Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

RECEIVED
CITY CLERK'S OFFICE
NEWBURYPORT, MA
2013 OCT 28 A 8:24

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: ~~Sept 8, 2013~~ Ending Date: ~~Oct 26, 2013~~

Type of Report: (Check one)

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

Donna D Holaday
Candidate Full Name (if applicable)

Mayor
Office Sought and District

6 Parsons St, Newburyport MA
Residential Address

Telephone Number (optional): 978-462-5654

Committee to Elect Donna Holaday
Committee Name

Beth Tremblay Hall
Name of Committee Treasurer

6 Parsons St, Newburyport, MA
Committee Mailing Address

Telephone Number (optional): 978-462-9554

SUMMARY BALANCE INFORMATION:

Line 1:	Ending Balance from previous report	12,472.95
Line 2:	Total receipts this period (page 3, line 11)	9009.00
Line 3:	Subtotal (line 1 plus line 2)	21,481.95
Line 4:	Total expenditures this period (page 5, line 14)	8,513.59
Line 5:	Ending Balance (line 3 minus line 4)	12,968.36
Line 6:	Total in-kind contributions this period (page 6)	325.—
Line 7:	Total (all) outstanding liabilities (page 7)	Ø
Line 8:	Name of bank(s) used: Newburyport Five Cent Savings	

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: Beth Tremblay Hall (Treasurer's signature) Date: 10/27/13

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.

☐ **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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Donna D Holaday (Candidate's signature) Date: 10/27/13

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)

Line 9: Total Receipts over $50 (or listed above)	8,800
Line 10: Total Receipts $50 and under* (not listed above)	209.
Line 11: TOTAL RECEIPTS IN THE PERIOD	9009. ← 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 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

See Attached

Line 12: Total Expenditures over $50 (or listed above)	8,244.17
Line 13: Total Expenditures $50 and under* (not listed above)	289.42
Line 14: TOTAL EXPENDITURES IN THE PERIOD	8,513.59

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9/17/13	Claude Elias	78 Federal St Newburyport MA 01950	Food - preliminary	200.-
10/24/13	Ted Epstein	263 High St Acton, MA 01720	Food - Event	125.-

* 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.

Line 15: In-Kind Contributions over $50 (or listed above)	325.-
Line 16: In-Kind Contributions $50 & under (not listed above)	Ø
Line 17: TOTAL IN-KIND CONTRIBUTIONS	325.-

Enter on page 1, line 6 →

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

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	Ø

Enter on page 1, line 7 →

Schedule A: Receipts
Committee to Elect Donna Holaday
Report Period September 8, 2013 to October 26, 2013

Date	Name		Address		Occupation	Employer	Amount
9/21/2013	Asadoorian	Leslie	32 Ocean Boulevard	North Hampton, NH 03862	At-Home		$500.00
10/19/2013	Baddour	Steven	20 Maple Ridge Rd	Methuen, MA 01844			$100.00
10/15/2013	Baker	Marianne	26 Summer St, Apt 6	Marblehead, MA 01945	Youth and Family Director	YMCA North Shore	$450.00
9/21/2013	Barbone	Joseph	9 Kingsbury Ave	Bradford, MA 01835	CEO	Methuen Construction	$250.00
9/21/2013	Barry	Michael	7 Anderson Ln	Newburyport, MA 01950	Financial Advisor	Nylife Securities, LLC	$200.00
9/27/2013	Bentley	Robert	121 Prospect ST	Newburyport, MA 01950	Realtor	Newburyort.com, Inc	$500.00
9/28/2013	Christiansen	Laurie	33 Purchase St	Newburyport, MA 01950	retired		$500.00
10/7/2013	Copani	Anthoney	265 Broadway	Methuen, MA 01844			$50.00
10/15/2013	Demski	Edward	4 Endicott Ave	Marblehead, MA 01945	retired		$450.00
10/15/2013	Fairweather	Dorothy	4 Parsons St	Newburyport, MA 01950	retired		$500.00
10/7/2013	Frey	Michael	5 Wilson Way	Newburyport, MA 01950			$50.00
10/3/2013	Grayson	Constance	20 Vassar Road	Marblehead, MA 01945	Professor/Attorney	Mass School of Law	$300.00
10/19/2013	Guerin	John	26 Leroy Ave	Haverhill, MA 01835	Consultant	Opportunitye Works	$200.00
10/7/2013	Hutchins	Ryan	17 Colby Rd	Wellesley, MA 02482			$150.00
10/19/2013	Jajuga	James	146 Forest ST	Methuen, MA 01844			$100.00
10/3/2013	Kaldis	Paula	20 Regency Dr	Dracut, MA 01826			$50.00
9/28/2013	Kennedy	James	163 Hines Farm Rd	Cranston, RI 02921			$150.00
10/19/2013	Loth	Eric	12 Lavender Circle	North Andover, MA 01845	Manager	North Andover Holding, LLC	$500.00
9/21/2013	Lynch	Jeffrey	58 Turkey Hill Ln	Hingham, MA 02043	President	Enterprise Equiptment	$250.00
9/21/2013	Maguire	Dennis	26 Wiltshire Rd Apt 1	Newtonville, MA 02460	President	Maguire Co.	$200.00
10/3/2013	Malaguti	Peter	500 Federal St	Andover, MA 01810			$100.00
10/25/2013	Minichiello	Kerry	10 Broad Street	Newburyport, MA 01950			$50.00
10/19/2013	Mirra	Norino	1308 Ocean Blvd	Rye, NH 03870	Owner	Hoyt's Lodge	$500.00
10/19/2013	Mirra	Joanne	1308 Ocean Blvd	Rye, NH 03870	Owner	Hoyt's Lodge	$500.00
10/7/2013	Morrow	David	135 Rocky Rd	Whitinsville, MA 01588			$150.00
9/28/2013	Newman	Elliot	3 Shore Street	Newburyport, MA 01950			$100.00
10/25/2013	Park	Kristine	19 Storeybrook Dr	Newburyport, MA 01950			$50.00
10/3/2013	Peace	Nancy	53 Warren St	Newburyport, MA 01950			$100.00
10/19/2013	Strem	Micheal	14 W Orchard ST	Marblehead, MA 01945	President	Strem Chemicals, Inc	$500.00
10/3/2013	Sullivan	Diane	306 Hillside Rd	North Andovre, MA 01845			$50.00
9/21/2013	Symonds	Wayne	158 South Road	North Hampton, NH 03862	Vice President	Methuen Construction	$250.00
10/3/2013	Tibbetts	David	117 Main St	Byfield, MA 01922	CEO	Merrimack Valley Economic Development Council	$250.00
10/25/2013	Tucker	Marc	31 Virginia Lane	Newburyport, MA 01950	Attorney	Marc Tucker Attorneys	$100.00
9/21/2013	Watkins	James F.	175 Garland Rd	Rye, NH 03870	President	Jamco Excavators	$200.00

Schedule A: Receipts
Committee to Elect Donna Holaday
Report Period September 8, 2013 to October 26, 2013

10/15/2013	Welch	John	51 Milk Street	Newburyport, MA 01950			$50.00
9/28/2013	Weng	Donald	7 Farnham Rd	Georgetown, MA 01833			$50.00
9/28/2013	Woodman	Jonathan	198 Water St	Newburyport, MA 01950			$50.00
10/3/2013	Zampell	Christine	15 William Fairfield Dr	Wenham, MA 01984	Clerk	Zartech	$300.00

Total Receipts over $50:	**$8,800.00**
Total Receipts $50 and under:	**$209.00**
TOTAL RECEITS in the PERIOD:	**$9,009.00**

Schedule B: Expenditures
Committee to Elect Donna Holaday
Report period September 8, 2013 to October 26, 2013

DATE	TO WHOM PAID	ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
9/9/2013	Andrews, Deborah - Reimbursement	20 AUBURN ST, Newburyport, MA 01950	Event- standout	-$74.92
10/20/2013	Andrews, Deborah - Reimbursement	20 AUBURN ST, Newburyport, MA 01950	Event	-$60.42
9/11/2013	Connolly Printing	17B Gill St, Woburn, MA 01801	Advertising	-$2,178.33
9/23/2013	Connolly Printing	17B Gill St, Woburn, MA 01801	Advertising	-$66.41
10/11/2013	Connolly Printing	17B Gill St, Woburn, MA 01801	Advertising	-$66.41
10/4/2013	Encompass Premiums & Apparel	483 Merrimac St, NBPT MA 01950	Advertising	-$931.40
9/13/2013	George, Richard -Reimbursement	33 Purchase St, Newburyport, MA 01950	Advertising	-$52.70
10/4/2013	IPFS Corporation	PO Box 905849 Charlotte, NC 28290	Rent/insurance	-$64.84
10/4/2013	Minuteman Press	188 Route One, Newburyport, MA 01950	Advertising	-$659.60
10/11/2013	Minuteman Press	188 Route One, Newburyport, MA 01950	Advertising	-$634.91
10/18/2013	Minuteman Press	188 Route One, Newburyport, MA 01950	Advertising	-$632.56
10/25/2013	Minuteman Press	188 Route One, Newburyport, MA 01950	Advertising	-$526.70
9/27/2013	Minuteman Press	188 Route One, Newburyport, MA 01950	Advertising	-$303.09
10/4/2013	Newburyport Development	State Street, Newburyport - RENT	Rent	-$200.00
10/24/2013	Savoie, Ben	17 Prospect St, Apt 6, Newburyport, MA	Photography	-$500.00
9/28/2013	Staples	536 Lafayette Rd, Seabrook, NH 03874	Advertising	-$268.57
9/14/2013	Staples	536 Lafayette Rd, Seabrook, NH 03874	Office supplies - GOTV	-$163.27
10/6/2013	Vista Print -	95 Hayden Ave, Lexington, MA 02421	Advertising	-$176.81
10/20/2013	Vista Print -	95 Hayden Ave, Lexington, MA 02421	Advertising	-$119.45
9/10/2013	Vista Print -	95 Hayden Ave, Lexington, MA 02421	Advertising	-$101.31
10/19/2013	Vista Print -	95 Hayden Ave, Lexington, MA 02421	Event	-$52.47
9/25/2013	WNBP	6 Federal St, Newburyport, MA 01950	Advertising	-$390.00

Total Expenditures over $50:	**-$8,224.17**
Total Expenditures $50 and under:	**-$289.42**
Total Expenditures this PERIOD:	**-$8,513.59**

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

Commonwealth of Massachusetts

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: 10/20/13

Name of Individual Being Reimbursed: Deborah Andrews

Committee Name: Committee to Elect Dinna Holaday

CPF ID Number (if applicable): 300 13 0033 Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	
Line 2: Expenditures $50 or under (not itemized): 2 receipts total	60.42
Line 3: TOTAL AMOUNT REIMBURSED:	60.42

pd ch # 307

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/20/13

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

Deborah

Welcome to Dunkin' Donuts
Store #304921
70 Storey Ave, Newburyport
10/19/2013 9:57:58 AM

Drive-Thru
Order Number: 390

Register:5 Trans Seq No: 3354390
Cashier:Order R.

1	50 Munchkins	
1	Assorted	
1	Bx Joe Orig Blnd	6.49
	Sub. Total:	14.99
	Tax:	$21.43
	Total:	$1.50
	Discount Total:	$22.98
	Change	$0.00
	Master Card:	$0.00
		$22.98

****

HEY AMERICA!

WANT A FREE DONUT WHEN YOU PURCHASE A MEDIUM OR LARGER BEVERAGE?
Go to www.tellDunkin.com on your computer or mobile device in the next 3 days and tell us about your visit.

Te invitamos a participar en nuestra encuesta.

Survey Code: 39004-04921-0910-1937

Enter Validation Code: _____
Bring receipt with code to redeem offer.
Visit DunkinDonuts.com for redemption restrictions.
Franchisee: Please use PLU #201

Thank You Come Back Again

Beth Tremblay Hall

From: Deborah Andrews <ddandrews@comcast.net>
Sent: Saturday, October 19, 2013 3:00 PM
To: mrsfixit.bth@gmail.com
Subject: receipts

Flag Status: Flagged

Hi, you paid me for one of these -but I don't remember which one. I also have a receipt for today 22.98. See you at 6

09/16/2013	DBT PURCHASE ON 09/15 @ 11:59 / DUNKIN #336030 Q DUNKIN #336030 Q35 NEWBURYPORT MA CARD NBR: -0203	$37.42
09/09/2013	DBT PURCHASE ON 09/07 @ 09:33 / DUNKIN #336030 Q DUNKIN #336030 Q35 NEWBURYPORT MA CARD NBR: -0203	$32.08
09/03/2013	DBT PURCHASE ON 08/31 @ 09:52 / DUNKIN #336030 Q DUNKIN #336030 Q35 NEWBURYPORT MA CARD NBR: -0203	$42.84

Paid Check # 250

Paid Check # 250

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

Commonwealth
of Massachusetts

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: 10/15/13

Name of Individual Being Reimbursed: Deborah Andrews

Committee Name: Committee to Elect Donna Holaday

CPF ID Number (if applicable): 300 33 0033 Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	
Line 2: Expenditures $50 or under (not itemized):	21.38
Line 3: TOTAL AMOUNT REIMBURSED:	21.38

pcl ch# 306

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/15/13

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

Deborah

Welcome to Dunkin' Donuts
Store #304921
70 Storey Ave, Newburyport
10/12/2013 9:57:31 AM

Drive-Thru
Order Number: 892

Register:5 Tran Seq No: 3342892
Cashier:Order R.

1	Bx Joe Orig Blnd	14.99
1	25 Munchkins	4.99
1	Assorted	

Sub. Total:	$19.98
Tax:	$1.40
Total:	$21.38
Discount Total:	$0.00
Change	$0.00
Master Card:	$21.38

****

HEY AMERICA!

WANT A FREE DONUT WHEN YOU PURCHASE A MEDIUM OR LARGER BEVERAGE?
Go to www.telldunkin.com on your computer or mobile device in the next 3 days and tell us about your visit.

Te invitamos a participar en nuestra encuesta.

Survey Code: 89204-04921-0910-1239

Enter Validation Code: _____
Bring receipt with code to redeem offer.
Visit DunkinDonuts.com for redemption restrictions.
Franchisee: Please use PLU #201

Thank You Come Back Again

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

Commonwealth
of Massachusetts

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: 10/13/13

Name of Individual Being Reimbursed: Chlee Woodworth

Committee Name: Committee to Elect Donna Holaday

CPF ID Number (if applicable): 300 33 0033 Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCEPTIONS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	
Line 2: Expenditures $50 or under (not itemized):	43.42
Line 3: TOTAL AMOUNT REIMBURSED:	43.42

Pol Chk 300

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/15/13

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

MARKET BASKET # 40

10/15/13 12:49:09

CUSTOMER COPY

Account Number: XXXXXXXXXXX1003

Cashier: 101

RM00 505451 Trace No: 176801

Credit Card: 27.38

CASH BACK .00

I AGREE TO PAY ABOVE TOTAL AMOUNT

APPROVED 505451 M894360AMEX

Crackers, cheese
cookies
grapes

Trx:2924 Term:103 Store: 40 12:50:21

THANK YOU FOR SHOPPING MARKET BASKET
WE APPRECIATE YOUR BUSINESS
OPEN MON-SAT 7AM-9PM SUN 7AM-7PM
WE ACCEPT ALL MAJOR CREDIT CARDS

coffee

Welcome to Dunkin' Donuts
Store #332335
62 State St., Newburyport, MA
10/15/2013 5:38:27 PM

Eat In

Order Number: 205

Register:2 Tran Seq No: 371205
Cashier:Open A.

1 Bx Joe Orig Blnd	14.99
Sub. Total:	$14.99
Tax:	$1.05
Total:	$16.04
Discount Total:	$0.00
Change	$3.96
Cash $20	$20.00

****

HEY AMERICA!

WANT A FREE DONUT WHEN YOU PURCHASE A MEDIUM OR LARGER BEVERAGE?
Go to www.telldunkin.com on your computer or mobile device in the next 3 days and tell us about your visit.

Te invitamos a participar en nuestra encuesta.

Survey Code: 20501-32335-1710-1538

Enter Validation Code: _____
Bring receipt with code to redeem offer.
Visit DunkinDonuts.com for redemption restrictions.
Franchisee: Please use PLU #201

Thank You Come Back Again

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Commonwealth
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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: 9/24/13

Name of Individual Being Reimbursed: Lois Honegger

Committee Name: Committee to Elect Donna Holaday

CPF ID Number (if applicable): 300 33 0033 Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	
Line 2: Expenditures $50 or under (not itemized):	39.83
Line 3: TOTAL AMOUNT REIMBURSED:	39.83

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 9/24/13

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

Welcome to Dunkin' Donuts
Store #332335
62 State St., Newburyport, MA
9/17/2013 7:15:36 AM

Eat In
Order Number: 202

Register:2 Tran Seq No: 359202
Cashier:barbara n.

2	Ice Cof MD OrigBlnd	4.58
1	Sesame Bagel	1.19
1	Toasted	
1	1.75oz Plain CC	0.99
1	On Side	
1	Bx Joe Orig Blnd	14.99
1	Bagel+CC&IcedCoffeeMD	(0.22)

Sub. Total:	$21.53
Tax:	$1.51
Total:	$23.04
Discount Total:	($0.22)
Change	$0.00
Master Card:	$23.04

****

HEY AMERICA!

WANT A FREE DONUT WHEN YOU PURCHASE A MEDIUM OR LARGER BEVERAGE?
Go to www.telldunkin.com on your computer or mobile device in the next 3 days and tell us about your visit.

Te invitamos a participar en nuestra encuesta.

Survey Code: 20201-32335-0709-1738

Enter Validation Code: _____
Bring receipt with code to redeem offer.
Visit DunkinDonuts.com for redemption restrictions.
Franchisee: Please use PLU #201

Thank You Come Back Again

shaw's
You're in for something fresh.®

45 STOREY AVE.
NEWBURYPORT, MA 01950
Phone # (978) 462-7121
Store Director - Liam Flannagan

Cashier:Laraine

09/16/13 19:14:08

GROCERY

SH WTR 24PK_PALL	4567421415	3.77 F
=> 2.99 After Promotional Savings		-.78 F
SH WTR 24PK_PALL	4567421415	3.77 F
=> 2.99 After Promotional Savings		-.78 F
NV CRNCHY VARIET	1600041126	3.49 F
NV CRNCHY VARIET	1600041126	3.49 F

BAKERY

OATMEAL RAISIN	4114407602	2.99 F
SUGAR COOKIES	4114477600	2.99 F
SUGAR COOKIES	4114477600	2.99 F
SUGAR COOKIES	4114477600	2.99 F
VP MINI CH CHP	4114481105	5.99 F
VP MINI CH CHP	4114481105	5.99 F
SUBTOTAL		36.90
TOTAL TAX		.00
TOTAL		**36.90**
MasterCard TENDER		36.90

Acct:XXXXXXXXXXXX0940
APPRVL CODE 497850
Cas Ref# 17229
Cash CHANGE .00

NUMBER OF ITEMS 10

********** SAVINGS SUMMARY **********

PROMOTIONAL SAVINGS	2	1.56

****
TODAY'S TOTAL SAVINGS 1.56
THAT IS A SAVINGS OF 4%
****

Trx:82 Oper 104 Term: 6 Store: 7491
09/16/13 19:15:04

Thank You For Shopping At
SHAW'S NEWBURYPORT
www.shaws.com
Questions:1(877)932-7948

****
Congratulations!
You have earned **3**
Rachael Ray Dinnerware Stamps.
Stamps must be redeemed by
Jan. 9, 2014
****

****
Your Opinion Matters
We invite you to complete our
CUSTOMER SATISFACTION SURVEY
Enter to be a weekly winner
of a $100 gift card!
Go to:www.shawssurvey.com
****

www.shaws.com

Customer Questions

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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: 9/13/13

Name of Individual Being Reimbursed: Richard George

Committee Name: Committee to Elect Donna Holaday

CPF ID Number (if applicable): 300 33 0033 Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	
Line 2: Expenditures $50 or under (not itemized):	5270
Line 3: TOTAL AMOUNT REIMBURSED:	

4 receipts provided

Advertising Pool ck #257

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 9/13/13

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

R. George

AMESBURY INDUSTRIAL
SUPPLY CO.
Merchant 24 HIGH ST. AMESBURURY MA
TEL. 978 388 1313
THANK YOU
XXXXXX ////////////////////////
VISA 09-05-2013 #0000
Total TAXABLE 11.10T
09/0 TXBL TL 1 11.10
Inv# TAX 1 0.69
App CASH 11.79
ITEM 1
2120 13:20TM

R. George

THANK YOU FOR SHOPPING AT
KELLY'S TRUE VALUE
163 STATE STREET
NEWBURYPORT, MA 01950
(978) 462-2951

9/04/13 12:45PM KC 558 SALE

164726	1	EA	4.19 EA
3/4"X66' PREM ELEC TAPE			4.19

SUB-TOTAL: 4.19 TAX: .26
TOTAL: 4.45
BK CARD AMT: 4.45
BK CARD#: XXXXXX0156

==>> JRNL#A72605 <<==
CUST # *5

www.kellystruevalue.com
WWW.FACEBOOK.COM/KELLYSTRUEVALUE

Customer Copy

R. George

THANK YOU FOR SHOPPING AT
KELLY'S TRUE VALUE
163 STATE STREET
NEWBURYPORT, MA 01950
(978) 462-2951

9/12/13 10:26AM AG 552 SALE

147454	2	EA	3.69 EA
60" LD UCHAN FENCE POST			7.38

SUB-TOTAL: 7.38 TAX: .46
TOTAL: 7.84
BK CARD AMT: 7.84
BK CARD#: XXXX3807

==>> JRNL#A75589 <<==
CUST # *5

www.kellystruevalue.com
WWW.FACEBOOK.COM/KELLYSTRUEVALUE

Customer Copy

R. George

THANK YOU FOR SHOPPING AT
KELLY'S TRUE VALUE
163 STATE STREET
NEWBURYPORT, MA 01950
(978) 462-2951

9/06/13 10:29AM KC 558 SALE

147462	6	EA	4.49 EA
72" LD UCHAN FENCE POST			26.94

SUB-TOTAL: 26.94 TAX: 1.68
TOTAL: 28.62
BK CARD AMT: 28.62
BK CARD#: XXXXXXXX3807

==>> JRNL#A74121 <<==
CUST # *5

www.kellystruevalue.com
WWW.FACEBOOK.COM/KELLYSTRUEVALUE

Customer Copy

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

Commonwealth
of Massachusetts

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: 9/9/13

Name of Individual Being Reimbursed: Deborah Andrews

Committee Name: Committee to Elect Donna Holaday

CPF ID Number (if applicable): 300 33 0033 Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
9/4/13	Dunkin Donuts	167 State St Hbpt MA 01950	Event - standard	42.84
9/9/13	Dunkin Donuts	167 State St Newburyport MA	Event - standard	32.08

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	
Line 2: Expenditures $50 or under (not itemized):	74.92
Line 3: TOTAL AMOUNT REIMBURSED:	74.92

Signed under the penalties of perjury:

Deborah Lindsley Andrews
Signature of Candidate / Treasurer

Date: 9/9/13

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

Welcome to Dunkin' Donuts
Store #336030
167 State St, Newburyport
8/31/2013 9:52:41 AM

Eat In
Order Number: 242

Register:1 Tran Seq No: 2802242
Cashier:Kristie-lee

1	Bx Joe Orig Blnd	14.99
1	Bx Joe Dcf	14.99
1	25 Munchkins	4.99
3	Cooler Poland Spring	5.07
	Sub. Total:	$40.04
	Tax:	$2.80
	Total:	$42.84
	Discount Total:	$0.00
	Change	$0.00
	Master Card:	$42.84

****

HEY AMERICA!

WANT A FREE DONUT WHEN YOU PURCHASE A MEDIUM OR LARGER BEVERAGE?
Go to www.telldunkin.com on your computer or mobile device in the next 3 days and tell us about your visit.

Te invitamos a participar en nuestra encuesta.

Survey Code: 24201-36030-0908-3134

Enter Validation Code: _____
Bring receipt with code to redeem offer.
Visit DunkinDonuts.com for redemption restrictions.
Franchisee: Please use PLU #201

Thank You
Have a Great Day!

Welcome to Dunkin' Donuts
Store #336030
167 State St, Newburyport
9/7/2013 9:33:10 AM

Eat In
Order Number: 068

Register:2 Tran Seq No: 2812068
Cashier:Jessica G.

1	25 Munchkins	4.99
1	Bx Joe Orig Blnd	14.99
1	Bx Joe Dcf	14.99
1	M3405 Free 25 Munchkins	(4.99)
	Sub. Total:	$29.98
	Tax:	$2.10
	Total:	$32.08
	Discount Total:	($4.99)
	Change	$0.00
	Master Card:	$32.08

****

HEY AMERICA!

WANT A FREE DONUT WHEN YOU PURCHASE A MEDIUM OR LARGER BEVERAGE?
Go to www.telldunkin.com on your computer or mobile device in the next 3 days and tell us about your visit.

Te invitamos a participar en nuestra encuesta.

Survey Code: 06801-36030-0909-0732

Enter Validation Code: _____
Bring receipt with code to redeem offer.
Visit DunkinDonuts.com for redemption restrictions.
Franchisee: Please use PLU #201

Thank You
Have a Great Day!