



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: December 31, 2015 Ending Date: 11: December 31, 2016

Type of Report: (Check one)

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

<u>Joseph H. Devlin</u> Candidate Full Name (if applicable)	<u>CTE Joe Devlin</u> Committee Name
<u>City Council - at-large</u> Office Sought and District	<u>Nicole Devlin</u> Name of Committee Treasurer
<u>3 Dexter Lane, NBPT, MA 01950</u> Residential Address	<u>(Same)</u> Committee Mailing Address
E-mail: <u>jdevlin@nbpt@gmail.com</u>	E-mail: <u>(Same)</u>
Phone # (optional): <u>017-894-3672</u>	Phone # (optional): <u>(Same)</u>

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$29.48</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$29.48</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$29.48</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Newburyport Five Cents Savings</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: Nicole Devlin (Treasurer's signature) Date: 1/19/17

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: [Signature] (Candidate's signature) Date: 1/20/17

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)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

* 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 A: RECEIPTS (continued)[illegible]

← 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]

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

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

Enter on page 1, line 4 →

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.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			Line 12: Expenditures over \$50 (or listed above)	
			Line 13: Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			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.

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.

[illegible]

* 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
Enter on page 1, line 7 →		Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)		



NEWBURYPORT
FIVE CENTS SAVINGS
BANK

63 State Street, Newburyport (978) 462-3136

Page 1 of 1

Trnc BK58M L 396 -396
COMMITTEE TO ELECT JOE DEVLIN
3 DEXTER LN
NEWBURYPORT MA 01950-3801

Statement Date: 11/05/16
Account Number: 9143405

***** FREE SMALL BUSINESS CHECKING

9143405 *****

All Transactions by Date

Date	Description	Amount	Balance
10/05	Balance Forward ----->		29.48

Account Summary

Previous Statement Date: 10/05/16

Beginning		Deposits	Interest		Withdrawals	Service		Ending
Balance	+		+ Paid -			Charge	=	Balance
29.48		.00	.00		.00	.00		29.48

Statement from 10/06/16 Thru 11/05/16

*****Summary of Deposit Accounts *****

AP	ACCOUNT	BALANCE	INT-RATE%	YTD-INT	YTD-PENALTY	MATURITY
CK	9143405	29.48				

CHANGE OF ADDRESS NOTIFICATION

TO CHANGE YOUR ADDRESS, PLEASE COMPLETE THIS FORM. DETACH AND MAIL TO: NEWBURYPORT FIVE CENTS SAVINGS BANK, P.O. BOX 350, NEWBURYPORT, MA 01950 OR BRING IT TO ANY OF OUR BANKING OFFICES.

NUMBER AND STREET		CITY	STATE	ZIP CODE	NEW TELEPHONE NUMBER
CHECKING ACCOUNT NUMBER	SAVINGS ACCOUNT NUMBER		SAFE DEPOSIT NUMBER		
INSTALLMENT LOAN NUMBER	MORTGAGE AND LOAN NUMBER		OTHER (Specify and give Account Number, if any)		
VISA CREDIT CARD NUMBER	DATE		AUTHORIZED SIGNATURE		

PLEASE TEAR ALONG DOTTED LINE

USE THESE EASY STEPS TO BALANCE YOUR CHECKBOOK WITH THIS STATEMENT:

OUTSTANDING CHECKS		
NUMBER	AMOUNT	
TOTAL		

ADJUST YOUR CHECKBOOK BALANCE AS FOLLOWS:

1. ENTER YOUR CHECKBOOK BALANCE \$ _____
2. SUBTRACT ALL BANK CHARGES
FROM YOUR ACCOUNT - _____
- SUBTOTAL → _____
3. ADD INTEREST * AND OTHER
MISCELLANEOUS CREDITS + _____
- CHECKBOOK TOTAL
THIS TOTAL SHOULD NOW APPEAR
IN YOUR CHECK REGISTER

ADJUST YOUR STATEMENT AS FOLLOWS:

4. ENTER STATEMENT
ENDING BALANCE _____
5. ADD TOTAL OF DEPOSITS NOT
YET SHOWN ON THIS STATEMENT + _____
- SUBTOTAL → _____
5. LIST ALL CHECKS NOT YET PAID
BY THE BANK IN THE SPACES
AT THE LEFT. SUBTRACT THE
TOTAL OF THESE OUTSTANDING
CHECKS. _____

ADJUSTED BALANCE
THIS FIGURE SHOULD AGREE
WITH YOUR CHECKBOOK TOTAL
FROM ABOVE.

IN CASE OF ERRORS OR INQUIRES
ABOUT YOUR STATEMENT

DIRECT DEPOSITS

If you have arranged to have direct deposits made to your account (i.e., Social Security deposits, etc.) you can call the Newburyport Bank at (978) 462-3136 to find out whether or not the deposit has been made.

STOP PAYMENTS

If you instruct Newburyport Bank to make regular payments from your account you can stop any of these payments by calling Newburyport Bank at (978) 462-3136 or write the Newburyport Bank, Attn: Customer Service Department, P.O. Box 350 in time for Newburyport Bank to receive your request 3 business days or more before the payment is scheduled to be made. If you call we may also require you to put your request in writing and deliver it to us within 14 days after you call. There is a stop payment charge for each stop payment order you request.

LOST OR MISUSED CARDS

Please tell us AT ONCE when you think your ATM or Master Money Card, your PIN or both has been lost, stolen or used without your permission. Telephoning is the best way to minimize possible losses. You can lose no more than \$50 if you fail to give us notice of your lost or stolen Card or PIN and your Card or PIN is used without your permission.

If you think your Card, your PIN, or both has been lost or stolen or that someone has transferred or may transfer money from your accounts without your permission call:

(978) 462-3136
during regular banking hours
800-264-5575
after banking hours
or write:

Newburyport Five Cents Savings Bank
Attention: Customer Service Department
P.O. Box 350
Newburyport, MA 01950

IN CASE OF ERRORS OR INQUIRIES ABOUT YOUR
ELECTRONIC TRANSFERS

Telephone us at (781) 462-3136 or write us promptly at Newburyport Five Cents Savings Bank, Attn: Customer Service Department P.O. Box 350, Newburyport, MA 01950 if you think there is an error in your statement or if you need more information about a transfer listed on the statement. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared.

1. Please tell us your name and account number.
2. Then describe the error or the electronic fund transfer you think is incorrect and clearly explain why you believe it is an error or why you need more information.
3. Finally tell us the dollar amount of the suspected error. We will investigate your complaint and will correct any error promptly if we take more than 10 business days to do this we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR CASH RESERVE/
HOME EQUITY ACCOUNT

If you think there is an error in your statement or if you need more information about a transaction on your statement write us at Newburyport Five Cents Savings Bank, P.O. Box 350, Newburyport, MA 01950 as soon as possible. We must hear from you no later than 60 days after we sent you the FIRST statement in which the error or problem appeared. You can call us at (978) 462-3136 but doing so will not preserve your rights. In your letter please provide us with the following information:

1. Your name and account number.
2. The dollar amount of the suspected error.
3. Describe the error and explain why you believe there is an error.
4. If you need more information about a transaction on your statement, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount in question.

IMPORTANT INFORMATION FOR CASH RESERVE AND HOME EQUITY CUSTOMERS:

As shown on the face of this statement, Previous Balance includes any unpaid **FINANCE CHARGE** and principal balance outstanding at the end of the previous billing period. Total Payments and Credits this period includes all payments and credits, adjustments and Total debits this period includes all advances and debit adjustments but not the **FINANCE CHARGE**. Payments are applied first to any unpaid **FINANCE CHARGE** then to the principle balance outstanding in the loan account.

The Daily Balance on which the **FINANCE CHARGE** is computed is determined by the following:

- We start with the outstanding advances and unpaid finance charges at the beginning of the statement period.
- Each day we subtract the portion of any payment we receive that is to be applied to the outstanding balance, excluding any accrued but unpaid finance charges. We subtract any other credits, add any new advances and make any other adjustments that are necessary. This gives us our daily balance.



TELLERPHONE BANKING
TOLL FREE 877-462-3136

OR INTERNET BANK www.newburyportbank.com

Member of FDIC. Member of DIF.  An Equal Housing Lender.



An Equal Housing Lender.