

Form CPF M 102: Campaign Finance Report **Municipal Form**

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

Powersamme	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 10	-29 - 2013 Miling Pate 8 12531-13
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
LARRY GIUNTA Candidate Full Name (if applicable)	COMMITTEE TO ELECT LARRY GENT
WARD 5 CITY COUNCILOR Office Sought and District	THERESA GTUNTA Name of Committee Treasurer
139 CROWLANE NEWBURYPORT, MA	25 STOREY AVENUE # 160 NEWBORY
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	\$1300.33
Line 2: Total receipts this period (page 3, line 11)	75,00
Line 3: Subtotal (line 1 plus line 2)	# 1375.33
Line 4: Total expenditures this period (page 5, line	.564.31
Line 5: Ending Balance (line 3 minus line 4)	811.02
Line 6: Total in-kind contributions this period (page	ge 6) Ø
Line 7: Total (all) outstanding liabilities (page 7)	\$
Line 8: Name of bank(s) used: NEWBURYPOR	T FIVE CENTS SAVINGS BANK
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 tactivity, of all persons acting under the authority or on behalf of this committee in according to the committee i	ontributions and liabilities for this reporting period and represents the campaign coordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: only) Dest of my knowledge and belief, a true and complete statement of all campaign finance ordance 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 process. Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this	arate report best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
gned under the penalties of perjury:	(Candidate's signature) 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.

(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)
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		and the control of the state of	
Line 9: Total Recei	pts over \$50 (or listed above)		e Martin (Martin) (1995
Line 10: Total Rece	ipts \$50 and under* (not listed above)	# 75.00	agus da lega e lega E lega e leg E lega e leg
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	\$ 75,00	← 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)
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e 9: Total Receipt	s over \$50 (or listed above)		Anna and a second
	ts \$50 and under* (not listed above)	This was a second and the second and	
e 11: TOTAL RE	CEIPTS IN THE PERIOD		Enter on page 1, line 2

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
9/30/13	AMERICAN EXPRESS		DOOR HANGERS	# 287.28
11/21/13	LARRY GIUNTA	139 CROW LANE NEWBURY PORT	ELECTION WIGHT PARTY EXPENSE REIM BURSEMENT	# 134.12
				enica control de la control de
		Line 12: Total Expenditures ov	er \$50 (or listed above)	421.40
		Line 13: Total Expenditures \$50	and under* (not listed above)	142.91
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	564.31

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

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Durange of Fan 14	
		71447455	Purpose of Expenditure	Amount
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		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	mder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITE		
		include them in line 12. Line 13 sh		

^{*} 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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. 707				
			<u> </u>	
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
	÷.	Line 16: In-Kind Contributions		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

^{*} 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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	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	

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