



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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AMEBURY TOWN CLERK

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning ^{Month} 9 ^{Date} 3 ^{Year} 11 Ending ^{Month} 10 ^{Date} 21 ^{Year} 11

Type of report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Theodore Semesnye
Full Name of Candidate (if applicable)
Mayor
Office Sought and District
8 Winter Street
Residential Address
Tel. No. (optional)

Committee to Elect Ted Semesnye
Committee Name
Keri Semesnye
Name of Committee Treasurer
8 Winter Street
Committee Mailing Address
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 99.00
Line 2: Total receipts this period (page 2, line 11)	\$ 1,522.38
Line 3: Subtotal (line 1 plus line 2)	\$ 1,621.38
Line 4: Total expenditures this period (page 3, line 14)	\$ 1,511.38
Line 5: Ending balance (line 3 minus line 4)	\$ 110.00

Line 6: Total in-kind contributions this period (page 4)	\$ 0
Line 7: Total (all) outstanding liabilities (page 4)	\$ 282.79
Line 8: Name of bank(s) used	<u>The Newsport Five Cents Savings Bank</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:

Keri Semesnye
Treasurer's signature (in ink)

10-31-11
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:

[Signature]
Candidate signature (in ink)

10-31-11
Date

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.

This page may be copied 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	
10/5/11	Fed Ex Office	306 Main Street Haverhill, MA 01830	Brochures	91	38
9/17/11	Sigs By Doug	213 Lafayette Road Salisbury, MA 01952	Yard Signs	60	00
9/23/11	Sigs By Doug	213 Lafayette Road Salisbury, MA 01952	Yard Signs	400	00
10/1/11	Sigs By Doug	213 Lafayette Road Salisbury, MA 01952	Yard Signs	235	00
10/15/11	Sigs By Doug	213 Lafayette Road Salisbury, MA 01952	Banner	40	00
10/21/11	Theodore Semosayer	8 Winter Street Amesbury, MA 01943	Reimbursement	635	00
Line 12: Expenditures over \$50				1,461	38
Line 13: Expenditures \$50 and under*				50	00
Line 14: TOTAL EXPENDITURES				1,511	38

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 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
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

* 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
9/1/11	Theodore Semesnyei	8 Winter St., Amesbury MA	Brochures	91.41
9/17/11	Theodore Semesnyei	8 Winter St., Amesbury MA	Yard signs	60.00
10/5/11	Theodore Semesnyei	8 Winter St., Amesbury MA	Brochures	91.38
10/5/11	Theodore Semesnyei	8 Winter St., Amesbury MA	Banner	40.00
Line 18: OUTSTANDING LIABILITIES (ALL)				282.79

Enter on page 1, line 7



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 10/21/11

Name of Individual Being Reimbursed: Theodore Semesnyei

Committee Name: Committee to Elect Ted Semesnyei

CPF ID Number (if applicable): Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9/23/11	Sigs By Day	213 Lafayette Road Salisbury, MA 01952	Yard Sign	400.00
10/1/11	Sigs By Day	213 Lafayette Road Salisbury, MA 01952	Yard Sign	235.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 635.00

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED: 635.00

Signed under the penalties of perjury:

Theodore Semesnyei
Signature of Candidate / Treasurer

Date: 10/31/11

Please prepare a separate report for each reimbursement check issued by the committee.