



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

Please print or type all information, except signatures.

2011 OCT 31 P 1:07

Fill in dates:

Reporting Period Beginning	Month	Date	Year	Ending	Month	Date	Year
					OCTOBER	31	2011

Type of report: (Check one)

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

BRIAN A. BIRMINGHAM
Full Name of Candidate (if applicable)

MUNICIPAL LIGHT COMMISSION
Office Sought and District

21 LOUIS ROAD
Residential Address

PEABODY, MA 01960
Residential Address

(978) 531-9806 Tel. No. (optional)

COMMITTEE TO ELECT BRIAN BIRMINGHAM
Committee Name

MARIE COREY
Name of Committee Treasurer

21 LOUIS ROAD
Committee Mailing Address

PEABODY, MA 01960
Committee Mailing Address

(978) 531-9806 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>100.00</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>895.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>995.00</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>569.90</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>425.10</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>600.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>531.26</u>
Line 8: Name of bank(s) used	<u>PEABODY MUNICIPAL FEDERAL CREDIT UNION</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: _____

Marie Corey
Treasurer's signature (in ink)

10/31/2011
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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: _____

Brian A. Byrd
Candidate signature (in ink)

10/31/2011
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.

This page may be copied 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)
10/27/2011	GERARD P. BELLEW 88 WASHINGTON ST PEABODY, MA 01960	50 00	
	SERGIO COSTA 27 KENWOOD RD PEABODY, MA 01960	75	
	RICHARD J. CULLEN 61 LYNNFIELD ST PEABODY, MA 01960	50	
	MELANIE DAVIS 24 BUXTON ST PEABODY, MA 01960	20	
	DANA D'AMOUR 11 CRESTWOOD LN PEABODY, MA 01960	25	
	MARIE DI FRANCO 21 MARGARET ROAD PEABODY, MA 01960	20	
	JENNIFER FITZGERALD 6 ELAINE AVE PEABODY, MA 01960	50	
	DAVID C. GRAVEL 20 TARA ROAD PEABODY, MA 01960	40	
	ANNE MANNING-MARTIN 37 PEXTER STREET PEABODY, MA 01960	100	
	JOHN MANNING 2 KINGDOM TERRACE PEABODY, MA 01960	50	
	COLLEEN MANNING 218 NORTH STREET MARTIN READING 01864	50	
	KEVIN MORAN 2 TRAVIS TERRACE PEABODY, MA 01960	40	
	JAMES F. MURPHY JR 8 HAYWARD AVE ST MILLBURY, MA 01527	50	
	ERIK J. OLSON 94 ROSEWOOD DRIVE PEABODY, MA 01960	25	
10/27/2011	JOHN A. O'BEN 352 PARK STREET MARTIN READING, MA 01864	50 00	
Line 9:	Total receipts in excess of \$50 (or listed above)	695 00	
Line 10:	Total receipts \$50 and under* (not listed above)	200 00	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	895 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 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	\$600.00
			Line 17: Total In-kind	

* 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
10/24/11	JAGUAR GRAPHICS	100 CUMMINGS CENTER BEVERLY, MA	CAMPAIGN LITERATURE	\$531.26
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.