

Form CPF M 102: Campaign Finance Report

Municipal Form

RECEIVED CITY CLERK'S OFFICE HEWBURYPORT, MA

Office of Campaign and Political Finance

of Massachuse	etts	File with Claylor Pown Blerk or Election Sammission
Fill in Re	porting Period dates: Beginning Date: Octob	ber 19, 2013 Ending Date: December 31, 2013
7 1	Report: (Check one) preceding preliminary	☐ 30 day after election ※ year-end report ☐ dissolution
Gregory E	arls	Committee to Elect Greg Earls
	Candidate Full Name (if applicable)	Committee Name
Mayor, Cit	y of Newburyport	Neil Bleicken
1 miles v	Office Sought and District	Name of Committee Treasurer
25 Milk Sti	reet, Newburyport, MA 01950	25 Milk Street, Newburyport, MA 01950
Kanada Cara Cara Cara Cara Cara Cara Cara C	Residential Address	Committee Mailing Address
Telephone Nu	umber (optional):	Telephone Number (optional):
	SUMMARY BALANC	CE INFORMATION:
į	Line 1: Ending Balance from previous report	1,002.06
	Line 2: Total receipts this period (page 3, line 11)) 0
	Line 3: Subtotal (line 1 plus line 2)	1,002.06
	Line 4: Total expenditures this period (page 5, lin	ne 14) 531.95
	Line 5: Ending Balance (line 3 minus line 4)	470.11
	Line 6: Total in-kind contributions this period (pa	age 6) 0
	Line 7: Total (all) outstanding liabilities (page 7)) 0
	Line 8: Name of bank(s) used: Institution for Savin	ngs
I certify that I activity, inclu finance activi Signed under FOR CAN Candida I certify activity, incurred Candida	ding all contributions, loans, receipts, expenditures, disbursements, in-kind ty of all persons acting under the authority or on behalf of this committee in the penalties of perjury: DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 beat with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in act any liabilities nor made any expenditures on my behalf during this reporting the without Committee OR Candidate with independent activity filing sets.	(Treasurer's signature) Date: 3/(6/3e/4) Dox only) The best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, any period.
I certify	that I have examined this report including attached schedules and it is, to the	he best of my knowledge and belief, a true and complete statement of all campaign its, in-Rpid contributions and liabilities for this reporting period and represents the
Signed under	r the penalties of perjury:	(Candidate's signature) Date: 3,22,15

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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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I .		Line Comments of the Comments	No. of the Control of
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)	Additional to the second secon	
		· Control of the cont	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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	pts over \$50 (or listed above)	V V	
Line 10: Total Rece	sipts \$50 and under* (not listed above)	0	
Line 11: TOTAL l	RECEIPTS IN THE PERIOD	0	← 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	ditures. Please include your comm To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Dec 5, 2013	Dawn's Sign Tech	33 Flagship Drive, North Andover, MA 01845	Sign	\$255.00
Dec 6, 2013	Rochelle Joseph	tbd	Consulting for candidate's appearance	\$266.95
Million of Commission of Commi				
CALL CONTRACTOR OF THE PROPERTY OF THE PROPERT				Control of the Contro
A STATE OF THE STA				
Andreas of the section of the sectio		Line 12: Total Expenditure	es over \$50 (or listed above)	\$521.95
		Line 13: Total Expenditure	s \$50 and under* (not listed above)	(
	Enter on page 1, line 4 -		DITURES IN THE PERIOD 13 should include only those expenditure	

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

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Expenditures over \$5		
		Line 13: Expenditures \$50 and		· · · · · · · · · · · · · · · · · · ·
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD Line 14: TOTAL EXPENDITURES IN THE PERIOD				

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

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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
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postaria de la constanta de la				
	And the second s			
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	Landing was proper production and the backets to the
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	\$10.00
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			\$531.95	

^{*} 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.

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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
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