

# Form CPF M 102: Campaign Finance Report NEWBURYFORD MA Municipal Form Office of Campaign and Political Finance 2017 JAN 20 A 11: 15

Fill in Reporting Period dates: Beginning Date: Jan	1, 2016 Ending Date: Dec 31, 2016
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election
Jared Eigerman	Jared Eigerman Candidates Committee
Candidate Full Name (il'applicable)	Committee Name
Newburyport City Council, Ward 2	Stephanic Niketic
Office Sought and District	Name of Committee Treasurer
83 High Street, Newburyport, MA 01950	83 High Street, Newburyport, MA 01950
Residential Address	Committee Mailing Address
E-mail jaredeigerman@yahoo.com	E-mail jaredeigerman@yahoo.com
Phone # (optional):	Phone # (optional):
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	432.54
Line 2: Total receipts this period (page 3, line 11	1,000
Line 3: Subtotal (line 1 plus line 2)	1,432.54
Line 4: Total expenditures this period (page 5, li	ne 14) 1,146.8
Line 5: Ending Balance (line 3 minus line 4)	285.74
Line 6: Total in-kind contributions this period (p	page 6)
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Newburyport Five of	Cents Savings Bank
activity, of all persons acting under the authority or on behalf of this committee in a incurred any habilities nor made any expenditures on my behalf during this reportin  Candidate without Committee OR Candidate with independent activity filing s  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures disbursement	(Treasurer's signature)  Date: JAN 20, 2017  (Treasurer's signature)  Date: JAN 20, 2017  Date: JAN 20, 20
campaign finance activity of all persons acting under the authority or on behalf of the signed under the penalties of perjury:	(Candidate's signature)  Date:

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## 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 S200 or more)
Jan 25, 2016	Bilodeau, Mark 63 High Street Newburyport, MA 01950	500	Certified Financial Planner Commonwealth Financial Resources
Jan 22, 2016	Fairweather, Howard 4 Parsons Street Newburyport, MA 01950	250	Retired
Jan 25, 2016	Niketic, Stephanie 93 High Street Newburyport, MA 01950	250	Owner Sutra, Inc.
Line 9: Total Receipts over \$50 (or listed above)		1,000	
ine 10: Total Recei	ipts \$50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,000	← Enter on page 1. line 2

<sup>\*</sup> 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
			Tu post of Expenditure	Timount
Jan 25, 2016	Eigerman, Jared	83 High Street Newburyport, MA 01950	Loan Repayment	1,146.8
		7		
2.000				
300 00 00 00 00 00 00 00 00 00 00 00 00				
		Line 12: Total Expenditures ov		1,146.8
		Line 13: Total Expenditures \$50	L	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1,146.8

<sup>\*</sup> 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	Value		
To any or the state of the stat					
		Line 15: In-Kind Contributions over \$50 (or listed above)			
		Line 16: In-Kind Contributions S	\$50 & under (not listed above)		
	Enter on page 1, line 6 $\rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0	

<sup>\*</sup> 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
	-			
100000000000000000000000000000000000000				
	Enter on page 1. line 7 →	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	0

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