



Form CPF M 102-0: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

City or Town of: Manchester-by-the-Sea

Please print or type all information, except signatures.

Fill in dates:	Month	Day	Year	Month	Day	Year
Reporting Period Beginning	<u>5</u>	<u>11</u>	<u>15</u>	Ending		

Type of Report: (Check One)

- ☐ 8th day preceding preliminary/primary
☐ 8th day preceding election
☐ 30th day following election (Town or Special)
☐ 20th day of January (Year-End Report)

Pursuant to M.G.L., Chapter 55:

1. I certify that I am a candidate for or hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

DATE	I. SIGNATURE Signed under the penalties of perjury	II. RESIDENTIAL ADDRESS (Street and Number)	III. OFFICE SOUGHT
5/15/15	Thomas P. Kahan	20 LINCOLN ST	BOARD OF SELECTMEN
5/11/2015	Robert D. Mahan	379 SUMMIT ST	Planning Board.
5/11/15	Reem Wilson	5 SPY ROCK HILL	MODERATOR
5/12/15	Constance Sullivan	11 Hickory Hill	Housing Authority
5/20/15	Susan W Thorne	94 Bridge St.	Housing Authority



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
MANCHESTER by the SEA

2015 MAY 12 AM 7:14

File with: City or Town Clerk or Election Commissioner

Fill in Reporting Period dates: Beginning Date: January 1, 2015 Ending Date: May 11, 2015

Type of Report: (Check one)

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

<u>Frank Marange U</u>
Candidate Full Name (if applicable)
<u>Planning Board</u>
Office Sought and District
<u>28 University Lane</u>
Residential Address
Telephone Number (optional): <u>978-578-8240</u>

Committee Name
Name of Committee Treasurer
Committee Mailing Address
Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>N/A</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: _____

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: Frank Marange U (Candidate's signature) Date: 5-11-15



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
MANCHESTER by the SEA

2015 MAY 11 PM 1:08

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

Type of Report: (Check one)

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

<input type="text" value="Candidate Full Name (if applicable)"/>	<input type="text" value="Community Action for Scholastic Excellence"/>
<input type="text" value="Office Sought and District"/>	<input type="text" value="Committee Name"/>
<input type="text" value="Residential Address"/>	<input type="text" value="Melanie J. Oldeman"/>
<input type="text" value="Telephone Number (optional)"/>	<input type="text" value="Name of Committee Treasurer"/>
	<input type="text" value="PO Box 141, Manchester MA 01944"/>
	<input type="text" value="Committee Mailing Address"/>
	<input type="text" value="Telephone Number (optional)"/>

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="1,550"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="1,550"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="1,344.48"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="205.52"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="Cape Ann Savings 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:

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:

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)
Mar 25, 2015	Bernadette Carr 6 Brookwood Road Manchester MA 01944	100	
Mar 27, 2015	Linda Crosby 22 Bridge Street Manchester MA 01944	100	
Mar 26, 2015	Tracy Davis 132 School Street Manchester MA 01944	75	
Mar 31, 2015	Mark DiPasquale 2 Pinewood Road Manchester MA 01944	100	
Mar 27, 2015	Rachel Fitzgibbon 18 Main Street Essex MA 01929	100	
Mar 26, 2015	William Furber 128 Apple Street Essex MA 01929	500	Financial services Deutsche Bank
Mar 24, 2015	Julie Riordan 21 Boardman Avenue Manchester MA 01944	100	
Mar 27, 2015	Caroline Weld 15 School Street Manchester MA 01944	80	
Line 9: Total Receipts over \$50 (or listed above)		1,155	
Line 10: Total Receipts \$50 and under* (not listed above)		395	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,550	← 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

L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, committee records, and reported on line 13.

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
Apr 20, 2015	Cape Ann Sign Company	43 South Main Street Ipswich MA 01938	125 yard signs and stakes	581.25
May 11, 2015	Cricket Press	50 Summer Street Manchester MA 01944	1/4 page ad for 5/15/14 edition of The Manchester Cricket	315
Mar 23, 2015	Staples	65 Dodge Street Beverly MA 01915	Photocopies of campaign flyers	149.18
May 10, 2015	Staples	65 Dodge Street Beverly MA 01915	Photocopies of campaign flyers	66.37
Mar 12, 2015	United States Postal Service	15 Beach Street Manchester MA 01944	6-month post office box rental	59
Line 12: Total Expenditures over \$50 (or listed above)				1,170.8
Line 13: Total Expenditures \$50 and under* (not listed above)				173.68
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,344.48

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



**Form CPF M 101 BQ: STATEMENT OF ORGANIZATION
BALLOT QUESTION COMMITTEE
MUNICIPAL FORM**

Commonwealth of
Massachusetts

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
MANCHESTER by the SEA

File with: City or Town Clerk
or Election Commission

2015 MAR 12 PM 3:33

Please print or type all information, except signatures

NOTICE IS HEREBY GIVEN, in accordance with the provisions of M.G.L. Chapter 55, of the organization of a ballot question committee as follows:

1. Name: CASE
(See note 1) Community Action for Scholastic Excellence
2. Mailing Address: P.O. Box 141
Manchester MA 01944
3. Purpose/ Specific issues and interests (See note 2) To support the FY16 budget for the
Manchester-Essex Regional School District
4. Topic of question: Prop 2 1/2 Override

Question number, if applicable

5. Committee is formed to (check one): support ☒ / oppose ☐ the question.

6. Officers:
- | | Name | Residential Address | City/State/ZIP | Tel. No. |
|----------------|------------------------|----------------------|-------------------------|---------------------|
| Chairman: | <u>Joan Lockwood</u> | <u>25 University</u> | <u>Manchester 01944</u> | <u>978.998.1457</u> |
| Treasurer: | <u>Melanie Oldeman</u> | <u>61 School St.</u> | <u>" 01944</u> | <u>978.302.0703</u> |
| Other Officer: | | | | |

Attach additional page, if necessary, with other officers and finance committee, if any.

The chairman and treasurer of a political committee should be aware that provisions of M.G.L. c. 55 specify that each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts for a period of six years from the date of the relevant election. Chapter 55 also specifies that no expenditures shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents; and, that all the funds of a political committee shall be kept separate from any personal funds of any officers, members or associates of such committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

I hereby accept the office of Chairman of the above-named committee:

Joan Lockwood
Chairman's signature

3/12/15
Date

I hereby accept the office of treasurer of the above-named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports. I am aware that an appointed public employee may not serve as treasurer of a ballot question committee.

Melanie Oldeman
Treasurer's signature

3/12/15
Date



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
MANCHESTER by the SEA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

May 12, 2015

Ending Date:

June 18, 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):

Community Action for Scholastic Excellence

Committee Name

Melanie J. Oldeman

Name of Committee Treasurer

PO Box 141, Manchester MA 01944

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

205.52

Line 2: Total receipts this period (page 3, line 11)

44.75

Line 3: Subtotal (line 1 plus line 2)

250.27

Line 4: Total expenditures this period (page 5, line 14)

31.34

Line 5: Ending Balance (line 3 minus line 4)

218.93

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used: Cape Ann Savings 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:

Melanie J. Oldeman

(Treasurer's signature)

Date: June 18, 2015

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:



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
MANCHESTER by the SEA

2015 DEC 31 AM 10:11

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date: 12-31-15

Type of Report: (Check one)

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

Susan Beckmann
Candidate Full Name (if applicable)

Selectman - Manchester, MA
Office Sought and District

12 Loading Place Road, Manchester, MA
Residential Address 01944

Telephone Number (optional):

Committee to Elect Susan Beckmann
Committee Name

Jessica Lamothe
Name of Committee Treasurer

12 Loading Place Road, Manchester, MA
Committee Mailing Address 01944

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ 422.57
Line 2: Total receipts this period (page 3, line 11)	.08 (interest)
Line 3: Subtotal (line 1 plus line 2)	\$ 422.65
Line 4: Total expenditures this period (page 5, line 14)	—
Line 5: Ending Balance (line 3 minus line 4)	\$ 422.65
Line 6: Total in-kind contributions this period (page 6)	—
Line 7: Total (all) outstanding liabilities (page 7)	—
Line 8: Name of bank(s) used:	People's United 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: Jessica Lamothe (Treasurer's signature)

Date: 12-31-15

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: Susan Beckmann (Candidate's signature)

Date: 12/31/15

**Schedule E
Municipal Form
Disclosure of Assets Statement
Office of Campaign and Political Finance**

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

CPF ID# _____

This form should be filed by all candidates and committees with each year end and each dissolution report.

Committee Name: Committee to Elect Susan Beckmann Date of report: 12-31-15

All candidates and committees must fill in Part A or Part B.

Part A:

☒ No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement.

Part B:

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how value is determined.

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

Signed under the penalties of perjury:

[Signature] 12/31/15
Candidate signature Date

Signed under the penalties of perjury:

[Signature] 12-31-15
Treasurer signature Date

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.





Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
MANCHESTER by the SEA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

1/1/2015

Ending Date:

12/31/2015

2015 DEC 35 AM 10:34

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

Thomas P. Kehoe
Candidate Full Name (if applicable)

Selectman
Office Sought and District

20 Lincoln St, Manchester, NH
Residential Address

Telephone Number (optional): 978-526-1576

Committee to Elect Tom Kehoe
Committee Name

Carol E. Shepard
Name of Committee Treasurer

17 Rose Dale Ave., Manchester, NH
Committee Mailing Address

Telephone Number (optional): 978-527-7807

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

223.36

Line 2: Total receipts this period (page 3, line 11)

0

Line 3: Subtotal (line 1 plus line 2)

223.36

Line 4: Total expenditures this period (page 5, line 14)

0

Line 5: Ending Balance (line 3 minus line 4)

223.36

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used:

none

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:

CE Shepard

(Treasurer's signature)

Date:

1/2/16

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:

Thomas P. Kehoe

(Candidate's signature)

Date:

1/3/16

2016 JAN -4 AM 10:35

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TOWN CLERK
MANCHESTER by the SEA



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
MANCHESTER by the SEA

2015 AUG 25 AM 10:31

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

June 19, 2015

Ending Date:

August 21, 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):

Community Action for Scholastic Excellence

Committee Name

Melanie J. Oldeman

Name of Committee Treasurer

PO Box 141, Manchester MA 01944

Committee Mailing Address

Telephone Number (optional):

9783020703

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

218.93

Line 2: Total receipts this period (page 3, line 11)

26.95

Line 3: Subtotal (line 1 plus line 2)

0

Line 4: Total expenditures this period (page 5, line 14)

245.88

Line 5: Ending Balance (line 3 minus line 4)

0

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used: Cape Ann Savings 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:

Melanie J. Oldeman

(Treasurer's signature)

Date: August 21, 2015

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: