



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
CITY CLERK'S OFFICE  
NEWBURYPORT, MA

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

10/27/13

Ending Date:

12/31/13

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):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

12,968.36

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

1,651.25

Line 3: Subtotal (line 1 plus line 2)

14,619.61

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

7,777.13

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

6,842.48

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:

### 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:

1/15/14

### 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:

Donna D Holaday (Candidate's signature)

Date:

1/10/14

## 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]

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Committee to Elect Donna Holaday  
Schedule A: Receipts - Year End Report 2013

DATE	NAME	ADDRESS	AMOUNT	OCCUPATION	EMPLOYER
11/2/2013	Alcina	Pierre			
		42 High St	\$50.00	Newburyport, MA 01950	
11/2/2013	CTE Kim Driscoll				
		PO Box 8111	\$100.00	Salem, MA 01970	
11/2/2013	Fountain	Timothy			
		3 Pond St	\$50.00	Newburyport, MA 01950	
11/2/2013	Grayson	Stanely			
		20 Vassar Road	\$100.00	Marblehead, MA 01945	
11/2/2013	Griffin	Charles			
		3 Vernon Street	\$250.00	Newburyport, MA 01950	EGA, PC
10/30/2013	Lynch	Stephen			
		12 Exeter Way	\$100.00	Newbury, MA 01952	
10/30/2013	Lyons	Eleanor			
		8 Oak Street	\$50.00	Newburyport, MA 01950	
11/2/2013	McGovern	James			
		23 Arlington St	\$100.00	Newburyport, MA 01950	
11/2/2013	Myhre	Kate			
		42 Boardman St	\$50.00	Newburyport, MA 01950	
11/2/2013	Neff	Tracy			
		71 Prospect St	\$75.00	Newburyport, MA 01950	
11/2/2013	Nippes	Ray			
		16 Essex St	\$100.00	Newburyport, MA 01950	
11/2/2013	Rees	David			
		256 High St	\$100.00	Newburyport, MA 01950	
11/13/2013	Scorzoni	Christian			
		24 Monroe St	\$100.00	Amesbury, MA 01913	
11/2/2013	Shakespeare	Matthew			
		24 Marlboro Street	\$50.00	Newburyport, MA 01950	
11/2/2013	Skiba	Candice			
		234A High St	\$100.00	Newburyport, MA 01950	
11/2/2013	Tierney	John			
		21 Settlers Way	\$100.00	Salem, MA 01970	
10/30/2013	Zoltai	Peter			
		8 Hancock Street	\$100.00	Newburyport, MA 01950	
Total Receipts over \$50:			\$1,575.00		
Total Receipts \$50 and under:			\$76.25		
Total Receipts this Period:			\$1,651.25		



**SCHEDULE A: RECEIPTS (continued)**[illegible]

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

1,575.-

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

76.25

**Line 11: TOTAL RECEIPTS IN THE PERIOD**

1,651,20

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.)

[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.

Committee to Elect Donna Holaday  
Schedule B: Expenditures - End of Year Report Period 2013

Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount
11/6/2013	Andrews, Deborah - Reimbursement	20 Auburn Street, Newburyport, MA 01950	event	-\$154.22
10/30/2013	Connolly Printing	17B Gill St, Woburn, MA 01801	advertising	-\$2,285.69
11/13/2013	Corbett & Lalli	60 Boston St, PO Box 752 Middleton, MA 01949	advertising	-\$1,000.00
11/1/2013	Daily News	Pleasant Street, Newburyport, MA 01950	advertising	-\$700.00
11/6/2013	David's Tavern	11 Brown Square, Newburyport, MA 01950	event	-\$1,053.23
	Guillou, Colleen -			
11/2/2013	Reimbursement	3 Bourbeau Terrace, Newburyport, MA 01950	event	-\$77.53
11/4/2013	IPFS Corporation	PO Box 905849 Charlotte, NC 28290	insurance	-\$61.75
11/25/2013	Mill River Winery	498 Newburyport Turnpike, Rowley MA 01969	event	-\$610.20
11/1/2013	Minuteman Press	188 Route One, Newburyport, MA 01950	advertising	-\$582.74
12/12/2013	Minuteman Press	188 Route One, Newburyport, MA 01950	event	-\$261.21
11/4/2013	Newburyport Development	1nn Street, Newburyport, MA 01950	rent	-\$200.00
11/5/2013	Oregano's	16 Pleasant Street, Newburyport, MA 01950	event	-\$85.92
11/4/2013	The Legends	6 Federal Street, Newburyport, MA 01950	advertising	-\$350.00
12/2/2013	USPS - PO Box Rental	Pleasant Street, Newburyport, MA 01950	office expense	-\$96.00
12/11/2013	USPS - Stamps	Pleasant Street, Newburyport, MA 01950	event	-\$165.60
		Total Expenditures over \$50		-\$7,684.09
		Total Expenditures \$50 and under		-\$93.04
		<b>TOTAL Expenditures in the period:</b>		<b>-\$7,777.13</b>







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:	11/6/13
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
11/5	Shaw's	45 Storey Ave Newburyport MA 0195	Food - Election day	
11/5				

(Include items listed on Page 2)

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

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

3 receipts  
under \$50

91.93

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

*Boh Lumbly Hall*  
Signature of Candidate / Treasurer

Date:

11/6/13

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





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

Cashier: Aaron

11/05/13

11:13:50

### GROCERY

SH WTR 24PK_PALL	4567421415	3.77 F
=> 3.34 After Promotional Savings		-.43 F
SH WTR 24PK_PALL	4567421415	3.77 F
=> 3.33 After Promotional Savings		-.44 F
SH WTR 24PK_PALL	4567421415	3.77 F
=> 3.33 After Promotional Savings		-.44 F
NG FRT CRNCH APL	3800072414	3.29 F
=> 2.50 After Promotional Savings		-.79 F
HL-EE-RCL STG BG	4130301240	3.49 T
=> 1.99 After Promotional Savings		-1.50 T
SV 16OZ TRSNLCNT	4113030532	1.19 T
SV ASRTD SNOW CK	4113031027	2.39 F
NG CHOCOLATE CRU	3800072434	3.29 F
=> 2.50 After Promotional Savings		-.79 F
NG TOFFEE CRUNCH	3800072437	3.29 F
=> 2.50 After Promotional Savings		-.79 F
NG FRUIT CRUNCH	3800072409	3.29 F
=> 2.50 After Promotional Savings		-.79 F
HL-EE EVRDY NPKN	4130301323	3.79 T
HL-EE GIANT LNCH	4130301285	2.39 T
EF LRG ALL-PURP	5209222368	2.89 T

### PRODUCE

3.89 lb @ 1.29 / lb	
TOTE EMPIRE APPL	5.02 F
4.50 lb @ 1.29 / lb	
TOTE EMPIRE APPL	5.81 F

### LA CARTE

\$5 HAM/SWISS 12	29722700000	5.00 FT
\$5 TRKY/SWISS 12	20725600000	5.00 FT
\$5 ITAL & PROVLO	28725800000	5.00 FT
SUBTOTAL		60.47
TAX 1 6.250%		.77
TAX 2		1.05

**TOTAL 62.29**

Debit TENDER 82.29  
Acct:XXXXXXXXXXXX0203  
CARD: 0000 0000 0000 0000

Deborah

Welcome to Dunkin' Donuts  
Store #304921  
70 Storey Ave, Newburyport  
11/5/2013 7:22:04 AM

**Eat In**  
**Order Number: 919**

Register:1

Tran Seq No: 3380919

Cashier: Joseph B.

2 50 Munchkins	12.98
2 Bx Joe Orig Blnd	29.98

Sub. Total:	\$42.96
Tax:	\$3.01
Total:	\$45.97
Discount Total:	\$0.00

Change	\$0.00
Master Card:	\$45.97

\*\*\*\*\*

**HEY AMERICA!**

WANT A FREE DONUT WHEN YOU PURCHASE A  
MEDIUM OR LARGER BEVERAGE?

Go to [www.telldunkin.com](http://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: 91901-04921-0711-0536

Enter Validation Code: \_\_\_\_\_  
Bring receipt with code to redeem offer.

Visit [DunkinDonuts.com](http://DunkinDonuts.com) for  
redemption restrictions  
Franchisee: Please use PL

Thank You Come Back



Deborah

Welcome to Dunkin' Donuts  
Store #304921  
70 Storey Ave, Newburyport  
11/2/2013 9:49:24 AM

Eat In

Order Number: 585

Register:2 Tran Seq No: 3376585  
Cashier:Merissa W.

1 Bx Joe Orig Blnd	14.99
1 50 Munchkins	6.49

Sub. Total:	\$21.48
Tax:	\$1.50
Total:	\$22.98
Discount Total:	\$0.00

Change	\$0.00
Master Card:	\$22.98

\*\*\*\*\*

HEY AMERICA!

WANT A FREE DONUT WHEN YOU PURCHASE A  
MEDIUM OR LARGER BEVERAGE?

Go to [www.telldunkin.com](http://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: 58501-04921-0911-0236

Enter Validation Code: \_\_\_\_\_  
Bring receipt with code to redeem offer.  
Visit [DunkinDonuts.com](http://DunkinDonuts.com) for  
redemption restrictions.  
Franchisee: Please use PLU #201

Thank You Come Back Again

Deborah

Welcome to Dunkin' Donuts  
Store #304921  
70 Storey Ave, Newburyport  
11/3/2013 11:47:32 AM

Drive-Thru

Order Number: 455

Register:5 Tran Seq No: 3378455  
Cashier:Order T.

1 50 Munchkins	6.49
1 Bx Joe Orig Blnd	14.99

Sub. Total:	\$21.48
Tax:	\$1.50
Total:	\$22.98
Discount Total:	\$0.00

Change	\$0.00
Master Card:	\$22.98

\*\*\*\*\*

HEY AMERICA!

WANT A FREE DONUT WHEN YOU PURCHASE A  
MEDIUM OR LARGER BEVERAGE?

Go to [www.telldunkin.com](http://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: 45504-04921-1111-0331

Enter Validation Code: \_\_\_\_\_  
Bring receipt with code to redeem offer.  
Visit [DunkinDonuts.com](http://DunkinDonuts.com) for  
redemption restrictions.  
Franchisee: Please use PLU #201

Thank You Come Back Again





Commonwealth  
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:

11/2/13

Name of Individual Being Reimbursed:

Colleen Guileo

Committee Name:

Committee to Elect Donna Holodney

CPF ID Number (if applicable):

300 93 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): 3 receipts attached

77.53

Line 3: TOTAL AMOUNT REIMBURSED:

77.53

pdf #  
ch  
312

Signed under the penalties of perjury:

Beth Buckley Hall  
Signature of Candidate / Treasurer

Date:

11/2/13

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





Callan

Welcome to Dunkin' Donuts  
Store #304921  
70 Storey Ave, Newburyport  
10/5/2013 10:03:59 AM

**Drive-Thru**  
**Order Number: 295**

Register:5 Tran Seq No: 3331295  
Cashier:Order R.

1	Ht Cof MD OrigBlnd	1.85
1	PumpSwrl	
	Cream	
1	Ht Cof SM Decaf	1.49
	Less Cream	
	Less Sugar	
1	Bx Joe Orig Blnd	14.99
1	50 Munchkins	6.49
1	Assorted	

Sub. Total: \$24.82  
Tax: \$1.74  
Total: \$26.56  
Discount Total: \$0.00

Change \$0.00  
American Express: \$26.56

\*\*\*\*\*

Callan

Welcome to Dunkin' Donuts  
Store #304921  
70 Storey Ave, Newburyport  
10/26/2013 9:33:24 AM

**Drive-Thru**  
**Order Number: 466**

Register:5 Tran Seq No: 3365466  
Cashier:Order R.

1	50 Munchkins	6.49
1	Assorted	
1	Bx Joe Orig Blnd	14.99
1	Ht Cof SM OrigBlnd	1.49
1	FrnchVan Flvr	
1	Reg-Crm&Sug	

Sub. Total: \$22.97  
Tax: \$1.61  
Total: \$24.58  
Discount Total: \$0.00

Change \$0.00  
American Express: \$24.58

\*\*\*\*\*

Callan

Welcome to Dunkin' Donuts  
Store #335030  
167 State St, Newburyport  
9/17/2013 7:41:12 AM

**Drive-Thru**  
**Order Number: 610**

Register:5 Tran Seq No: 2826610  
Cashier:Recall O.

1	Ht Cof SM OrigBlnd	1.49
1	PumpSwrl	
1	Skw Milk	
1	Bx Joe Orig Blnd	14.99
1	50 Munchkins	6.49
1	Assorted	
1	Wrap Bon FRD AM	1.69

Sub. Total: \$24.66  
Tax: \$1.73  
Total: \$26.39  
Discount Total: \$0.00

Change \$0.00  
American Express: \$26.39

\*\*\*\*\*  
IFU AUFTHA I



**SCHEDULE B: EXPENDITURES (continued)**[illegible]

Line 12: Expenditures over \$50 (or listed above)

7,684.05

**Line 13: Expenditures \$50 and under\* (not listed above)**

9304

Enter on page 1, line 4 →

**Line 14: TOTAL EXPENDITURES IN THE PERIOD**

7,777.13

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

• 3 •

[illegible]

~~SECRET~~

~~SECRET~~

*[Handwritten signature]*

Page 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
Enter on page 1, line 7 →		<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>		





Commonwealth  
of Massachusetts

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

RECEIVED  
CITY CLERK'S OFFICE  
NEWBURYPORT, MA

2014 JAN 16 A 11:37

File with: City or Town Clerk or Election Commission

CPF ID# 300 33 0033

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

Committee Name: Committee to Elect Donna Holaday Date of report: 1/15/14

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:

Signed under the penalties of perjury:

Donna D. Holaday 1/10/14  
Candidate signature Date

Beth L. Kelly Hall 1/15/14  
Treasurer signature Date

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

