

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

Office of Campaign and Political Finance

Commonwealth of Massachusetts	2015 OCT 26 P 1: 50
Fill in Reporting Period dates: Beginning Date: Jan 1	File with: City or Town Clerk or Election Commission 6, 2015 Ending Date: Oct 25, 2015
Type of Report: (Check one)	
Training Oats and the second of the second o	30 day after election year-end report dissolution
Jared Eigerman	Jared Eigerman Candidates Committee
Candidate Full Name (if applicable)	Committee Name
Newburyport City Council, Ward 2	Stephanie Niketic
Office Sought and District	Name of Committee Treasurer
83 High Street, Newburyport, MA 01950	83 High Street, Newburyport, MA 01950
Residential Address	Committee Mailing Address
Tetephone Number (optional):	Telephone Number (optional):
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	432.54
Line 2: Total receipts this period (page 3, line 11)	D
Line 3: Subtotal (line 1 plus line 2)	432.54
Line 4: Total expenditures this period (page 5, line	14) 0
Line 5: Ending Balance (line 3 minus line 4)	432.54
Line 6: Total in-kind contributions this period (page	e 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	1,146.8
Line 8: Name of bank(s) used: Newburyport Five Cer	nts Savings Bank
Allidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of ctivity, including all contributions, loans, receipts, expenditures, districtments, in-kind con interest activity of all persons acting under the authority of an behalf of this committee has igned under the penalties of perjury	I my knowledge and belief, a true and complete statement of all campaign finance attributions and liabilities for this reporting period and represents the campaign condance with the requirements of M.G.L. c. 55.  (Treasurer's signature) Date: Oct 26, 2015
OR CANDIDATE FILINGS ONLY Affidivit of Candidate: (check I box o	
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 be activity, of all persons acting under the authority or on behalf of this committee in according to the incorred any liabilities nor made any expenditures on my behalf during this reporting persons.	ast of my knowledge and belief, a true and complete statement of all campaign finance reduce with the requirements of M.G.L. c. 55, I have not received any contributions, criod,
Candidate without Committee OR Candidate with independent activity filing sepa 1 certify that I have examined this report including attached schedules and it is, to the be innance activity, including contributions, loans, receipts, expenditures, dishuisements, in campaign finance activity of all persons acting under the authority of on behalf of this contributions.	est of my knowledge and belief, a true and complete statement of all campaign
gned under the penalties of perjury:	(Candidate's signature) Date: Oct 26, 2015
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#### 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		Occupation & Employer		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
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ine 9: Total Receip	ts over \$50 (or listed above)	0			
ine 10: Total Receiv	ots \$50 and under* (not listed above)				
io. ioun modell	he and duder. (not usied \$0066)	0			
ine II: TOTAL RE	CEIPTS IN THE PERIOD	0	← Enter on page 1, line 2		
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#### 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.)

To Whom Paid **Date Paid** (alphabetical listing) Address **Purpose of Expenditure** Amount Line 12: Total Expenditures over \$50 (or listed above) Line 13: Total Expenditures \$50 and under\* (not listed above) 0 Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD

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<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in fine 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
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		Line 15: In-Kind Contributions		0
	1	Line 16: In-Kind Contributions S		0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

<sup>\*</sup> 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	Purpose	Amount
Jun 27, 2013	Jared Eigerman	83 High Street Newburyport, MA 01950	Loan	300
Oct 22, 2013	Jared Elgerman	83 High Street Newburyport, MA 01950	Loan	205.06
Oct 23, 2013	Jared Eigerman	83 High Street Newburyport, MA 01950	Loan	205.06
Oct 28, 2013	Jared Eigerman	83 High Street Newburyport, MA 01950	Loan	128.56
Oct 31, 2013	Jared Eigerman	83 High Street Newburyport, MA 01950	Loan	52.06
Oct 31, 2013	Jared Elgerman	83 High Street Newburyport, MA 01950	Loan	256.06
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	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	1,146.8

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