Campaign Finance Tracking Form for Local Election Officials

Call OCPF with campaign finance questions at 617-979-8300

Candidate or Committee Mary Ellen Kelly O'Brien Year 2015

Report: ___ Pre-Preliminary ✓ Pre-Election ___ 30-Day ___ Year-End

Organization / Providing Materials / Notification *

_____ Organizational form provided to candidate or committee (M101, M101BQ, M101PC)

_____ Campaign finance report form provided to candidate or committee (M102)

_____ Summary of the campaign finance law provided (OCPF guide booklet)

_____ Filing notice (includes reporting dates, due dates and language concerning late fines)

___ Pre-Preliminary ___ Pre-Election ___ 30-Day ___ Year-end

**All forms, guides and notices can be delivered by e-mail*

Inspecting Reports

The campaign finance law requires local election officials to "inspect" M102 and M102-0 campaign finance reports within 30 days of a due date.

✓ Correct dates for the relevant reporting period

✓ Signatures

✓ Positive ending balance

_____ If the **M102-0** form is filed, the candidate does not have a committees and has not received any contributions, made any expenditures or incurred any obligations during the reporting period, and does not have a campaign fund in existence.

Contributions (Monetary receipts and in-kind contributions)

✓ **Names and Addresses** for contributions of more than $50

✓ **Occupation and Employer** for contributions of $200 or more

_____ No contributions from corporations, business partnerships, LLCs or LLPs

_____ No contributions from individuals or PACs for more than $500 (see OCPF's limits chart for other limits)

Expenditures

✓ Vendor Names and Addresses for expenditures of more than $50

✓ Purpose information is disclosed

_____ Reimbursements form (R-1s) filed for reimbursements

Date of Inspection 10/28/15

Form CPF M 102: Campaign Finance Report
Municipal Form

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Office of Campaign and Political Finance

Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2015 Ending Date: 10/16/2015

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):

Office Sought and District:

Residential Address:

Telephone Number (optional):

Committee Name: COMMITTEE TO ELECT MARY ELLEN DALY O'BRIEN

Name of Committee Treasurer: RICHARD ATKINSON

Committee Mailing Address: 66 WEBSTER ST HAVERHILL MA 01830

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	$ 956.12
Line 2: Total receipts this period (page 3, line 11)	$ 3,125.00
Line 3: Subtotal (line 1 plus line 2)	$ 4,081.12
Line 4: Total expenditures this period (page 5, line 14)	$ 1,200.00
Line 5: Ending Balance (line 3 minus line 4)	$ 2,881.12
Line 6: Total in-kind contributions this period (page 6)	$ Ø
Line 7: Total (all) outstanding liabilities (page 7)	$ Ø
Line 8: Name of bank(s) used:	PENTUCKET BANK

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: 10/26/15

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: 10/15/15

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 ar. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over $50. In addition, the cupation 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 port 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)
10/05/15	JOHN CHEMALY 1221 WESTFOLD ST PO BOX 187 LOWELL MA 01853	$ 500	OWNER TRINITY AMBULANCE
10/05/15	KAREN CHERNESKY 12 MELROSE AVE HAVERHILL MA 01830	$ 75	
10/05/15	WILLIAM COSTELLO 34 GERMAIN AVE HAVERHILL MA 01835	$ 100	
10/05/15	WILLIAM COX 145 SOUTH MAIN ST HAVERHILL MA 01835	$ 250	ATTORNEY
10/05/15	BRIAN DEMPSEY 15 OXFORD ST HAVERHILL MA 01830	$ 100	
10/05/15	BRIAN DEMPSEY COMMITTEE 15 OXFORD ST HAVERHILL MA 01830	$ 100	
10/05/15	CHRISTOPHER DICK 187 CATAMOUNT ROAD TEWKSBURY MA 01876	$ 150	
10/05/15	CHARLES EMERY 29 NEWTON AVE HAVERHILL MA 01830	$ 75	
10/05/15	ROBERT KEMPER 86 MILL ST HAVERHILL MA 01830	$ 100	
10/05/15	JEFFREY LINEHAN 144 HILLDALE AVE HAVERHILL MA 01831	$ 100	
10/05/15	LAURA/FRANCIS MACMILLAN 143 CARTER FIELD ROAD NORTH ANDOVER MA 01845	$ 100	
10/05/15	O'CONNOR IVES COMMITTEE PO BOX 121 NEWBURYPORT MA 01950	$ 100	

ne 9: Total Receipts over $50 (or listed above)		
ne 10: Total Receipts $50 and under* (not listed above)		
ne 11: TOTAL RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

f 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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
10/05/15	GARY SEPE 1221 WESTFORD ST PO BOX 187 LOWELL MA 01853	$ 500	VP TRINITY AMBULANCE

Line 9: Total Receipts over $50 (or listed above)	$2,250
Line 10: Total Receipts $50 and under* (not listed above)	$ 875
Line 11: TOTAL RECEIPTS IN THE PERIOD	$3,125

← 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 etailed accounts and records of all expenditures, but need only itemize those over $50. Expenditures $50 and under may be added together, om 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 eport 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
09/30/15	BLUE FINN GRILLE	128 WASHINGTON ST HAVERHILL MA 01830	CAMPAIGN EVENT	$600
10/05/15	TIM COLO	189 WARD HILL AVE HAVERHILL MA 01835	ADVERTISING	$500
09/30/15	SANTA PARADE	64 KENOZA AVE HAVERHILL MA 01830	ADVERTISING/DONATION	$100

Line 12: Total Expenditures over $50 (or listed above)	$1,200
Line 13: Total Expenditures $50 and under* (not listed above)	$ Ø
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	$1,200

f you have itemized expenditures of $50 and under, include them in line 12. Line 13 should include only those expenditures not itemized ove.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

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

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.

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

	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**	$ Ø

*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

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** $ 0