

Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance CLERK'S OFFICE NEWBURYPORT, MA

(Candidate's signature)

7/17 File With: 20 ty of Town Clerkor Election Commission Fill in Reporting Period dates: Beginning Date: Oct. 16, 2021 Ending Date: Dec. 31,2021 Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Phone # (optional): Phone # (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 903.64 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: | > titution 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: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with 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 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 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 candidate in accordance with the requirements of M.G.L. c. 55.

#### 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

posints. Please include your committee name and a page number on each page.)

e e tai stadio	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	
	With the letter of the letter		
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	e is a sufficiently		
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	* party s		
Line 9: Total Rece	ipts over \$50 (or listed above)	0	
Line 10: Total Rece	eipts \$50 and under* (not listed above)	0.68	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD  d receipts of \$50 and under, include them in l	0.68	← Enter on page 1, line 2

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required) Amo		Occupation & Employer (for contributions of \$200 or more)
	,		
<u> </u>	s over \$50 (or listed above)		, h.,
	s \$50 and under* (not listed above)  CEIPTS 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.

### 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

eport all expend	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	Boston Graphics	520 Main St. Wilmington, MA 01887	post card printing a postage	2,126.81
			N	
		Line 12: Total Expenditures	over \$50 (or listed above)	2126.8
		Line 13: Total Expenditures	\$50 and under* (not listed above)	7.73
	Enter on page 1, line 4	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	2134.54

<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 Page 4 above.

#### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	
Date Faid	(alphabetical listing)	Address	rurpose of Expenditure	Amount
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	;e'	L 10 D 11		
		Line 12: Expenditures over \$5	ou (or listed above)	
		Line 13: Expenditures \$50 and	l under* (not listed above)	
	Finter on nage 1 line 1 -	Line 14: TOTAL EXPENDI	TUDES IN THE DEDICE	
			should include only those expenditure	

<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.

				Value
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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14				
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	4 8			
	The state of			
		N .		
			8	
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS  alendar year, you must report the n	

\* 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
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