



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

RECEIVED
CITY CLERK'S OFFICE
NEWBURYPORT, MA

Fill in dates:

Reporting Period Beginning Month 06 Date 13 Year 2013 Ending Month 10 Date 29 Year 2013 APR 28 4 11 33

Type of report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Meghan Kinsky

Full Name of Candidate (if applicable)

City Councillor at Large

Office Sought and District

1 Griffin Court Nbrpt MA

Residential Address

(978) 255-1121

Tel. No. (optional)

Committee to Elect Meghan Kinsky

Committee Name

Christian Sava

Name of Committee Treasurer

18 Chapel St. Newburyport MA

Committee Mailing Address

(978) 465-2311

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 5960.00
Line 3: Subtotal (line 1 plus line 2) \$ 5960.00
Line 4: Total expenditures this period (page 3, line 14) \$ 4012.60
Line 5: Ending balance (line 3 minus line 4) \$ 1947.40
Line 6: Total in-kind contributions this period (page 4) \$ 2291.00
Line 7: Total (all) outstanding liabilities (page 4) \$ 0
Line 8: Name of bank(s) used Institution for Savings
Newburyport

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 (in ink)

Date

10/25/13

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, 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.

☐ Candidate without Committee OR Candidate with independent activity filing separate report

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Date

10.25.13

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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
	see attached			
Line 9: Total receipts in excess of \$50 (or listed above)				Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD		5960	00	

* 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	
06/27/2013	Meghan Kinsky	1 Griffin Court NBPT, MA 01950	Advertising- reimbursement	367	36
08/15/2013	Meghan Kinsky	1 Griffin Court NBPT, MA 01950	Advertising- reimbursement	921	61
08/27/2013	Meghan Kinsky	1 Griffin Court NBPT, MA 01950	Advertising- reimbursement	255	86
09/17/2013	Meghan Kinsky	1 Griffin Court NBPT, MA 01950	Advertising- reimbursement	1349	38
08/29/2013	Meghan Kinsky	1 Griffin Court NBPT, MA 01950	Advertising- reimbursement	743	75
10/17/2013	Meghan Kinsky	1 Griffin Court NBPT, MA 01950	Advertising- reimbursement	54	64
10/23/2013	WNBP	6 Federal St. NBPT, MA 01950	Advertising- radio ads	320	00
Line 12: Expenditures over \$50				4012	60
Line 13: Expenditures \$50 and under*					0
Line 14: TOTAL EXPENDITURES				4012	60

Enter on page 1, line 4

*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		see attached		
			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

Enter on page 1, line 6

* 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	Address	Purpose	Amount
			Line 18: OUTSTANDING LIABILITIES (ALL)	0.00

Enter on page 1, line 7

Schedule A: Receipts

Committee to Elect Meghan Kinsey

Report Period June 13, 2013 to October 23, 2013

Date	Name	Address	City	State	Zip	Amount	Occupation	Employer
6/29/13	Affolter	Chris	39 Virginia Lane	Newburyport	MA	01950	\$ 100.00	
6/21/13	Anderson	Bryce	20 1st Street	Salisbury	MA	01952	\$ 100.00	
6/20/13	Armstrong	Suzanne	350 Greene St. Unit 2	North Andover	MA	01950	\$ 100.00	
6/21/13	Barlow	William	366 High Street	Newburyport	MA	01950	\$ 100.00	
6/2/13	Baumfield	Joshua	75 High Street	Newburyport	MA	01950	\$ 100.00	
7/13/13	Bonavita	Kriten	6 Harris St.	Newburyport	MA	01950	\$ 50.00	
6/21/13	Callahan	Brian	29 Warren St.	Newburyport	MA	01950	\$ 50.00	
6/14/13	Carmody	Denis	905 Tidewater	Rio Grande	NJ	08242	\$ 100.00	
6/21/13	Cavallaro	Frank	12 Windward Dr.	Newburyport	MA	01950	\$ 250.00	President
8/20/13	Chabot	Jamie	4 Congress Street	Newburyport	MA	01950	\$ 100.00	
6/21/13	Chorebanian	Gregory	55 Washington St.	Newburyport	MA	01950	\$ 50.00	
9/15/13	Clampitt Jr.	Robert	529 Merrimac Street	Newburyport	MA	01950	\$ 150.00	
6/21/13	Colden	Daryl	50 Tyng Street	Newburyport	MA	01950	\$ 150.00	
9/18/13	Collins	Theodore	14 Christopher St.	Newburyport	MA	01950	\$ 50.00	
6/21/13	Connell	Barry	36 Woodland St.	Newburyport	MA	01950	\$ 50.00	
6/21/13	Connolly	Kilian	10 Brooks Ct.	Newburyport	MA	01950	\$ 250.00	Managing Director
6/14/13	Costello Committee	Mike	P.O. Box 1195	Newburyport	MA	01950	\$ 100.00	Trust Point Intl.
8/28/13	Davis	Elizabeth	8 Warren St.	Newburyport	MA	01950	\$ 50.00	
8/21/13	DiBiase	Joseph	15 Frances Dr.	Newburyport	MA	01950	\$ 50.00	
6/21/13	Doucette Jr.	Richard	460 Merrimac Street	Newburyport	MA	01950	\$ 100.00	
6/21/13	Elias	Claude	78 Federal Street	Newburyport	MA	01950	\$ 150.00	Owner
8/13/13	Eramo	Virginia	288 Toppans Lane	Newburyport	MA	01950	\$ 250.00	Interlocks Salon & Spa
6/21/13	Farrell	Deirdre	18-3 Market Square	Newburyport	MA	01950	\$ 50.00	
6/21/13	Gagnon	Jamison	320 High Street	Newburyport	MA	01950	\$ 50.00	
6/21/13	Guillou	Colleen	3 Bourbeau Terrace	Newburyport	MA	01950	\$ 50.00	
6/21/13	Iannini	Jay	9 Horton St.	Newburyport	MA	01950	\$ 300.00	Vice President
6/20/13	Jackman	Kristen	114 High St.	Newburyport	MA	01950	\$ 75.00	Barclays
6/21/13	Johnson	Stuart	99 Lime Street	Newburyport	MA	01950	\$ 50.00	
6/21/13	Keller	Shawn	29 Munroe St.	Newburyport	MA	01950	\$ 200.00	President
6/24/13	Keller	Arik	50 Jefferson St.	Newburyport	MA	01950	\$ 100.00	

Schedule A: Receipts

Committee to Elect Meghan Kinsey

Report Period June 13, 2013 to October 23, 2013

Date	Name	Address	City	State	Zip	Amount	Occupation	Employer
6/21/13	Link Eileen	13 Walnut Street	Newburyport	MA	01950	\$ 100.00		
7/2/13	Macfarlane Olga	6 Clipper Way	Newburyport	MA	01950	\$ 100.00		
6/21/13	Marshall Kelly	57 High Rd.	Newbury	MA	01951	\$ 100.00		
6/25/13	Mascott Karen	38 Dorothy E Lucey Dr	Newburyport	MA	01950	\$ 50.00		
6/21/13	McClaren Craig	8 Jones St.	Newburyport	MA	01950	\$ 100.00		
6/21/13	McDermott Matthew	23 Marlboro St.	Newburyport	MA	01950	\$ 50.00		
6/21/13	McDonald Christopher	4 Maple Terrace	Newburyport	MA	01950	\$ 50.00		
9/13/13	Mettling J. Thomas	14 Bradbury Lane	Newburyport	MA	01950	\$ 100.00		
6/21/13	Moak John	33 Marlboro St.	Newburyport	MA	01950	\$ 50.00		
6/18/13	Morris John	209 Water Street	Newburyport	MA	01950	\$ 199.00		
6/21/13	Ormond Ann	19 Water St. #4	Newburyport	MA	01950	\$ 50.00		
6/21/13	Page Eric	5 Lt. Leary Dr.	Newburyport	MA	01950	\$ 75.00		
6/21/13	Palermينو Daniel	3 Columbus Ave.	Newburyport	MA	01950	\$ 50.00		
6/21/13	Palmisano Brenda	10 Jefferson Court	Newburyport	MA	01950	\$ 100.00		
6/26/13	Palombo Adam	4602 Barnacle Dr.	Port Orange	FL	32127	\$ 100.00		
6/21/13	Patrican Brian	53 High Road	Newbury	MA	01969	\$ 100.00		
6/21/13	Rathbone Lauren	42 Toppans Lane	Newburyport	MA	01950	\$ 100.00		
7/29/13	Roelofs Jeff	266 Water Street	Newburyport	MA	01950	\$ 50.00		
6/21/13	Rowan Michael	20 Forrester Street	Newburyport	MA	01950	\$ 50.00		
6/21/13	Sava Christian	18 Chapel Street	Newburyport	MA	01950	\$ 75.00		
9/18/13	Sayer Ester	10 Ship Street	Newburyport	MA	01950	\$ 50.00		
6/21/13	Sayer Ester	10 Ship Street	Newburyport	MA	01950	\$ 50.00		
9/18/13	Seymour Bridget	218 High Street	Newburyport	MA	01950	\$ 100.00		
6/21/13	Shanley James	15 Olive St.	Newburyport	MA	01950	\$ 50.00		
6/19/13	Signore Scott	4 Rolfes Lane	Newburyport	MA	01950	\$ 100.00		
6/21/13	Skiba Christopher	234A High Street	Newburyport	MA	01950	\$ 100.00		
6/21/13	Stewart Margaret	183 High Street	Newburyport	MA	01950	\$ 50.00		
6/21/13	Sullivan Peter	76 Marlboro St.	Newburyport	MA	01950	\$ 50.00		
6/28/13	Thurston Jeffreyh	81 Curzon Mill Rd.	Newburyport	MA	01950	\$ 50.00		
8/29/13	Tierney Susan	32 Strong Street	Newburyport	MA	01950	\$ 60.00		
6/21/13	Trail Matthew	14 Rawson Ave.	Newburyport	MA	01950	\$ 50.00		
6/20/13	Turgeon Charles	20 Daniel Lucy Way	Newburyport	MA	01950	\$ 50.00		

Total Receipts in Excess of \$50 (listed above)

\$ 5,734.00

Total Receipts \$50 and under (not listed above)

\$ 226.00

TOTAL RECEIPTS IN THE PERIOD

\$ 5,960.00



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		08/29/13
Name of Individual Being Reimbursed:	Meghan Kinsky	
Committee Name:	Committee to Elect Meghan Kinsky	
CPF ID Number (if applicable):		Telephone Number (optional): (978) 255-1121



ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
08/28/13	Connolly Printing	173 Gill St. Woburn, MA 01801	Palm Cards - Literature	743.75

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	743.75
Line 2: Expenditures \$50 or under (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED:	743.75

Signed under the penalties of perjury:

 
Signature of Candidate / Treasurer

Date: 10.25.13

CONNOLLY

Invoice

MA 01950 \$ 50.00 3446
 MA 01950 \$ 75.00 214
 MA 178 Gill Street, Woburn MA 01801 • 781-932-8885 2100
 Connolly Printing.com • 800-406-7206
 MA 01950 \$ 50.00 147
 MA Bill To 01950 \$ 50.00 5608
 MA Committee to 01950 \$ 100.00 196
 Meghan Kinsey \$ 20.00 CASH
 \$ 100.00 CASH
 MA 01950 \$ 100.00 CASH
 MA 01950 \$ 100.00 348

Date	Invoice #
8/28/2013	8363

Ship To

P.O. No.	Terms	Due Date	Rep	Ship Via	Woburn
	Due on receipt	8/30/2013	KC	cust. pick up	F.O.B.

Quantity	Item Code	Description	Price Each	Amount
2,000	Palm Cards	5" x 17" Folded Palmcards, full color, w/union bug	0.35	700.00T

Date 8/29/13 9004
 To MCW
 For

PREVIOUS BALANCE		
TOTAL		
THIS CHECK		
BALANCE	743	75

Connolly Printing.

Subtotal	\$700.00
(6.25%)	\$43.75
Total	\$743.75
Payments/Credits	\$0.00
Balance Due	\$743.75

In the event the customer doesn't pay in accordance to the payment terms above, the customer agrees to pay a late charge of 1.8% per month of the total amount of any late payment. The customer also agrees to pay any collection expenses incurred to collect any unpaid amounts, including a reasonable attorney's fee due to litigation arising out of collection of any unpaid amounts owed by customer. Pricing assumes a 2% discount for cash or checks. The 2% cash discount does not apply to credit cards and will be added back.

Fax #	E-mail	Web Site
(781) 932-8544	kevin@connollyprinting.com	www.connollyprinting.com



CARDMEMBER SERVICE
PO BOX 15153
WILMINGTON DE 19886-5153

5000 16028 18420299854295



Manage your account online:
www.chase.com/disney



Customer Service:
1-800-300-8575



Mobile: Visit chase.com
on your mobile browser

ACCOUNT SUMMARY

Account Number: [REDACTED]

Previous Balance [REDACTED]
Payment, Credits [REDACTED]
Purchases [REDACTED]
Cash Advances \$0.00
Balance Transfers \$0.00
Fees Charged \$0.00
Interest Charged [REDACTED]
New Balance [REDACTED]

Opening/Closing Date 08/23/13 - 09/22/13
Credit Limit [REDACTED]
Available Credit [REDACTED]
Cash Access Line [REDACTED]
Available for Cash [REDACTED]

Past Due Amount \$0.00
Balance over the Credit Limit \$0.00

PAYMENT INFORMATION

New Balance [REDACTED]
Payment Due Date 10/19/13
Minimum Payment Due [REDACTED]

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

If you would like information about credit counseling services, call 1-866-797-2885.

YOUR ACCOUNT MESSAGES

Cardmember ID: 16721161
Use your Cardmember ID for special limited-time promotions.

DISNEY DREAM REWARD DOLLARS®

Previous reward dollars balance
+ 1% Earn on all purchases
- Reward dollars trnsfrd to redemption card
= Total reward dollars avail. for redemption



Please call 1-800-300-8575 to redeem your DISNEY DREAM REWARD DOLLARS or if you have any questions about the DISNEY REWARDS® Program.

5.00 reward dollars will expire on statement in March 2016
4.00 reward dollars will expire on statement in May 2016
3.00 reward dollars will expire on statement in June 2016

Every reward dollar you earn is equal to \$1 when redeeming toward Disney goods and offerings. Visit DisneyRewards.com to learn about your rewards, Cardmember perks and to redeem. The terms and conditions of the DISNEY REWARDS Program apply to the use of DISNEY DREAM REWARD DOLLARS and may be modified by Chase or Disney Rewards, LLC at any time. Please visit DisneyRewards.com or call 1-800-300-8575 to request that your DISNEY DREAM REWARD DOLLARS be transferred to a DISNEY REWARDS® Redemption Card or if you have any questions about the DISNEY REWARDS Program. You earn 1% on purchases with your DISNEY REWARDS® Visa® Card.

ACCOUNT ACTIVITY

743.75 ✓

09/22	PURCHASE INTEREST CHARGE
	TOTAL INTEREST FOR THIS PERIOD

Year-to-date totals reflect all charges minus any refunds applied to your account.

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance

One Ashburton Place, Room 411

Boston, MA 02108

(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		08/15/2013
Name of Individual Being Reimbursed:	Meghan Kinsky	
Committee Name:	Committee to Elect Meghan Kinsky	
CPF ID Number (if applicable):		Telephone Number (optional): (978) 255-1121


ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
08/07/13	Newburyport MPO	61 Pleasant St. Newburyport MA 01950	Stamp	231.00
07/22/13	Host Lator.Com	1251 NW Freeway # 400 Houston, TX 77092	Website: domain registration annual fee	79.67
08/07/13	Connolly Printing	17B Will St. Woburn, MA 01801	Cards: mailing poll	610.94

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	921.61
Line 2: Expenditures \$50 or under (not itemized):	-
Line 3: TOTAL AMOUNT REIMBURSED:	921.61

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 10.25.13

INVOICE
PAYMENT RECEIVED

Billed From

HostGator.com
11251 Northwest Freeway Suite 400
Houston, TX 77092
United States of America
(866) 964-2867

Billed To

Meghan Kinsey
1 Griffin Court

Newburyport, MA 01950
US
978-255-1121

Invoice Details

Invoice # Date Made Due Date Date Paid Customer ID

24706836 Jul 22, 2013 Jul 22, 2013 Jul 22, 2013 1786924

Package ID	Package	Domain Name	Billing Cycle	Amount Due
RS-1763981	Hatchling	meghankinsey.com	Annually	\$83.40
RS-680204	Domain Registration (.com, .net, .org)	meghankinsey.com	Annually	\$12.95
Discount (Coupon Used: SNAPPY)				\$-\$16.68

Subtotal	\$
Sales Tax	\$0.00
Total	\$79.67
Payment / Credit Applied	\$0.00
TOTAL DUE	\$0

Payment Details

Payment Type: credit card
Payment Date: 07/22/2013 12:50 PM
Transaction ID: R010Z1728294539

<div> <div>NEWBURYPORT MPO</div> <div>NEWBURYPORT, Massachusetts</div> <div>019509998</div> <div>2445930950-0097</div> <div>08/07/2013 (800)275-8777 04:46:01 PM</div> </div>			
Sales Receipt			
Product Description	Sale Unit	Qty	Final Price
Coil/100	1	\$33.00	\$33.00
33c Apples			
PSA	1	\$33.00	\$33.00
Coil/100			
33c Apples	1	\$33.00	\$33.00
PSA	1	\$33.00	\$33.00
Coil/100			
33c Apples	1	\$33.00	\$33.00
PSA	1	\$33.00	\$33.00
Coil/100			
33c Apples	1	\$33.00	\$33.00
PSA	1	\$33.00	\$33.00
Coil/100			
33c Apples	1	\$33.00	\$33.00
PSA	1	\$33.00	\$33.00
Coil/100			
33c Apples	1	\$33.00	\$33.00
PSA	1	\$33.00	\$33.00
Total:			\$231.00

Paid by:	\$231.00
VISA	XXXXXXXXXX5429
Account #:	06683B
Approval #:	980
Transaction #:	

8/14/13 8:38 AM

CONNOLLY PRINTING LLC

17B Gill Street, Woburn MA 01801 • 781-932-8885
ConnollyPrinting.com • 800-406-7206

Invoice

Date

Invoice #

8/6/2013

8230

Bill To

Committee to Elect
Meghan Kinsey

Ship To

P.O. No.

Terms

Due Date

Rep

Ship Via

Woburn

Due on receipt

8/8/2013

KC

cust. pick up

F.O.B.

Quantity	Item Code	Description	Price Each	Amount
2,500	Dear Friend Card	4" x 6" Dear Friend Cards, full color, w/union bug	0.23	575.00T

CONNOLLY PRINTING
17B GILL STREET
WOBBURN, MA 01801
781-932-8885

BATCH: 457
S-A-L-E-S D-R-A-F-T
74940266
907989000537

REF: 0001
CD TYPE: VISA
TR TYPE: PURCHASE
DATE: AUG 07, 13 09:57:29

TOTAL \$610.94

ACCT: *****3277 EXP: **/**
API: 019140
NAME: MEGHAN KINSEY
TRAN: 003219502499920

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS
AND/OR SERVICES IN THE AMOUNT OF THE
TOTAL SHOWN HEREON AND AGREES TO PERFORM
THE OBLIGATIONS SET FORTH BY THE
CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANKS FOR USING VISA

CUSTOMER COPY

apply to credit cards and will be added back.

Connolly Printing.

Subtotal

\$575.00

(6.25%)

\$35.94

Total

\$610.94

Payments/Credits

\$0.00

Balance Due

\$610.94

Fax #

E-mail

Web Site

(781) 932-8544

kevine@connollyprinting.com

www.connollyprinting.com



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
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Date of Reimbursement:		08/27/13
Name of Individual Being Reimbursed:	Meghan Kinsey	
Committee Name:	Committee to Elect Meghan Kinsey	
CPF ID Number (if applicable):		Telephone Number (optional): (978) 255-1121

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
08/27/13	Newburyport mpo	61 Pleasant St. Newburyport, MA 01950	stamp - Post card mailing	165.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	165.00
Line 2: Expenditures \$50 or under (not itemized):	90.86
Line 3: TOTAL AMOUNT REIMBURSED:	255.86

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 10-25-13

NEWBURYPORT MPO
NEWBURYPORT, Massachusetts
019509998

2445930950-0099

08/27/2013 (800)275-8777 09:49:11 AM

Sales Receipt			
Product Description	Sale Unit	Qty Price	Final Price
Coil/100 33c Apples PSA	1	\$33.00	\$33.00
Coil/100 33c Apples PSA	1	\$33.00	\$33.00
Coil/100 33c Apples PSA	1	\$33.00	\$33.00
Coil/100 33c Apples PSA	1	\$33.00	\$33.00
Coil/100 33c Apples PSA	1	\$33.00	\$33.00

Total: \$165.00

Paid by: AMEX \$165.00

Account #: XXXXXXXXXXXX1008

Approval #: 540167

Transaction #: 336

239032409432204709653

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

NEWBURYPORT MPO
NEWBURYPORT, Massachusetts
019509998

2445930950-0098

08/20/2013 (800)275-8777 10:40:45 AM

Sales Receipt			
Product Description	Sale Unit	Qty Price	Final Price
(Forever) A Flag for All Seasons PSA Bklt/20	1	\$9.20	\$9.20
(Forever) A Flag for All Seasons PSA Bklt/20	1	\$9.20	\$9.20
(Forever) A Flag for All Seasons PSA Bklt/20	1	\$9.20	\$9.20

Total: \$27.60

Paid by: Debit Card \$27.60

Account #: XXXXXXXXXXXX5065

Approval #: 274

Transaction #: 23903240943

Receipt#: 000402

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

NEWBURYPORT MPO
NEWBURYPORT, Massachusetts
019509998

2445930950-0098

08/16/2013 (800)275-8777 10:43:22 AM

Sales Receipt			
Product Description	Sale Unit	Qty Price	Final Price
(Forever) A Flag for All Seasons PSA Bklt/20	1	\$9.20	\$9.20
(Forever) A Flag for All Seasons PSA Bklt/20	1	\$9.20	\$9.20
(Forever) A Flag for All Seasons PSA Bklt/20	1	\$9.20	\$9.20

Total: \$27.60

Paid by: Debit Card \$27.60

Account #: XXXXXXXXXXXX5065

Approval #: 227

Transaction #: 23903240943

Receipt#: 000349

Order stamps at usps.com/shop or



Receipt for Your Payment to Vistaprint Netherlands B.V.

service@paypal.com <service@paypal.com>
To: Meghan Kinsey <meghankinsey@gmail.com>

Fri, Aug 16, 2013 at 2:57 PM



Aug 16, 2013 14:57:00 EDT
Transaction ID: 1YL523498K627911E

Hello Meghan Kinsey,

You sent a payment of \$35.66 USD to Vistaprint Netherlands B.V.

(customerservice@vistaprint.com)

It may take a few moments for this transaction to appear in your account.

Merchant

Vistaprint Netherlands B.V.
customerservice@vistaprint.com
866-893-6743

Instructions to merchant

You haven't entered any instructions.

Ace your shopping homework.

Get more for your money with special deals
from your favorite stores

Get the Deal

Description	Unit price	Qty	Amount
	\$35.66 USD	1	\$35.66 USD
		Subtotal	\$35.66 USD
		Total	\$35.66 USD
		Payment	\$35.66 USD

Payment sent to customerservice@vistaprint.com

Issues with this transaction?

You have 45 days from the date of the transaction to open a dispute in the Resolution Center.

? Questions? Go to the Help Center at: www.paypal.com/help.

Please do not reply to this email. This mailbox is not monitored and you will not receive a response. For assistance, log in to your PayPal account and click **Help** in the top right corner of any PayPal page.

You can receive plain text emails instead of HTML emails. To change your Notifications preferences, log in to your account, go to your Profile, and click **My settings**.

PayPal Email ID PP120

255.86



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		09/17/2013
Name of Individual Being Reimbursed:	Meghan Kinsley	
Committee Name:	Committee to Elect Meghan Kinsley	
CPF ID Number (if applicable):		Telephone Number (optional): (978) 255-1121

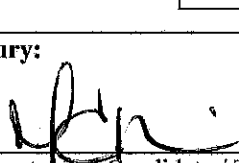
ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
09/13/13	Connolly's Printing	178 Will St. Woburn, MA 01801	Lawn Signs	1349.38

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	1349.38
Line 2: Expenditures \$50 or under (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED:	1349.38

Signed under the penalties of perjury:


Signature of Candidate / Treasurer

Date: 10.25.13

CONNOLLY PRINTING

178 Gill Street, Woburn MA 01801 • 781
ConnollyPrinting.com • 800

CONNOLLY PRINTING
178 GILL STREET
WOBBURN, MA 01801
781-932-888

BATCH: 477
S-A-L-E-S D-R-A-F-T
74940266
907989000537

REF: 0004
CD TYPE: AMEX
TR TYPE: PURCHASE
DATE: SEP 13, 13 16:24:07

TOTAL \$1349.38
ACCT: *****1008
AP: 542638
NAME: MEGHAN C KINSEY
TRAN. 001749183944272
EXP: **/**

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS
AND/OR SERVICES IN THE AMOUNT OF THE
TOTAL SHOWN HEREON AND AGREES TO PERFORM
THE OBLIGATIONS SET FORTH BY THE
CARDMEMBER'S AGREEMENT WITH THE ISSUER

CUSTOMER COPY

Invoice

Date

Invoice #

9/9/2013

8442

Bill To

Committee to Elect
Meghan Kinsey

P.O. No.

Terms

Due on receipt

Ship Via

Woburn

cust. pick up

F.O.B.

Quantity	Item Code		Price Each	Amount
200	Political Signs, 18...	18" x 24" Corroplast Signs, 2 colors, 2 sides, w/union bug	5.10	1,020.00T
200	Wire Frames	Wire Frames	1.25	250.00T

Thank You for doing business with Connolly Printing.

Subtotal \$1,270.00

In the event the customer doesn't pay in accordance to the payment terms above, the customer agrees to pay a late charge of 1.8% per month of the total amount of any late payment. The customer also agrees to pay any collection expenses incurred to collect any unpaid amounts, including a reasonable attorney's fee due to litigation arising out of collection of any unpaid amounts owed by customer. Pricing assumes a 2% discount for cash or checks. The 2% cash discount does not apply to credit cards and will be added back.

(6.25%) \$79.38

Total \$1,349.38

Payments/Credits \$0.00

Balance Due \$1,349.38

Fax #

E-mail

Web Site

(781) 932-8544

kevino@connollyprinting.com

www.connollyprinting.com



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		10/17/2013
Name of Individual Being Reimbursed:	Meghan Kinsy	
Committee Name:	Committee to Elect Meghan Kinsy	
CPF ID Number (if applicable):		Telephone Number (optional): (978) 255-1101

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

0

Line 2: Expenditures \$50 or under (not itemized):

54.64

Line 3: TOTAL AMOUNT REIMBURSED:

54.64

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10.25.13

NEWBURYPORT MPO
NEWBURYPORT, Massachusetts
019509998
2445930950-0096
10/09/2013 (800)275-8777 02:18:27 PM

Sales Receipt			
Product Description	Sale Unit	Qty	Final Price
(Forever) A Flag for All Seasons PSA Bklt/20		1	\$9.20

Total: \$9.20

Paid by:
VISA \$9.20
Account #: XXXXXXXXXXXX5065
Approval #: 115293
Transaction #: 333
23903240943

Order stamps at usps.com/shop or
call 1-800-Stamp24. Go to
usps.com/clicknship to print
shipping labels with postage. For
other information call
1-800-ASK-USPS.

Get your mail when and where you
want it with a secure Post Office
Box. Sign up for a box online at
usps.com/poboxes.

Bill#:1000402053473
Clerk:09

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

Go to:
<https://postalexperience.com/Pos>

TELL US ABOUT YOUR RECENT
POSTAL EXPERIENCE

YOUR OPINION COUNTS



More saving.
More doing.™

240 LAFAYETTE RD
SEABROOK, NH 03874 (603)474-0150

3404 00002 34013 10/06/13 01:01 PM
CASHIER DANIELLE - DXS6628

098945051898 1X2X6 NO.2 <A>
1X2-6 NO.2 PREMIUM PINE
16@2.84 45.44

SUBTOTAL 45.44
SALES TAX 0.00
TOTAL \$45.44
DEBIT 45.44
XXXXXXXXXXXX5065
AUTH CODE 530590



3404 02 34013 10/06/2013 3388

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 01/04/2014
THE HOME DEPOT RESERVES THE RIGHT TO
LIMIT / DENY RETURNS. PLEASE SEE THE
RETURN POLICY SIGN IN STORES FOR
DETAILS.

BUY ONLINE PICK-UP IN STORE
AVAILABLE NOW ON HOMEDEPOT.COM.
CONVENIENT, EASY AND MOST ORDERS
READY IN LESS THAN 2 HOURS!

ENTER FOR A CHANCE
TO WIN A \$5,000
HOME DEPOT GIFT
CARD!

Share Your Opinion With Us! Complete
the brief survey about your store visit
and enter for a chance to win at:

www.homedepot.com/opinion

COMPARTA SU OPINION EN UNA BREVE
ENCUESTA PARA LA OPORTUNIDAD DE GANAR.

User ID:
71719 68317

Password:
13506 68315

Entries must be entered by 11/05/2013.
Entrants must be 18 or older to enter.
See complete rules on website. No
purchase necessary.



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		06/27/2013
Name of Individual Being Reimbursed:	Meghan Kinney	
Committee Name:	Committee to Elect Meghan Kinney	
CPF ID Number (if applicable):		Telephone Number (optional): (978) 255-1121

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
6/21/13	Seaport Signworks	141 Bridgeway Rd #103 Salisbury, MA 01950	stickers	53.13
6/19/13	Seaport Signworks	141 Bridgeway Rd #103 Salisbury, MA 01950	signs	159.38
6/24/13	Vistaprint	95 Hayden Ave. Lexington, MA 02421	stationery	94.73

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

307.24

Line 2: Expenditures \$50 or under (not itemized):

60.12

Line 3: TOTAL AMOUNT REIMBURSED:

367.36

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10-25-13



that was easy.

Low prices. Every item. Every day.

536 Lafayette Road

Seabrook, NH 03874

(603) 474-8511

SALE

1652531 5 001 26074

1124 06/05/13 01:49

YOUR OPINION COUNTS AND WILL BE REVIEWED
BY THIS STORE'S MANAGER!

Please take a short survey
and be entered into a monthly drawing
for a \$5,000 Staples gift card.

NO PURCHASE NECESSARY.

Log on to www.StaplesCares.com

or call 1-800-881-1723

Your survey code: 0101 0917 3775 2729

See store for rules.

Survey code expires 06/12/2013.

***Tome nuestra encuesta en Español en
la página de Internet o por teléfono.

Consiga las reglas en la tienda.***

QTY SKU

PRICE

REWARDS NUMBER 3047940576

13 STAPLES LEGAL SIZE

718103166829

2.990ea

38.87

SUBTOTAL

38.87

TOTAL

\$38.87

American Express

38.87

Card No.: XXXXXXXXXX1008 [S]

Auth No.: 584188

TOTAL ITEMS 13

Save with Staples Brand products,
the most trusted brand in office products.

THANK YOU FOR SHOPPING AT STAPLES !

Shop online at www.staples.com

Rewards members now get: 5% back in



Seaport Signworks
141 Bridge Road, Unit 103
Salisbury, MA 01952

978-463-4444

Invoice

Date	Invoice #
6/19/2013	2993

Bill To
Meghan Kinsey

Ship To

Customer Phone	Customer Alt. Phone	Due Date
508-574-8095		6/19/2013

Terms	Rep	Project

Quantity	Description	Price Each	Amount
50	3" x 3" Stickers	1.00	50.00T

SEAPORT SIGNWORKS LLC
141 BRIDGE RD SUITE 10
SALISBURY, MA 01952
9784634444

TERMINAL ID: 70662256
MERCHANT ID: 00000004795

VISA
XXXXXXXXXX429 EXP:XX/XX
SALE
CARD: 000328 TRN: 000006
Jun 21, 13 16:58
MIC: 317270401268 AUTH:056368
TRAN/SEQ #: 001245

APPROVAL 056368

DATE: 6/19/2013 TIME: 16:58

M. GIBBS KINSEY

NO RETURNS

CUSTOMER COPY

com

www.seaportsignworks.com

Subtotal	\$50.00
Sales Tax (6.25%)	\$3.13
Total	\$53.13
Payments/Credits	\$0.00
Balance Due	\$53.13

SLAVIK GARDENERS LLC
141 BRIDGE RD SUITE 10
SALESBURY, MA 01952
9784634444

TERMINAL D. : 73692755
REFCART D. : 990808094795

WISA

 SALE

 JUNE 13- 13

 1141: 000001
 09:48
 AUTH:046048
 1141: 001208

REF ID: A46346

[illegible]

REFUGES

407 3741571

[illegible]

RECEIVED BY:

KEEP THIS COPY FOR YOUR RECORDS
©2001 REDIFORM® 5L320

SEAPORT SIGNWORKS LLC
141 BRIDGE RD SUITE 10
SALISBURY, MA 01952
9784634444

TERMINAL ID: 70602256
MERCHID: 000000084795

DEBIT
XXXXXXXXXX5065 SMIPED
DEBIT
BATCH: 000315 INU: 000003
Jun 05- 13 13:18
NRN: 315617086439 AUTH:065420
TRAN SEQ #: 001165

TRACE #: 006439
NETWORK ID: 590
SETTLE DATE: 06/06

APPROVAL 065420

SIGNATURE NOT REQUIRED

NO REFUNDS

CUSTOMER COPY

QUANTITY	DESCRIPTION	PRICE	AMOUNT
26	STICKS 3"x3"		20
1			
2			
3	SALES TAX		1.25
4			
5			
6			
7			
8			
9			

SOLD BY:

CASH

C.O.D.

CHARGE

ON ACCT:

MDSE RTD

PAID OUT

CITY, STATE, ZIP

ADDRESS:

NAME:

CUSTOMER'S ORDER NO.

DEPT.

DATE:

Scarf Sign Marks

020973



Seaport Signworks
141 Bridge Road, Unit 103
Salisbury, MA 01952

978-463-4444

Invoice

Date	Invoice #
6/13/2013	2966

Bill To
Meghan Kinsey

Ship To

Customer Phone	Customer Alt. Phone	Due Date
508-574-8095		6/13/2013

Terms	Rep	Project

Quantity	Description	Price Each	Amount
10	18" x 24" double-sided Coroplast Sign	15.00	150.00T

SEAPORT SIGNWORKS LLC
141 BRIDGE RD SUITE 10
SALISBURY, MA 01952
9784634444

TERMINAL ID: 76602256
MERCHANT ID: 000000084795

USA
*****445429 (M-CA/30) SWIFT
SALE
DATE: 06/13/13 THU: 000002
Jun 19, 13 15:38
POS: 517019202079 AUTH: 046828
TRAN SEQ #: 001225

APPROVED 06/13/13

MEGHAN KINSEY

NO REFUNDS

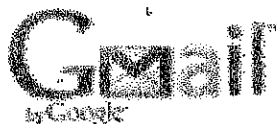
CUSTOMER COPY

info@seaportsignworks.com

www.seaportsignworks.com

PAID deposit \$500
PAID balance 79.38
6/19/2013

Subtotal	\$150.00
Sales Tax (6.25%)	\$9.38
Total	\$159.38
Payments/Credits	\$0.00
Balance Due	\$159.38



Meghan Kinsey <meghankinsey@gmail.com>

Your Vistaprint Order Is Confirmed

3 messages

Vistaprint <Vistaprint@e.vistaprint.com>

Mon, Jun 24, 2013 at 9:07 PM

Reply-To: Vistaprint <support-b79y34ya18vtebau376g3qd3548as5@e.vistaprint.com>

To: meghankinsey@gmail.com

Your Vistaprint Order Confirmation

Add Vistaprint to your address book

Contact us on social media



MY ACCOUNT: 1783-7654-5235

Vistaprint

THANK YOU FOR YOUR ORDER

Your Order Number: 7GNWZ-82A25-1T5 • Track It

Hi, Meghan.

Your order will be on its way soon. Look for the shipping confirmation email in your inbox.

Questions? Visit our [help page](#) or [contact us directly](#).

To check the status of your order at any time, [click here](#).

Here are your order details:

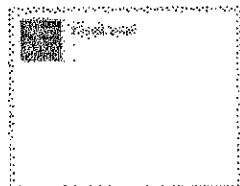
Order Date: 6/24/2013

Delivery Option: Priority

You can expect to receive your order in 7 Days.

Preview:

Documents



Description:

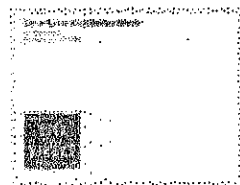
Note Card
Item #: 232-001

Share



Qty: Price:

100 \$49.99



Matching A-2 Envelope
Item #: 305-001

100 \$24.99

Options

Black & White Back Side
Item #: 934-001

- FREE

Matte Finish
Item #: 833-001

- FREE

Upload Fee
Item #: 829-001

- FREE

Blank Inside

- FREE

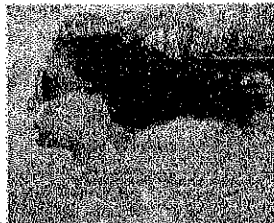
You May Also Like:

50% Off Premium Business Cards



250 Starting at ~~\$49.99~~ \$9.99
[Get Started!](#)

25% off Postcards



100 Starting at ~~\$24.99~~ \$18.74
[Get Started!](#)

Save 20% Off Your Next Order

Item #: 805-001

White Envelopes 10 \$1.99
Item #: 999-001

Merchandise: \$76.97
Shipping Charges: \$17.76
Tax: \$0.00
Total: \$94.73

20% OFF
SITEWIDE

Shipping To:

Meghan Kinsey
1 Griffin Court
Newburyport MA 01950
US

[Get Started!](#)

OC 2022 3018 3018

Billed To:

Meghan Kinsey
1 Griffin Court
Newburyport MA 01950
US

Need Help? Call our Customer Care Team at
1.866.614.8002



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GUARANTEE**
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**3-DAY RUSH
DELIVERY**
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**UPLOAD YOUR
OWN DESIGN**
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[Update Preferences](#) [Privacy Policy](#)

Please don't reply to this email as it's an unmonitored address. Offers expire 7/19/2013. Discounts may vary by quantity.
Additional charges may apply for shipping and processing, upgrades and uploads, unless otherwise specified.
Not valid in combination with other offers. Free offers only valid on the lowest quantity of each product and not valid on more than 2 items per order.

Vistaprint reserves the right to revoke this offer at any time. See website for details.

Vistaprint USA, Incorporated | 95 Hayden Avenue | Lexington, MA 02421

PCI 1310289 PCO 912726 T 62

Meghan Kinsey <meghankinsey@gmail.com>

Mon, Jun 24, 2013 at 10:20 PM

To: Pamela Brockmeier Armstrong <pbrockmeier@yahoo.com>, Kim Klapes <kimklapes@comcast.net>

Thank you notes!

Meghan Kinsey
Greater Newburyport YMCA Community Engagement Director
(m) 508.574.8095

Sent from my iPad

Begin forwarded message:

Schedule C: "In-Kind" Contributions
Committee to Elect Meghan Kinsey
Report Period June 13, 2013 to October 23, 2013

Date Receive From Whom Received	Address		Description of Contribution	Value
6/21/13 17 State St. Café	17 State St.	Newburyport MA	01950 Ice/Appetizers/Salad	\$ 116.00
6/21/13 David's Fish Market	54 Bridge Rd.	Salisbury MA	01952 Shrimp & Cocktail Sauce	\$ 190.00
6/21/13 The Port Tavern	84 State Street	Newburyport MA	01950 Pulled Pork	\$ 75.00
6/21/13 Oregano Ristorante	16 Pleasant St.	Newburyport MA	01950 Salads	\$ 160.00
6/21/13 Paul Dahn	343 High Street	Newburyport MA	01950 Catering, DJ	\$ 1,000.00
9/18/13 Cela	38 State Street	Newburyport MA	01950 Food/Service for Event	\$ 750.00
			In-kind over \$50	\$ 2,291.00
			In-kind \$50 and under	\$ -
			TOTAL In-kind	\$ 2,291.00