



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-1-2019 Ending Date: 10-28-2019

Type of Report: (Check one)

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

William A Marchand Jr
Candidate Full Name (if applicable)

School Committee
Office Sought and District

857 Broadway unit 407 Salem MA 01970
Residential Address

E-mail: WMarch22@yahoo.com

Phone # (optional): 781 520 9346

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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

625.30

Line 3: Subtotal (line 1 plus line 2)

625.30

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

625.30

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:

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:

[Signature] (Treasurer's signature)

Date: 10-28-2019

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature] (Candidate's signature)

Date: 10-28-2019

RECEIVED
2019 OCT 29 12:14
TOWN CLERK'S OFFICE
TOWN OF SALEM, MASS.

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.)

[illegible]

Line 9: Total Receipts over \$50 (or listed above)

9625.30

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

16253^c

← 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 A: RECEIPTS (continued)[illegible]

* 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
9/23/19	Sachem sign works	124 Main St Saugus 01906	Signs	312.65
10/15/19	Sachem sign works	124 Main St Saugus 01906	Signs	312.65

RECEIVED
 2019 OCT 25 P 12:14
 TOWN CLERK'S OFFICE
 TOWN OF SAUGUS, MASS.

Line 12: Total Expenditures over \$50 (or listed above)	625.30
Line 13: Total Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	625.30

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.

SCHEDULE B: EXPENDITURES (continued)[illegible]

* 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.

[illegible]

* 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.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

Page 7

SAUGUS MA 01906
781-941-8007

SALE

MID: 3587 Store: 0719 Term: 0001
REF#: 00000001
Batch #: 026 RRN: 926619202926
09/23/19 15:39:46
Trans ID: 469266707873737
APPR CODE: 543573
VISA
*****0815
Chip
/

AMOUNT \$312.65

APPROVED

VISA CREDIT
AID: A0000000031010
TVR: 80 80 00 80 00
TSI: 68 00

THANK YOU!!
PLEASE COME AGAIN!!

CUSTOMER COPY



SACHEM **INVOICE**

SIGNworks

781-941-8007
124 Main ST. SAUGUS, MA 01906
FAX :781-941-8009

ILL M _____

Description of Work
QTY. 20
Size Lgth 24" Hgt 15"
Font _____
Color RED, BLUE
Material CORO

t on all orders balance due upon completion of delivery.

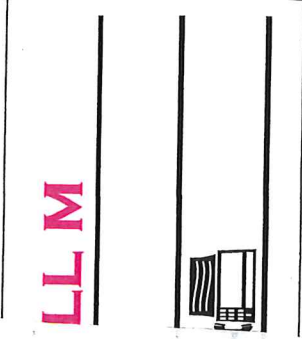
Good For 30 Days Description

\$13.40EA = \$268.00
\$26.25

Bucket _____
Labor _____
In Shop Labor _____
Artwork _____
Materials **\$** _____
Install **\$** _____
Tax **\$18.40**
Total **\$312.65**

Deposit _____ **Balance** _____ **Signature** _____

SACHEM SIGNWORKS
124 MAIN STREET
SAUGUS MA 01906
781-941-8007



SALE

MID: 3587 Store: 0719 Term: 0001
Batch #: 034 REF#: 00000002
10/15/19 RRN: 928817000104
Trans ID: 38928863868714 13:44:26
APPR CODE: 899283
VISA *****08/15
Chip **/**

INVOICE

SACHEM

SIGNworks

781-941-8007
124 Main ST. SAUGUS, MA 01906
FAX: 781-941-8009

ALL CREDIT CARD PURCHASES
ARE SUBJECT TO A
4% PROCESSING FEE

QTY. 20 Description of Work
Size Lgth 24" Hgt 15"
Font _____
Color RED, BLUE
Material CORO

Amount due on all orders balance due upon completion of delivery.

AMOUNT \$312.65

APPROVED

VISA CREDIT
AID: A0000000031010
TVR: 80 80 00 80 00

Good For 30 Days Description



\$13.40EA = \$268.00
\$26.25

Bucket _____
Labor _____
In Shop Labor _____
Artwork _____
Materials \$ _____
Install \$ _____
Tax \$18.40
Total \$312.65

Deposit _____ Balance _____ Signature _____