

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts  File with: City or Town Clerk e	Felection Commission
Fill in Reporting Period dates: Beginning Date: 5011 3015 Ending Date: 5013	
Type of Report: (Check one)	<del>-</del>
	<b>D</b> dissolution
Edward & Wardron TIL	3.0
Candidate Full Name (if applicable)  Committee Name	
Office Sought and District  Name of Committee Treasurer	
	THE PROPERTY OF THE PROPERTY O
Residential Address 01950 Committee Mailing Address	
Telephone Number (optional):  Telephone Number (optional):	
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	]
Line 2: Total receipts this period (page 3, line 11)	]
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represent 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.	campaign finance s the campaign
Signed under the penaltics of perjury:(Treasurer's signature) Date:	
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 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 receive incurred any liabilities nor made any expenditures on my behalf during this reporting period.	of all campaign finance yed any contributions,
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 finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and campaign finance activity of all persons acting under the authority or an behalf of this committee in accordance with the requirements of M.G.L. c. 55.	represents the
Signed under the penalties of perjury: Male (Candidate's signature) Date:	7/2-1/15

#### SCHEDULE A: RECEIPTS

occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year. year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the 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

report all receipts. Please include your committee name and a page number on each page.) (A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

Occupation & Employer (for contributions of \$200 or more)	3unom <b>A</b>	Name and Residential Address (alphabetical listing required)	Date Received
		(na vinha i Swiger mana viny Jun)	DA 1700077 200 2
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	LIANISIA MARIENTI MA		
			Total - Oran A P P W 1 Control Bridge we have a visual management of the second
1		pts over \$50 (or listed above)	Line 9: Total Recei
	Marie	ipts \$50 and under* (not listed above)	<del></del>
→ Enter on page 1, line 2		SECEILLS IN THE PERIOD	
curer on base 1, me 2	II I	40014 1 411 1 1 CT 1140	

Page 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)
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		14-14	
		The second secon	
Minima en	Particular to the second secon		
		Printer and the second	
Line 9: Total Rece	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</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.

#### SCHEDNIE B: EXPENDITURES

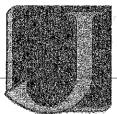
from committee records, and reported on line 13. detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep

report all expenditures. Please include your committee name and a page number on each page.) (A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

Sly/h	IKES IN THE PERIOD	Line 14: TOTAL EXPENDITY	Enter on page 1, line 4 →	
	and under* (not listed above)	Line 13: Total Expenditures \$50		
	(evods beteif to) 02\$ re	Line 12: Total Expenditures ove		
				Antalana Alakaran
ERNIH	TV615	Allow Argendes A	Josephynn Jessy	51/96
Junomy	Purpose of Expenditure	Address and a bags and some some	To Whom Paid (alphabetical listing)	bird 9trd

₽age 4 \* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

above,



The Journeyman Press
11 Malcolm Hoyt Dr
Newburyport, MA 01950
Phone: (978) 465-8950

Fax: (978) 462-2513

Ted Waldron for City Council Ted Waldron 14 Oak Street Newburyport, MA 01950

## INVOICE

Invoice #	90931011
Involce Date	09/01/15
Date Shipped	<u> Newson Control of the Control of t</u>
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Salesperson	Scott Vaughan
Torms	C.O.D.
P.O. Number	and and the think of the the standard and and an international and the standard and an international antine analys
Job Number	30331

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When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a direck. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not recieve your check back from your financial inetitution.

Customer Code: 00001291

Invoice Number: 90931011

Invoice Date: 09/01/2015

Invoice Amount: \$414.83

Amount Paid:

#### Remit To:

The Journeyman Press 11 Malcolm Hoyt Dr Newburyport , MA 01950

#### Remitter:

Ted Waldron for City Council Ted Waldron 14 Oak Street Newburyport, MA 01950



## SCHEDULE B: EXPENDITURES (continued)

D-4- D-4-1	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Aduress	Turpose or Expenditure	Amount
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TRANSPORTER STATE OF THE STATE	entre entre de la companya del companya de la companya del companya de la companya del la companya de la compan		Private from the second	
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				annum and the state of the stat
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The state of the s	Commence of the Commence of th		Transport of the second of the	
				The state of the s
		Line 12: Expenditures over \$50	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on nage 1 line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
	Enter on page 1, line 4 ->		hould include only those evpendity	L

<sup>\*</sup> 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.

	Line 17: TOTAL IN-KIND CONTRIBUTIONS		Enter on page 1, line 6 →	and bail of no 31 *
	(eyods betsil ton) rebnu & 02\$	Line 16: In-Kind Contributions		
	over \$50 (or listed above)	Line 15: In-Kind Contributions		
			MANAGEMENT AND	
9ulsV	Description of Contribution	Residential Address	From Whom Received*	Davies Received
			, , , , , , , , , , , , , , , , , , ,	

\* 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; or addition, if the contribution is \$200 or more, you must also report the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor.

## 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	
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Particular and the second seco					
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				en e	
		<u> </u>		harden and the second	
1					
				Mark Mark and a state of the st	
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

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