



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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NEWBURYPORT, MA

2023 OCT 30 A 10:57

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2023 Ending Date: 10/24/2023

Type of Report: (Check one)

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

Constance Preston

Candidate Full Name (if applicable)

Newburyport City Councillor At Large

Office Sought and District

18 Atwood St, Newburyport MA 01950

Residential Address

E-mail: connie.atlarge@gmail.com

Phone # (optional):

Committee To Re Elect Connie Preston

Committee Name

Elizabeth Paige Baumann

Name of Committee Treasurer

18 Atwood St, Newburyport, MA 01950

Committee Mailing Address

E-mail: connie.atlarge@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1995.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1995.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1159.70</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>835.30</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>Institution for Savings, State St, Newburyport MA 01950</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:

Elizabeth Paige Baumann (Treasurer's signature)

Date: 10/28/2023

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Constance Preston (Candidate's signature)

Date: 28 Oct 2023

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)
09/11/2023	Robert McInerney 33 High Rd Newbury, MA 01951	100.00	
09/15/2023	Suzi Maitland 209 Main St Amesbury, MA 01913	200.00	<i>Restaurant</i>
09/15/2023	Constance Preston 18 Atwood St, Newburyport MA 01950	100.00	
09/27/2023	Constance Preston 18 Atwood St, Newburyport MA 01950	10.00	
09/29/2023	Peter Carzasty 35 Temple St Newburyport MA 01950	35.00	
09/30/2023	Paul Harrington 251B High St Newburyport, MA 01950	100.00	
09/30/2023	Marie Roy 52 Temple St Newburyport, MA 01950	100.00	
10/02/2023	Kelly Prescott 24 Old Farm Way Newbury, MA 09151	150.00	
10/02/2023	Anne Crays 19 School St Newburyport, MA 01950	200.00	<i>Unemployed</i>
10/02/2023	Karen Johnson 120 High St Newburyport, MA 01950	100.00	
10/03/2023	Alex Rae-Grant 20 Atwood St Newburyport, MA 01950	250.00	Medical Editor EBSCO
10/04/2023	Karen Jones 37 Temple St #1 Newburyport, MA 01950	250.00	Artist Self-employed
Line 9: Total Receipts over \$50 (or listed above)		1595.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1595.00	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/04/2023	James Jones 2 Wills Ln, Lower Level Newburyport, MA 01950	50.00	
10/04/2023	Erin Postl 7 School St Newburyport, MA 01950	100.00	
10/01/2023	Lesli Suggs 29 Milk St Newburyport, MA 01950	100.00	
10/13/2023	Constance Preston 18 Atwood St Newburyport MA 01950	50.00	
10/15/2023	Susanna Matter 11 Salem St Charlestown, MA 02129	100.00	
Line 9: Total Receipts over \$50 (or listed above)		400.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1995.00	← 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	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
09/18/2023	Brian Callahan Helium Designs	55 Pleasant St Newburyport, MA 01950	Design and printing of door hangers	358.56
09/29/2023	Brian Callahan Helium Designs	55 Pleasant St Newburyport, MA 01950	Printing of door hangers	30.00
10/17/2023	4 Over	1225 Los Angeles St Glendale, CA 91204	Printing of door hangers	171.12
10/17/2023	4 Over	1225 Los Angeles St Glendale, CA 91204	Printing of yard signs	204.53
10/20/2023	4 Over	1225 Los Angeles St Glendale, CA 91204	Printing of yard signs	230.46
10/24/2023	4 Over	1225 Los Angeles St Glendale, CA 91204	Printing of door hangers	103.97
09/30/2023	ActBlue Technical Services	366 Summer Street Somerville, MA 02144-3132	Fee	9.69
10/01/2023	ActBlue Technical Services	366 Summer Street Somerville, MA 02144-3132	Fee	3.95
10/08/2023	ActBlue Technical Services	366 Summer Street Somerville, MA 02144-3132	Fee	43.47
10/15/2023	ActBlue Technical Services	366 Summer Street Somerville, MA 02144-3132	Fee	3.95
Line 12: Total Expenditures over \$50 (or listed above)				1159.70
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1159.70

* 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)[illegible]

* 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]

Line 15: In-Kind Contributions over \$50 (or listed above)	0
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Line 16: In-Kind Contributions \$50 & under (not listed above)	0
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Line 17: TOTAL IN-KIND CONTRIBUTIONS	0
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Enter on page 1, line 6 →

* 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)	0