



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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CITY CLERK'S OFFICE  
NEWBURYPORT, MA

2017 SEP 11 AM 11:34  
File with: City or Town Clerk of Election Commission

Fill in Reporting Period dates: Beginning Date: 1-01-17 Ending Date: 9-1-17

Type of Report: (Check one)

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

Donna Hladky  
Candidate Full Name (if applicable)  
Mayor  
Office Sought and District  
6 Parson St. Newburyport MA 01950  
Residential Address  
E-mail:  
Phone # (optional): 978-462-5854

Comm. to Reelect Donna Hladky  
Committee Name  
John A. Green  
Name of Committee Treasurer  
6 Parson St. Newburyport MA  
Committee Mailing Address  
E-mail: john.green 12@comcast.net  
Phone # (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$2,783.23

Line 2: Total receipts this period (page 3, line 11)

15,134.00

Line 3: Subtotal (line 1 plus line 2)

17,917.23

Line 4: Total expenditures this period (page 5, line 14)

5,659.77

Line 5: Ending Balance (line 3 minus line 4)

12,257.46

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used:

Newburyport Bank

### 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:

John A. Green

(Treasurer's signature)

Date: 9-10-17

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

#### Candidate with Committee and no activity independent of the 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.

#### Candidate without Committee OR Candidate with independent activity filing separate report

☐ 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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Donna Hladky

(Candidate's signature)

Date: 9/10/17

## 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
7/20/17	Connolly Printing	178 Gil St. Woburn, MA	Signs	\$498.13
7/28/17	Connolly Printing	1178 Gil St. Woburn MA	Palm Cards	837.25
4/23/17	Hill, Beth	Main St. Amesbury, MA	Go Daddy Campaign materials	191.76
6/20/17	Uista Print	Uista Print. Com	Donation Envelopes/maile	288.29
5/26/17	Minute Man Press	188 Rt. 2 Circle Newburyport, MA	Election Print Materials	206.33
7/30/17	Word Press. Com	Word Press. Com.	Domain / internet	99.00
5/26/17	U.S. P.S.	Newburyport, MA	Mail Stamps	245.00
5/22/17	USPS - Box Rental	Newburyport, MA	P.O. Box Rental	54.00
6/7/17	Tribune, Eagle (Daily News)	Newburyport, MA	Print AD	1250.82
6/12/17	Loretta's	Pleasant St. Newburyport, MA	Food for Fundraise / Room Rent	1019.18
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				

\* 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 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)
6/11/17	Karyn Al-Khatib 17 Tyng St. NBPT MA 01950	200.00	letter sent 9/8/17
6/30/17	Leon Asadoorian 144 Main St. PO Box 106 Plaistow, NH 03865	500.00	letter sent 9/8/17
6/26/17	Steven Baddour 20 Maple Ridge Rd Methuen, MA 01844	100.00	
8/28/17	Richard Bazirgan 26 Green St. NBPT MA 01950	100.00	
8/9/17	Christina + Alexander Bellinger 3 Dexter St. NBPT MA 01950	100.00	
6/5/17	Jack Bradshaw PO Box 794 NBPT MA 01950	150.00	
6/6/17	John Britt 334 Weymouth Rd. Concord, MA 02635	200.00	letter sent 9/8/17
8/19/17	John + Mary Brooks 12 Winter St. NBPT MA	100.00	
7/21/17	Brian + Gayle Brunault 85 Garden St. W. Newbury, MA 01985	100.00	
6/11/17	Edward Cameron, Jr 17 Oakland St. NBPT, MA 01950	100.00	
7/14/17	Edward Cameron, Jr.	50.00	} letter sent 9/8/17
8/9/17	Edward Cameron Jr.	50.00	
Line 9: Total Receipts over \$50 (or listed above)		1750.00	
Line 10: Total Receipts \$50 and under* (not listed above)		<del>675.00</del>	
Line 11: TOTAL RECEIPTS IN THE PERIOD		<del>2425.00</del>	1750.00 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)
6/5/17	Dorothy Fairweather 4 Parsons St. NBPT MA	250. <sup>00</sup>	retired
6/5/17	Timothy Felter 1 Mosley Pl. NBPT MA	100. <sup>00</sup>	
6/28/17	Kelley Buck 21 53rd St. NBPT MA	100. <sup>00</sup>	
8/18/17	Kelley Buck	100. <sup>00</sup>	letter sent 9/8/17
8/18/17	Cynthia Rubinfeldt Tiffany Gareski 6 Bay Ave Newbury, MA 01951	100. <sup>00</sup>	
6/6/17	Richard George 33 Purchase St. NBPT MA	100. <sup>00</sup>	
6/10/17	Elizabeth Gerwig 78 Pleasant St. NBPT MA	100. <sup>00</sup>	
8/16/17	Mark Goldstein 172 State St. #4 NBPT MA 01938	200. <sup>00</sup>	hospital administrator AJH
6/9/17	John Green 12 Finnegan Way NPT MA	200. <sup>00</sup>	retired
6/6/17	Gillian Griffin 3 Vernon St. nbpt ma	250. <sup>00</sup>	letter sent 9/8/17
9/1/17	Russell Gunnard 27 57th St. NBPT MA	100. <sup>00</sup>	
8/11/17	Suzanne + David Henton 65 Virginia Dr. Rockdale, MA 01542	100. <sup>00</sup>	
6/5/17	Sadruddin Hemani 73 High St. NBPT MA	250. <sup>00</sup>	md AJH

Line 9: Total Receipts over \$50 (or listed above) 1950.<sup>00</sup>

Line 10: Total Receipts \$50 and under\* (not listed above) ~~100.<sup>00</sup>~~

Line 11: TOTAL RECEIPTS IN THE PERIOD ~~2050.<sup>00</sup>~~ 1950.<sup>00</sup>

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)
6/7/17	Jay Tannini 26 Summit Pl. NBPT MA	500. <sup>00</sup>	letter sent 9/18/17
6/7/17	Stuart + Cindy Johnson 99 Lime St. NBPT MA	100. <sup>00</sup>	
8/26/17	Ellis Oliver Jones 10 Cherry St. NBPT MA 01950	250. <sup>00</sup>	letter sent 9/18/17
6/11/17	Thatcher Keizer + Claire Kelleis 92 Munroe St. Amherst MA 01003	100. <sup>00</sup>	
8/17/17	Bruce + Elizabeth Kieffer 8 Benson St. NBPT MA	100. <sup>00</sup>	
6/12/17	Carol + Jeff Kimball 53 Prospect St. NBPT MA	100. <sup>00</sup>	
8/18/17	Camille Garret + Dennis Lamalfa 48 Greenleaf St. NBPT MA	100. <sup>00</sup>	
8/9/17	Marian Leighton Levy 323 Merrimack St. NBPT MA	250. <sup>00</sup>	A. letter sent 9/8/17
6/13/17	Trwance + Patricia Leggin 36 Roland St. Newton Highlands MA	100. <sup>00</sup>	
<del>8/20/17</del>	<del>Dwayne Purstley 90 High St. NBPT MA</del>	<del>250.<sup>00</sup></del>	<del>Physician/administrative Harvard Medical</del>
6/11/17	John McGivney 47 Doncaster Circle Lynnfield MA 01940	500. <sup>00</sup>	lawyer Rubin + Rudman LLC
6/15/17	Edmund + Patricia McGrath 28 Olive St. NBPT MA	100. <sup>00</sup>	
8/9/17	Richard + Ann Monahan 4 School St. NBPT MA	100. <sup>00</sup>	

Line 9: Total Receipts over \$50 (or listed above)

~~2550.<sup>00</sup>~~

2300.<sup>00</sup>

Line 10: Total Receipts \$50 and under\* (not listed above)

~~450.<sup>00</sup>~~

450.<sup>00</sup>

2750.<sup>00</sup>

Line 11: TOTAL RECEIPTS IN THE PERIOD

~~3000.<sup>00</sup>~~

Enter on page 1, line 2

2300.<sup>00</sup>

\* 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)
8/18/17	Em Sayer 10 Ship St. NBPT MA	100.00	
7/14/17	Erik Sperry 26 Howard St. NBPT MA	100.00	
8/18/17	Alice + Thomas Stengel 5 6th St. Newbury MA	100.00	
8/24/17	Michael Strem 14 W. Orchard St. Marblehead MA	250.00	Strem chemicals
6/11/17	Joseph Teixeira 44 Hale St. NBPT MA	100.00	
8/18/17	Susan Thomas POB 394 NBPT MA	100.00	
6/11/17	Charles Tontar Committee 25 Jefferson St. NBPT MA	100.00	
6/11/17	Scott + Beth Trambky Hall 223 main St. Amesbury MA	75.00	
6/11/17	Bruce Vogel 5 Bramfield St. NBPT MA	250.00	Self-employed business owner
6/7/17	Union local 7 Bridget Structural Iron workers	500.00	PAC - CPF # 80219
	195 Old Colony Ave South Boston, MA 02127		

Line 9: Total Receipts over \$50 (or listed above)

1675.00

Line 10: Total Receipts \$50 and under\* (not listed above)

~~265.00~~

Line 11: TOTAL RECEIPTS IN THE PERIOD

~~2010.00~~

1675.00  
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.

line 9 totals = 12475.00  
line 10 total = 2659.00  
15134.00

q/10/17

..0..

..0..

reportable  
check  
total

1,750. +  
1,850. +  
1,950. +  
2,300. +  
2,950. +  
1,675. +  
12,475. \*

50 or less  
plus  
cash  
total

12,475. +  
→ 2,659. +  
15,134. \*  
grand  
total



# E-File Receipt

## OCPF E-File Receipt, Report ID/Confirmation #624536

### FILER INFORMATION

CPF ID: 16306  
 Filer Name: Holaday, Donna D.

### REPORT INFORMATION

Report Type Description: Pre-Preliminary Report (MUN)  
 Reporting Period: 1/1/2017 - 9/10/2017  
 Filing Date: Sunday, September 10, 2017

### FINANCIAL SUMMARY

Start Balance:	\$2,783.23
Receipts Itemized Total:	\$12,475.00
Receipts Unitemized Total:	\$2,659.00
Total Receipts:	\$15,134.00
Expenditures Itemized Total:	\$5,659.76
Expenditures Unitemized Total:	\$0.00
Total Expenditures:	\$5,659.76
Ending Balance:	\$12,257.47
Inkinds Total:	\$0.00
Liabilities Total:	\$0.00
Out of Pocket Total:	\$0.00

[Return to Reports](#)

From: OCPF <ocpf@cpf.state.ma.us>  
Subject: **E-File Receipt from OCPF**  
Date: September 10, 2017 7:05:32 PM EDT  
To: "john.green12@comcast.net" <john.green12@comcast.net>  
▶ 1 Attachment, 2.0 KB

You've successfully e-filed your 2017 Pre-Preliminary Report (MUN).  
Please see the attached receipt.

**OCPF E-File Receipt, Report ID/Confirmation  
#624536**

**FILER INFORMATION**

CPF ID: 16306  
Filer Name: Holaday, Donna D.

**REPORT INFORMATION**

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Inkinds Total:	\$0.00
Liabilities Total:	\$0.00
Out of Pocket Total:	\$0.00