

Form CPF M 102: Campaign Finance Report ED Municipal Form CITY CLERK'S OFFICE NEWBURYPORT, MA

Office of Campaign and Political Finance

2021 SEP 14 PM 1: 15

					File with: Ci	ty or Town Clerk	or Election	Commission
Fill in Reporting Period date	es: Beginning Date:	8 9	5 21	Ending 1	Date:	9112		
Type of Report: (Check one								
8th day preceding preliminary	•	ion [] 30 day a	fter election	year	-end report	disso	lution
LAWREN M. VIOLA MA				VIOLA MAI		E 4NBPT	SC	
	Name (if applicable)				Committe	e Name	- 4	
SCHOOL COMMITTER Office Sou	NEWBURYPORT ght and District				me of Commi	ittee Treasurer		
	meypaet, MA 01950		31	BROAD ST	News	weypopt,	MA O	1950
Telephone Number (optional):	8.266.3620		Telephone N	umber (optional):		. 877. 0	817	
	SUMMARY BAL	ANCE	INFOR	MATION:				
Line 1: Ending	Balance from previous report	t						
Line 2: Total re	eceipts this period (page 3, lin	ne 11)			0			
Line 3: Subtota	1 (line 1 plus line 2)							
Line 4: Total ex	spenditures this period (page	5, line 1	[4]	440	0.84] 1	
Line 5: Ending	Balance (line 3 minus line 4))						
Line 6: Total in	-kind contributions this period	od (page	6)		0	1		
Line 7: Total (a	ll) outstanding liabilities (pag	ge 7)			0			
Line 8: Name o	f bank(s) used:							
Affidavit of Committee Treasurer: I certify that I have examined this report in activity, including all contributions, loans, finance activity of all persons acting under Signed under the penalties of perjury:	receipts, expenditures, disbursements, in	n-kind cont	ributions and	liabilities for this	of M.G.L. c.	riod and represen	I campaign fats the campa	finance aign
FOR CANDIDATE FILINGS O	NLY: Affidavit of Candidate: (chec	ck 1 box or	ılv)				701	
Condidate with Committee and no a certify that I have examined this report activity, of all persons acting under the	ctivity independent of the committee rt including attached schedules and it is, a authority or on behalf of this committee expenditures on my behalf during this rep	s, to the bes	st of my know	rledge and belief, e requirements of	a true and co M.G.L. c. 55	mplete statement I have not recei	of all campa	nign finance tributions,
I certify that I have examined this repo finance activity, including contribution	candidate with independent activity file rt including attached schedules and it is, s, loans, receipts, expenditures, disburse s acting under the authority or on behalf	, to the bes ements, in-	t of my know kind contribu	tions and liabiliti	es for this rep	orting period and	d represents t	nign the
Signed under the penalties of perjury:				(Candidate's	s signature)	Date:	9/14/	H

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.)

eport all receipts.	Please include your committee name and a pa	8	Occupation & Employer	
n . D	Name and Residential Address (alphabetical listing required) Amount		(for contributions of \$200 or more)	
Date Received	(alphabetical fisting required)			
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	=			
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	1			
	1	1		
		1		
		The state of the s	1	
Line 9: Total Red	ceipts over \$50 (or listed above)		1	
Line 10: Total Re	eceipts \$50 and under* (not listed above)			
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
Line 11, 10 2111		10.1	-14 include only those receipts not itemized above.	

^{*} 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)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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			2
2 4 de v			
			2
	2 300		
	*		
Line 9: Total Receipt	ts over \$50 (or listed above)		
ine 10: Total Receip	ts \$50 and under* (not listed above)		
	(200 200 200 200 200 200 200 200 200 200		-
Line 11: TOTAL RE	CCEIPTS IN THE PERIOD	()	← Enter on page 1, line 2
If you have itemized re	eceints of \$50 and under include them in line	9 Line 10 shoul	d include only those receipts not itemized above

^{*} 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

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		
8-8-21 Imprint		14450 Beechnut St, Houston, TX 77083	Yard Signs+Buttons	386.31		
		-				
	2					
	J	Line 12: Total Expenditures o	ver \$50 (or listed above)	386.31		
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	54.53		
	Enter on page 1, line 4 =	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	440.84		

^{*} 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)

Data Baid	To Whom Paid		D 45	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	i e			
	*			
		-		
	8			
	•			
		8		
-		-		
	-			
				-
		Line 12: Expenditures over \$50	(or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
			atte out a	
The second	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

^{*} 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	
		-			
	-				
			050 (1) 1 1 1		
		Line 15: In-Kind Contributions over \$50 (or listed above)			
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 →	1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} 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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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	-			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0