Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED
CITY CLERK'S OFFICE
NEWBURYPORT, MA

2013 NOV 25 A 11: 17

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/24/13 Ending Date: 11/25/13

Type of Report: (Check one)

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

Meghan Kinsey Candidate Full Name (if applicable)	Committee to Elect Meghan Kinsey Committee Name
City Councillor at Large Office Sought and District	Christian Sawa Name of Committee Treasurer
1 Griffin Ct. Nbpt MA 01950 Residential Address	18 Chapel St. Nbpt MA 01950 Committee Mailing Address
Telephone Number (optional): (978) 255-1121	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1947.40
Line 2: Total receipts this period (page 3, line 11)	85.00
Line 3: Subtotal (line 1 plus line 2)	2032.40
Line 4: Total expenditures this period (page 5, line 14)	704.72
Line 5: Ending Balance (line 3 minus line 4)	1327.68
Line 6: Total in-kind contributions this period (page 6)	300.00
Line 7: Total (all) outstanding liabilities (page 7)	0.00

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) Date: 11/25/13

FOR CANDIDATE FILINGS ONLY: 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's signature) Date: 11/25/13

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.

(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)
10/28/13	Cousins, Ivan W CTE 5 Elm St. Suite 15 Danvers, MA 01923	50.00	

Line 9: Total Receipts over $50 (or listed above)	50.00
Line 10: Total Receipts $50 and under* (not listed above)	35.00
Line 11: TOTAL RECEIPTS IN THE PERIOD	85.00 ← 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 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
11/23/2013	Meghan Kinsley	1 Griffin Ct. NBPT MA 01950	reimbursement	578.72
10/30/2013	Newburyport Mothers Club	P.O. Box 316 NBPT MA 01950	advertising	126.00
		Line 12: Total Expenditures over $50 (or listed above)		704.72
		Line 13: Total Expenditures $50 and under* (not listed above)		
		Line 14: TOTAL EXPENDITURES IN THE PERIOD		704.72

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
11/05/2013	Organo's Ristorante	16 Pleasant St. NBPT MA 01950	food provided Election Night	300.00

Line 15: In-Kind Contributions over $50 (or listed above)	300.00
Line 16: In-Kind Contributions $50 & under (not listed above)	
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	300.00

* 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
Enter on page 1, line 7 →		**Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**		0.00

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
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: 11/23/2013

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
11/23/2013	10 Center	10 Center St. Nbpt MA 01950	Campaign dinner	578.72

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	578.72
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	578.72

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 11.25.13

10/Ten Center
Restaurant
10 Center St.
Newburyport, MA 01950
978-462-6652

Date: Nov22'13 09:59PM
Card Type: VISA
Acct #: XXXXXXXXXXXX3277
Card Entry: SWIPED
Trans Type: PURCHASE
Auth Code: 08510D
Check: 4422
Table: 35/1
Server: 459 Zoe R

Subtotal: 525.78

TIP _____

TOTAL _____

SIGNATURE

THIS IS YOUR COPY

10/Ten Center
Restaurant
10 Center St.
Newburyport, MA 01950
978-462-6652

Date: Nov22'13 07:43PM
Card Type: VISA
Acct #: XXXXXXXXXXXX3277
Card Entry: SWIPED
Trans Type: PURCHASE
Auth Code: 09998D
Check: 1220
Check ID: GROUP
Server: 137 Leah I

Subtotal: 44.94

TIP 8.—

TOTAL 52.94

SIGNATURE

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RECEIVED CITY CLERK'S OFFICE NEWBURYPORT, MA 2013 DEC 16 A 7:51

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Meghan Kinsey
Candidate Full Name (if applicable)

City Councillor at Large
Office Sought and District

1 Griffin Ct. Nbpt MA 01950
Residential Address

Telephone Number (optional): (978) 255-1121

Committee to Elect Meghan Kinsley
Committee Name

Christian Sawa
Name of Committee Treasurer

18 Chapel St. Nbpt MA 01950
Committee Mailing Address

Telephone Number (optional):

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Signed under the penalties of perjury: _____ (Candidate's signature) Date: 11/25/13