

Form CPF M 102: Campaign Finance Report D Municipal Form NEWBURYPORT, MA

Office of Campaign and Political Finance

2020 JAN 21 PM 4: 22

of museumsets	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	0/18/19 Ending Date: 1/21/20
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election 🔀 year-end report ☐ dissolution
atil day preceding premimiary	30 day after election Sear-end report dissolution
BYRIN J. LANE	CAMPATON TO ELECT BYREN J LANE
Candidate Full Name (if applicable) NewBURYFORT CITY COUNCIL WARD 6	Committee Name
Office Sought and District 14 MART RD NEWBYRYPORT MA	Name of Committee Treasurer 14 MART RD NewBoryPort MA 0455
E-mail: BYRND BYRND LANENBPT. COM	Committee Mailing Address E-mail: VOTE @ BYRON LONE NSPT. COM
Phone # (optional):	Phone # (optional):
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	943.88
Line 2: Total receipts this period (page 3, line 11	600,00
Line 3: Subtotal (line 1 plus line 2)	1543.78
Line 4: Total expenditures this period (page 5, li	ine 14) 912.10
Line 5: Ending Balance (line 3 minus line 4)	631.78
Line 6: Total in-kind contributions this period (p	page 6)
Line 7: Total (all) outstanding liabilities (page 7)	1118.52
Line 8: Name of bank(s) used:	SAPK
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements in-kind finance activity of all persons acting under the authority or on behalf of this committee i Signed under the penalties of perjury:	d contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: check 1 t	oox only)
	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, and 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 finance activity, including contributions, loans, receipts, expenditures, disbursemen campaign finance activity of all persons acting under the authority or on behalf of the	nts, in-kind contributions and liabilities for this reporting period and represents the his candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: R	(Candidate's signature) Date: 1/20/20

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.)

-portan receipts 1	Name and Residential Address	b- namber on c	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
11/2/19		7	
10/2419	MASS. ASSOC OF REALTOR) PAC		PAC
ine 9: Total Receip	ots over \$50 (or listed above)	600,00	
ine 10: Total Recei	pts \$50 and under* (not listed above)	0	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	600,00	← 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)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	<u> </u>	← 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.)

	itures. Please include your com	T	1 0 /	T	
D . D . I	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
53 44	MINUTE MAN PRESS	NBPT MD	MAILING	912.10	
11/4	NBPT MA			112.10	
	(3)3 11/				
			1	11	
		J L		L	
		-			
111					
111					
111					
[L	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	912.10	
		Eme 12. Total Expellultures ov	or above)	112.	
Line 13: Total Expenditures \$50 and under* (not listed above)			U		
		Eme 13. Total Expenditures \$50	and under (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	IDEC IN THE DEDICE	912.10	

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

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	D	Line 14. TOTAL EVDENDIT	TIDES IN THE DEDIOD	
	Enter on page 1, line $4 \rightarrow$		hould include only those expenditure	

^{*} 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	,			
1		Line 15: In-Kind Contributions	over \$50 (or listed above)	
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				0

^{*} 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.

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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	Address Purpose	
8/12/19	BYRON LANE		Signs	40402
9/11/19	BYRON LANE		EvenT	150,00
10/2/19	BYRON LAND		EverT	164.50
9/25/19	ByRON LANG		FUND cantally	400,00
			i i	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	11/8,02

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