

Form CPF M 102: Campaign Finance Report Municipal Form

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| | RECEIVED | | | V Cammission |
| | CITY CLERK'S OFFICE NEWBURYPORT, MA | | File with: City or Town | Clerk or Election Commission |
| Commonwealth | 利と費DUNTFUNGTIA | | | |
| | 2013 OCT 19.9:m/hg Dat@:2 8/1/13 | 3 | Ending Date: 10/28/13 | |
| Donortii | ng Period dates 113 OCT 13 of innthing Pata: 2 8/1/13 | | | |
| Fill in Report | ing i dive | | | emi dissolution |
| | 1 200 | • | er election year-end rep | ort dissolution |
| Type of Repor | | 30 day afte | er election (2) | |
| out downtrect | eding preliminary 8th day preceding | | Madline | |
| 8th day proc | O I | Committee | e to Elect Sheila Mullins | A STATE OF THE STA |
| providence of the same of the | | | Committee Name | CONTRACT CON |
| Sheila A. Mullir | Candidate Full Name (if applicable) | | | |
| | Candigate For Francisco | Brett C. B | Name of Committee Tre | asurer |
| The state of the s | | 1 | | The same of the sa |
| City Council | Office Sought and District | 1 | ona St., Peabody MA 01960 | and the second s |
| | | 138 Wino | Committee Mailing Ac | ddress |
| a parsons St. | , Newburyport MA 01950 | | | |
| Parsons St. | Residential Address | - m. 1 . 1 . mm - | Number (optional): | 7816329425 |
| 1 | 9784628959 | Telephone | | |
| Telephone Numb | | | TON. | |
| Teleprior | SUMMARY BALAN | ICE INFO | RMATION: | |
| | SUMMARI BALL | 1 | The state of the s | 0 \ |
| | a mardona renort | l | | |
| | Line 1: Ending Balance from previous report | | | 1010 |
| | 1 (uses 2 line | 11) | | |
| | Line 2: Total receipts this period (page 3, line | , | | 1010 |
| · | | | | |
| | Line 3: Subtotal (line 1 plus line 2) | | | 577.41 |
| | Line 5. Buston | (line 14) | | |
| | Line 4: Total expenditures this period (page 5 | , mic 1-17 | Marie Control of the | 432.59 |
| | Line 4. Louis and | | | 4,72,33 |
| | Line 5: Ending Balance (line 3 minus line 4) | | | 161.44 |
| Ì | Line 5: Ending 2 | 1 (6) | | 101.44 |
| J | Line 6: Total in-kind contributions this perio | d (page o) | | |
| | Line 6: Total III-Kills | | | 0 |
| | Line 7: Total (all) outstanding liabilities (page | ge 7) | | And the state of t |
| | Line 7: Total (an) outstand | gerthal year to the same of th | | |
| | Line 8: Name of bank(s) used: TD Bank | | | |
| | | | | fall campaign finan |
| | | | nowledge and belief, a true and comple | te statement of all campaign |
| Affidavit o | f Committee Treasurer: at I have examined this report including attached schedules and it is, to cluding all contributions, loans, receipts, expenditures, disbursements, cluding all contributions, loans, receipts or on behalf of this committee of all persons acting under the authority or on behalf of this committee of the comm | the best of my ward the best of the contributes. | tions and liabilities for this reporting pe | 55. |
| I certify that | f Committee Treasurer: at I have examined this report including attached schedules and it is, to at I have examined this report including attached schedules and it is, to at I have examined this report including all contributions, loans, receipts, expenditures, disbursements, cluding all contributions, loans, receipts, expenditures, disbursements, cluding attached schedules and it is, to | mittee in accorda | nce with the requirements of the | Date: 10/28/13 |
| activity, in | ivity of all persons acting under the authority of on benian of | Surce | (Treasurer's signature) | <u> </u> |
| Illiance no. | der the penalties of perjury: | | | |
| Signed un | ANDIDATE FILINGS ONLY: Affidavit of Candidate: (c | heck 1 box only) | 1 | |
| FOR C. | ANDIDATE FILINGS ONLY: Affidavit of Candidate. Affidav | 1400 | tholief a true and C | complete statement of all campaig |
| | the with Committee and no activity independent of the commit | it is, to the best o | of my knowledge and benof, a M.G.L. c. | 55. I have not received any contain |
| Can | tify that I have examined this report including attached state of this comments of the support o | nittee in accordan | d. | |
| UNC) Lactit | ary of an policies of the second three of the | | | . C.11 coming) |
| incu | irred any manning the independent activ | ity illing separat | constrained and belief, a true and | ting period and represents the |
| Car | adidate without Committee UK Carincluding attached sehedules and | sbursements, in-k | ind contributions and liabilities for this | nents of M.G.L. c. 55. |
| I ce | rred any liabilities nor made any expenditure with independent active additate without Committee OR Candidate with independent activity that I have examined this report including attached schedules and note activity, including contributions, loans, poccipits, expenditures, diance activity of all persons acting and the authority or on the contributions. | behalf of this con | nmittee in accordance with size - 1 | Date: 10/28/13 |
| ear fine | adidate without Committee OR Candidate with many children with the committee of Candidate with the selectules and critify that I have examined this report including attacked selectules and critify including contributions, loans, precipts, expenditures, diamond activity, including contributions, loans, precipts, expenditures, diamond activity of all persons acting the critical including the contribution of the contribution | | (Candidate's signatur | e) Daw. |
| | and I want I | | | |
| Signed | under the penalties of perjury: | | | |

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.)

| The state of the s | 1 page number on | ich to this report, if additional pages are required to n each page.) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------|
| (alphabetical listing required) | Amount | Occupation & Employer |
| 8/12/13 Stephanie Neale/Novak Niketic 93 High Street Newburyport MA, 01950 | 250 | Sutra - Owner |
| 8/12/13 Patrice Lamy 186 High Street Newburyport MA, 01950 | 100 | |
| Thomas J. Lyons 38 Gien Dr. Peabody MA, 01960 | 100 | |
| 8/12/13 Thomas J. Duggan 75 Main Street North Andover MA, 01845 | 50 | |
| 8/12/13 Leonard Mirra 11 Mirra Way West Newbury MA, 01985 | 50 | |
| Ronaid Klodenski 18 Wildwood Dr. Newburyport MA, 01950 | 50 | |
| Susanne Meyer 126 Merrimack St. Unit 48 Newburyport MA, 01950 | | |
| Gerald I Lipsky/ Carrol Rouleau 26 Olive St. Newburyport MA, 01950 | 50 | |
| 7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 50 | |
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| | | |
| | | |
| ne 9: Total Receipts over \$50 (or listed above) | 450 | |
| ne 10: Total Receipts \$50 and under* (not listed above) | 560 | |
| ne 11: TOTAL RECEIPTS IN THE PERIOD You have itemized receipts of \$50 and under, include them in line 9. 1 | 1010 | Enter on page 1, line 2 |

SCHEDULE A: RECEIPTS (continued)

| eCHEDULE A: | SCHEDULE A: RECEIPTS (continued) Occupation & Employer | | | |
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| JULIA - | SCHEDULE A: RECEIPTS (continues) Occupation & Employer and Residential Address Amount (for contributions of \$200 or more) | | | |
| Name and Residential Address | Amount | (for contributions of sec | | |
| Name and Residential Name and | | | | |
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| aso (or listed above) | | | | |
| Line 9: Total Receipts over \$50 (or listed above) | | | | |
| Line 10: Total Receipts \$50 and under* (not listed | d above) | | | |
| Line 10: Total Receipts \$50 and | | ← Enter on page 1, line 2 | | |
| TOTAL RECEIPTS IN THE PERIO | D | Enter on page 1, the 2 Line 10 should include only those receipts not itemized about | | |
| Line 11: 101741 1 1 2 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | ade them in line 9. 1 | Line 10 should have | | |
| * If you have itemized receipts of \$50 | | | | |

^{*} 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

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amoun |
|-----------|-------------------------------------|---------------------------------------|------------------------|------------------------------------------|
| 9/30/13 | | 719 S St Francis Wichita, KS 67211 | DOORHANGERS | 436 |
| 8/30/13 | US POST OFFICE | NEWBURYPORT MA, 01950 | STAMPS | 66. |
| 8/12/13 | Loretta's Restraunt | State Street Neweburyport MA, 01950 | Fundraiser Dinner | |
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| | | 10 m · m | | |
| | | ine 12: Total Expenditures over | | 577.41 |
| | | ine 14: TOTAL EXPENDITUI | | 0 |

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4

SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
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| | | Line 12: Expenditures over | \$50 (or listed above) | |
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| | | Line 13: Expenditures \$50 as | | |
| | Enter on page 1, line 4 | → Line 14: TOTAL EXPEND | OITURES IN THE PERIOD 3 should include only those expendi | |

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 5

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 |
|---------------|---------------------------------------|----------------------------------------|---------------------------------|--------|
| 8/21/13 | Jerry Mullins | 7 Parsons St. Newburyport MA, 01950 | Postcards | 91.61 |
| 8/12/13 | Jerry Mullins | 7 Parsons St. Newburyport MA, 01950 | fundraiser decorations | 69.83 |
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| | | | | |
| | | Line 15: In-Kind Contributions | over \$50 (or listed above) | 161.44 |
| | | Line 16: In-Kind Contributions | \$50 & under (not listed above) | 0 |
| | Enter on page 1, line $6 \rightarrow$ | Line 17: TOTAL IN-KIND CO | ONTRIBUTIONS | 161.44 |

^{*} 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.

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.

| ate Incurred | To Whom Due | Address | Purpose | Amount |
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| | Enter on page 1 line 7 | → Line 18: TOTAL OUTSTA | ANDING LIABILITIES (ALL |) 0 Pa |