

	rorm Ci		_	gn Finan	ce Rep	ort	
			unicipal F			RETO SITY CLE	EIVED RK'S OFFICI YPORT, MA
nmouwealth Iassachusetts						HE WOUK	TPURI, MA
e with: y or Town Clerk or Election Commiss:	ion Please	e print or typ	oe all information	n, except sign	natures.	2013 OCT 2	8 A 9:1
Fill in dates: Reporting Period Beginning_	Month	Date	Year 2013	Ending_	Month 10	Date 2-8	Year 2013
Type of report: (Check one) ☐8th day preceding prelimina	ıry ⊠8th d	ay preceding				year-end repo	
LARRY GIUN	****	,	_ Con	MITTEE		ECT LAR	er Giur
Full Name of Candid				HERES	Committ	EUNTA	
Office Sought	and District		2	Name	of Comm	ittee Treasurer VENUE ユ	± 160
	Address					iling Address	
NEWBURYPOR	waren a law \		A1	EWBUR	1 . V . m V	v~~~~ ki X\	

SUMMARY BALANCE INFORMATION	N:	1	[
Line 1: Ending balance from previous report	\$_	1363.45	
Line 2: Total receipts this period (page 2, line 11)	\$_	<u> </u>	
Line 3: Subtotal (line 1 plus line 2)	\$_	1363.45	
Line 4: Total expenditures this period (page 3, line 14)	\$_	63.12	
Line 5: Ending balance (line 3 minus line 4)	\$_	1300,33	ļ,
Line 6: Total in-kind contributions this period (page 4)	\$_	21.99	
Line 7: Total (all) outstanding liabilities (page 4)	\$_	<u>Ø</u>	
Line 8: Name of bank(s) used NEWBURY PORT FIV	E. (CENTS SAVING	5

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 Signed under the penalties of perjury: M.G.L. c. 55. Treasurer's signature (in ink)

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 campaign finance activity, of all persons acting under the authority or on behave not received any contributions, incurred any liabilities nor made any expen Candidate without Committee OR Candidate with independent activity it I certify that I have examined this report including attached schedules and it is campaign finance activity, including contributions, loans, receipts, expenditure and represents the campaign finance activity of all persons acting under the au	to the best of my knowledge and belief, a true and complete statement of all alf of this committee in accordance with the requirements of M.G.L. c. 55. I ditures on my behalf during this reporting period. iling separate report, to the best of my knowledge and belief, a true and complete statement of all s, disbursements, in-kind contributions and liabilities for this reporting period.
M.G.L. c. 55. Signed under the penalties	of perjury:
Candidate signature (in ink)	Date

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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

umber on e Date Received	Name and Residential Address	Amo	ount	Occupation & Employer (for contributions of \$200 or more)		
-			-	, ,		
4 10 2						
:	·					
Line 9:	Ø	÷				
	Total receipts \$50 and under* (not listed above)	Ø				
Line 11: '	FOTAL RECEIPTS IN THE PERIOD	1		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.

This page may be copied 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	
8-29-13	SEAPORT SIGNS	BRIDGE ROAD SALISBURY, MA	LAWN SIGN STAKES	53	12
	·				
				-	
		,		·	
				· ,	
,					
		Line 12: Expenditures over \$50			13
· 11:3	Inter on page 1. line 4		Expenditures \$50 and under* FOTAL EXPENDITURES	9	99
	Inter on page 1, line 4		క్రె	12.	

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

Page 3

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
•	·			-
-				
			·	
·				
-		•		
-,		Line 15	: In-kind over \$50	
			: In-kind \$50 and under	\$21.99
	Enter on page 1, line 6	Line 17	7: Total In-kind	#21.99

^{*} 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.

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	A	Address		Purp	oose	Amount
,							
	:			• .			
	•						
,							
E	Enter on page 1, line 7	Line 18:	OUTSTAN	DING LL	ABILITIE	S (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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Schedule E Municipal Form

Disclosure of Assets Statement
Office of Campaign and Political Finance

of Massachusetts				
File with: City or Town Clerk or Election Commissi	on		CPF ID#	
This form should be filed by	all candidates :	and committees with each	h vear end and each diss	olution report.
Committee Name: Committee				
Committee Name: Committee	2. 16 2		Date of it	port. 10 20 10
All car	didates and co	ommittees must fill in Pa	art A <u>or</u> Part B.	
Part A:				
No assets* were acquired or dispo	sed of by this	candidate/committee dur	ing the period covered	by this statement.
Part B: <u>Assets acquired;</u> List all assets acque have filed, list all assets.	nired since the	committee last filed this	statement. If this is th	ne first Schedule E you
Asset	Date	Present Location	Manner Acquired	Cost/Value
Include year, model or other identifying information, if applicable.	Acquired	,		
		,		
· · ·				
·				
Assets disposed of: List all assets sol	d traded or tra	neferred during the reno	ting period covered by	this statement
Assets disposed or List all assets sol	Date	Disposition to:	Date and Manner	Disposition Value
Include year, model or other identifying	Acquired	Name and Address	of Disposition	Attach statement of how
information, if applicable.	ricquirea			value is determined.
		•		
_				
	•			1
Assets acquired by a political committee mu of that committee. Assets may be disposed	ist be used for the	political purpose for which to must be disposed of prior to	he committee is organized a dissolution.	nd must remain the propert
*An asset is defined as any one item that has a cost/value of \$1,000 or more at the time of	s a useful life of			siness environment, and ha
Signed under the penalties of perjury:		Si	gned under the penalties of p	perjury:
JMM - 10/2	28/13	<u>2</u>	Heresa Give	ta 10/28/13
Candidate signature Date	:	Tı	casurer signature	Date

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.