

Form CPF M 102: Campaign Finance Report Municipal Form RECEIVED Office of Campaign and Political Rivial Reveal Current MA

| of Massachusetts | 2013 NGV 25 A 11: 17 File with: City or Town Clerk or Election Commission |
|--|---|
| Fill in Reporting Period dates: Beginning Date: 10 | 124/13 Ending Date: 11122113 |
| Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election | 30 day after election year-end report dissolution |
| Candidate Full Name (if applicable) | Committee to Elect Meghan Kinson |
| City Councillol at Lavav Office Sought and District | Christian Sava Name of Committee Treasurer |
| Residential Address | 18 (Mapel St. Nort ma 01950) Committee Mailing Address |
| Telephone Number (optional): (c118) 255-1121 | Telephone Number (optional): |
| SUMMARY BALANC | E 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, lin | e 14) 704.72 |
| Line 5: Ending Balance (line 3 minus line 4) | 1321.68 |
| Line 6: Total in-kind contributions this period (pa | ge 6) 300.00 |
| Line 7: Total (all) outstanding liabilities (page 7) | 0.00 |
| Line 8: Name of bank(s) used: WSKWK | on be Satingen dellangood |
| Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is to the best activity, including all contributions, loans, receipts, expenditures, dishursements, in-kind finance activity of all persons acting under the authority or on behalf of the committee in Signed under the penalties of perjury: | contributions and liabilities for this reporting period and represents the campaign |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo | x only) |
| activity, of all persons acting under the authority or on behalf of this committee in ac incurred any liabilities nor made any expenditures on my behalf during this reporting | |
| Candidate without Committee OR Candidate with independent activity filing se I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this | 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 s committee in accordance with the requirements of M.G.L. c. 55. |
| Signed under the penalties of perjury: | (Candidate's signature) Date: 1125113 |

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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) |
|---------------|---|--|--|
| 10198/18 | COUSMS, MADINE TELLINGS TO CATE OF SUICE IS ELM ST. SUICE IS DANGED TO CATE OF THE COURSE TO CATE OF THE OF THE CATE OF THE | 50 · 00 | (tor contributions of \$200 or more) |
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| | eipts over \$50 (or listed above) eipts \$50 and under* (not listed above) | 35.00 | |
| ine 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.)

| report an expen | report all expenditures. Please include your committee name and a page number on each page.) | | | | | | | | | |
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| Dota Daid | To Whom Paid | A didinana | Dawnoon of E | A was a | | | | | | |
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount | | | | | | |
| 111221 | meghan | I WICKUCK. | reimbussmen | 578.72 | | | | | | |
| 2013 | kinsu | NBPT MA 61920 | AND CONTROL OF THE PROPERTY OF | 3 10, 15 | | | | | | |
| 108/01 | Newburgeoff | P.O.BOX 316 | | 101.00 | | | | | | |
| 8106 | Morner Club | NBPT MA 01950 | ordvertismos | 126.00 | | | | | | |
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| | | | | | | | | | | |
| | | Line 12: Total Expenditures ov | 704.72 | | | | | | | |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | | | | | | | |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | | | | | | | |
| # If you have its wined as you will have a first and an include it in the 10 The 10 The 11 the | | | | | | | | | | |

^{*} 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 4

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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 |
|--|--|--|--|--|
| 9013 | oregano"s Ristorante | NBPT MA 01950 110 PICASON St. | Food prostand | 300.00 |
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| The state of the s | | Exp 1 (2) and 1 | Language and the control of the cont | Extra region gold confusion and making and advantage and a |
| Lancesian and the open agreement | Learning and the contract of t | Line 15: In-Kind Contributions | s 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 C | | 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.

Page 6

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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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| Linearing programming growing and an arrangement of the control of | Enter on page 1, line 7 → | Line 18: TOTAL OUTSTAND | DING LIABILITIES (ALL) | 0.00 |

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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.

| Name of Individual Being Reimbursed: meghan Kinky | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Committee Name: Committee to Elect Newson Kinsey | | | | | | | | |
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| Line 3: TOTAL AMOUNT REIMBURSED: 「ちつもこうと」 | | | | | | | | |
| Signed under the penalties of perjury: Date: 11.25.13 Signature of Candidate / Treasurer | | | | | | | | |
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10/Ten Center . Restaurant 10 Center St. Newburyport, MA 01950 978-462-6652 Nov22'13 09:59PM Date: VISA XXXXXXXXXXXXX3277 Card Type: Acct #: SWIPED Card Entry: PURCHASE Trans Type: 085100 Auth Code: 4422 Check: 35/1 Table: 459 Zoe Server: Subtotal: TIP__ 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 #: XXXXXXXXXXXXX3277 Card Entry: SWIPED Trans Type: PURCHASE Auth Code: 09998D Check: 1220 Check ID: GROUP Server: 137 Leah I Subtotal: 44.94 ŢŢÞ TOTAL SIGNATURE

THIS IS YOUR COPY



RECEIVED Municipal Form RECEIVED WBURYPORT, MA Office of Campaign and Political Rinal Would PORT, MA

| of Massachu | isetts 2013 DEC 10 | | | | 2013 NQV | 25 A 11: | Clerk or Flect | tion Commission |
|---|---|--|------------------------|---|--|--|--|-------------------------------|
| Fill in R | eporting Period dates: | | 101 | 24/13 | Ending Date | | | |
| | Report: (Check one) y preceding preliminary | 8th day preceding election | on [| 30 day | after election | year-end repo | ort [] dis | ssolution |
| | Neghan Vin | applicable) | | Con | mitke to | ELICA W committee Name |) eg/na | Winku |
| Civ | COMOCINOS CO | | | | Marie o | f Committee Treasu |) A urer | |
| 14 | いたい Ct. 必り Residential Addr | Pt MA 0195 | 0 | 18 (| | F. N/op ittee Mailing Addre | | orpio |
| Telephone N | humber (optional): | 1922-1191 | | Telephone l | Number (optional): | 77 Carl Market Construction of the Constructio | | |
| | | SUMMARY BALA | NCE | INFOR | MATION: | | | |
| | Line 1: Ending Balance | e from previous report | | | 1947 | . 40 | | |
| | Line 2: Total receipts | this period (page 3, line | 11) | | 85 | .00 | | |
| | Line 3: Subtotal (line | l plus line 2) | | | 2032. | Ч 0 | otaben train | |
| | Line 4: Total expendit | ures this period (page 5 | , line | 14) | 704. | 7a | 141-agrande wararana) | |
| | Line 5: Ending Balance | æ (line 3 minus line 4) | | | 1391 | 1.68 | | |
| | Line 6: Total in-kind o | ontributions this period | l (page | e 6) [| 300. | 00 | | |
| | Line 7: Total (all) outs | tanding liabilities (page | ∍ 7) | | 0.00 |) | | |
| | Line 8: Name of bank | (s) used: \(\sum_S \sum_N \sum_S \sum_N \su | oit. | 061 | Sading | NWh | | 4 |
| I certify that I activity, inclu- finance activit | Committee Treasurer: have examined this report including al ding all contributions, loans, receipts, e ty of all persons acting under the autho the penalties of perjury: | ttached schedules and its/to the expenditures, disbursements, in-litty or on behalf of this committee | e best of kind con | my knowled atributions an cordance with | ge and belief, a true and d liabilities for this repo the requirements of M (Treasurer's sign | .G.L. c, 55, | and the same of th | gn finance npaign |
| FOR CAN | DIDATE FILINGS ONLY: | Affidavit of Candidate: (check | 1 box o | only) | (210000101010101010101010101010101010101 | | | |
| l certify t activity, o | te with Committee and no activity in that I have examined this report includi of all persons acting under the authority any liabilities nor made any expenditur | ng attached schedules and it is, t y or on behalf of this committee | in accor | uance wun n | wledge and belief, a tru te requirements of M.G. | e and complete state L. c. 35. I have not | ement of all car treceived any c | npaign finance contributions, |
| I certify t finance a | te without Committee <u>OR</u> Candidate that I have examined this report including contributions, loans, a finance activity of all persons activity | ng attached schedules and it is, t receipts, expenditures, disbursen | to the be nents, in | st of my kno kind contrib | ntions and liabilities for | r this reporting perio | nd and remeson | npaign its the |
| Signed under | the penalties of perjury; | | | | (Candidate's sign | ature) Date | : 1119 | 5/13 |