Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 11/17/2023

Name of Individual Being Reimbursed: Constance Preston

Committee Name: Committee To Re Elect Connie Preston

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/19/2023	The Port Tavern	84 State Street Newburyport, MA 01950	out of pocket expense for food and drink for door knocking volunteer appreciation. The	222.71
			candidate used her personal credit card since debit card had not arrived from the bank.	
11/7/2023	The Paddle Inn	27 State Street Newburyport, MA 01950	Election night out of pocket expense for Volunteer appreciation.	291.45
			The debit card for campaign account did not work so candidate had to use personal credit	
			Card.	

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	514.16
Line 2: Expenditures $50 or under (not itemized):	
Line 3: **TOTAL AMOUNT REIMBURSED:**	514.16

Signed under the penalties of perjury:

Elizabeth Paige Baumann
Signature of Candidate / Treasurer

Date: 1/22/2024

Please prepare a separate report for each reimbursement check issued by the committee.

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
		Page 2 Total (add to Line 1 on Page 1):		