



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

2011 OCT 31 P 3:17

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month June Day 17 Year 2011 Ending Month Oct Day 18 Year 2011

Type of report: (Check one)

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

Kathleen O. Connor Ives

Full Name of Candidate (if applicable)

City Councillor at-Large

Office Sought and District

1 Inn St. Suite 8

Residential Address

Newburyport, MA

978-462-01950 Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 810.65
Line 3: Subtotal (line 1 plus line 2) \$ 810.65
Line 4: Total expenditures this period (page 3, line 14) \$ 810.65
Line 5: Ending balance (line 3 minus line 4) \$ 0
Line 6: Total in-kind contributions this period (page 4) \$ ---
Line 7: Total (all) outstanding liabilities (page 4) \$ ---
Line 8: Name of bank(s) used Institution for 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:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

Kathleen O. Connor Ives
Candidate signature (in ink)

10-31-11
Date

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.

This page may be copied 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)
10/12	Kathleen 1 Inn St O'Connor Ives Suites Newburyport	265.36	Attorney
10/6	Kathleen 1 Inn St O'Connor Ives Suites Newburyport	66.41	
10/10	Kathleen O'Connor Ives 1 Inn St Suites Newburyport	313.44	Attorney
10/7	Kathleen 1 Inn St O'Connor Ives Suites Newburyport	64.08	
Line 9: Total receipts in excess of \$50 (or listed above)		709.21	
Line 10: Total receipts \$50 and under* (not listed above)		101.44	
Line 11: TOTAL RECEIPTS IN THE PERIOD		810.65	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.

This page may be copied 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	
10/12	Zip Type	50 Kent St. Newburyport, MA	Campaign literature	265.	36
10/6	Connolly printing	17B Gill St Woburn, MA	metal sign frames	66.	41
10/10	Connolly printing	17B Gill St. Woburn, MA	Campaign sign	313.	44
10/7	WNBZ Radio	Merrimack Landing Newburyport	3 airings of radio ad	64.	00
Line 12: Expenditures over \$50				709.	21
Line 13: Expenditures \$50 and under*				101.	44
Line 14: TOTAL EXPENDITURES				810.	65

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.