

Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE

mmonwealth Massachusetts	ı			·				NEWBURYP	PORT	, MA
le with: ty or Town	Clerk or Election Commiss	ion Please	print or ty	pe all informati	on, except sign	natures.	2	013 JAN 22	P	l: 2
Fill in o	dates: ng Period Beginning	Month //	Date /	Yевг 201(Ending	Month / 2	Date 3 /	Year 2012		
	f report: (Check one) ay preceding prelimina		ay precedin	g election 🗆	30 day after e	lection 🗵	year-end rep	ort □dissol	ution	
WA 23	Full Name of Candi Full Name of Candi IN City C Office Sought Residentia Vory post M	idate (if applic Ouncife t and District on Tex al Address	able) 1 K 2 R ACE 150		nn Broo Name Reserv	Committee FKS of Committee The Committee Mailing	Name ee Treasurer Terral ing Address . 01950)	t	
	· •	Te	l. No. (optio	nal)	,	•	Tel.	No. (optional)		Ē
	Line 1: En Line 2: To Line 3: Su Line 4: To Line 5: En Line 6: Tot Line 7: Tot Line 8: Nar	ding bala tal receip btotal (line tal expen ding bala al in-kind al (all) ou	ts this per plus line ditures ince (line contributstanding)	period (page 2) this period 3 minus line 4 utions this ng liabilitie	s report 2, line 11) I (page 3, line period (page 4)	\$_ \$_ \$_ \$_ \$_ ge 4) \$_ \$_	1671.8 -0- 1671.8 927.99 743.9	7		
I certify campaign and repre M.G.L. c		report including g all contribution e activity of all	s, loans, recei persons acting	ints, expenditures.	lisbursements, in ty or on behalf o	-kind contribu	tions and liabili	ities for this report	ting pe	riod
Treasur	er's signature (in ink)					<u>*</u>	Date /	95 1/1	9/1	3
1	FC	OR CANDID	ATE FILI	NGS ONLY: (CANDIDATE M	IUST SIGN B	ELOW)			_
☐ Cand I certify campaig have no ☐ Cand I certify	vit of Candidate: (check 1 didate with Committee any that I have examined this gn finance activity, of all put received any contributions didate without Committee with a I have examined this gn finance activity, including resents the campaign finance.	d no activity increport including persons acting us, incurred any li OR Candidate report including a contributions ce activity of all	attached sche nder the author abilities nor m with indepen attached sche loans, receip persons actin	edules and it is, to orify or on behalf of hade any expenditu- ident activity filing edules and it is, to its, expenditures, d	f this committee es on my behalf of g separate repor the best of my ki sbursements, in-lity or on behalf of	in accordance during this repe t nowledge and kind contributi	e with the requi orting period. belief, a true an ons and liabilit	irements of M.G.1 id complete stater ies for this report	nent of	f all

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
			·
	·		·
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			,
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,			
	Total receipts in excess of \$50 (or listed above)		
	Total receipts \$50 and under* (not listed above) TOTAL RECEIPTS IN THE PERIOD	~6 ~	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	
4/6/12	Allison Hendquist	23 Reservation Terrace . Newboryport		363	94
		Newburyport Ma 01950	Port Pride CAmpaign	315	00
10/18/12	Daily News Plum Island Foundation	New bury Port	Foundation Support.	100	దల
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		Line 12: I	Expenditures over \$50	728	94
•	<u>.</u>	Line 13: E	4 4	00	
E	inter on page 1, line 4	Line 14:T	OTAL EXPENDITURES	727	94

^{*}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 3