



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: 10/30/17 Ending Date: 2018 JAN 22 A 8:47
12/31/17
CITY CLERK

Type of Report: (Check one)

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

Anne Manning-Martin
Candidate Full Name (if applicable)

Councilor-at-Large
Office Sought and District

37 Dexter ST PeaBody
Residential Address

E-mail: Manningam@comcast.net

Phone # (optional): _____

CTE Anne Manning-Martin
Committee Name

John F. McCarthy Jr.
Name of Committee Treasurer

37 Dexter ST PeaBody
Committee Mailing Address

E-mail: _____

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>6166.25</u>
Line 2: Total receipts this period (page 3, line 11)	<u>575.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>6741.25</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>684.10</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>6057.15</u>
Line 6: Total in-kind contributions this period (page 6)	<u>N/A</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>25886.57</u>
Line 8: Name of bank(s) used:	<u>SANTANDER</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: _____ (Treasurer's signature)

Date: 1/20/2018

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: 1/20/17

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11/7/17	Monica Medeiros 3 BayState rd. Melrose	100.00	
11/7/17	Mass Parole officers Association	100.00	
11/25/17	John Keilty Pea 84 Ellsworth rd.	250.00	Attorney; Self
Line 9: Total Receipts over \$50 (or listed above)		460.00	
Line 10: Total Receipts \$50 and under* (not listed above)		125.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		575.00	← 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 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over \$50 (or listed above)

Line 16: In-Kind Contributions \$50 & under (not listed above)

Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**

* 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.

