
9/23	BURTON'S GRILL LLC.	210 ANDOVER ST PEABODY 01960	FOOD FOR FUNDRAISER	151.49
Line 15: In-Kind Contributions over \$50 (or listed above)				\$ 319.99
Line 16: In-Kind Contributions \$50 & under (not listed above)				31.50
Enter on page 1, line 6 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				<b>\$ 351.49</b>

\* 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.

