



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

File with: City or Town Election Commission

Fill in Reporting Period dates:

Beginning Date:

01/21/2014

Ending Date:

10/16/2015

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Sheila A. Mullins

Candidate Full Name (if applicable)

City Council

Office Sought and District

7 Parsons Street, Newburyport, MA 01950

Residential Address

Telephone Number (optional):

(978) 462-8959

Committee to Elect Sheila Mullins

Committee Name

Jerry A. Mullins

Name of Committee Treasurer

PO Box 1082, Newburyport, MA 01950

Committee Mailing Address

Telephone Number (optional):

(978) 618-9154

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

567.59

Line 2: Total receipts this period (page 3, line 11)

2,005

Line 3: Subtotal (line 1 plus line 2)

2,572.59

Line 4: Total expenditures this period (page 5, line 14)

1,223.35

Line 5: Ending Balance (line 3 minus line 4)

1,349.24

Line 6: Total in-kind contributions this period (page 6)

Line 7: Total (all) outstanding liabilities (page 7)

Line 8: Name of bank(s) used: TD Bank

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: 10/26/2015

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: 10/26/2015

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)
9/23/2015	Ion Baleanu 49 Meadow Drive Raynham, MA 02767	100	
9/24/2015	Douglas Bolick 8 Court Street Newburyport, MA 01950	100	
9/23/2015	Barbara Bush 30 Monument Square, Apt 405 Charlestown, MA 02129	50	
9/23/2015	Dwight Caufield 10 Bowler Street, Apt 2 Lynn, MA 01904	50	
9/27/2015	Karl & Mary Lou Daxland 1746 Drift Road Westport, MA 02790	100	
9/23/2015	Dorothy & Howard Fairweather 4 Parsons Street Newburyport, MA 01950	100	
9/23/2015	Michael Farquar PO Box 3003 Acton, MA 01720	50	
9/11/2015	Albert Ferris 60 Fairview Avenue, Unit 3 Methuen, MA 01844	50	
09/23/2014	William & Elizabeth Harris 56 Lime Street Newburyport, MA 01950	100	
10/01/2015	Mary Walker Haslinger 299 High Street Newburyport, MA 01950	100	
9/23/2015	Jane & Larry Kelley 24 Lucey Drive Newburyport, MA 01950	50	
9/23/2015	Ronald Klodenski 18 Wildwood Drive Newburyport, MA 01950	100	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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)
9/23/2015	Tom Kolterjahn 64 Federal Street Newburyport, MA 01950	100	
9/23/2015	Tom Lyons 78 Abington Road Danvers, MA 01923	100	
9/23/2015	Leonard Mirra 11 Mirra Way West Newbury, MA 01985	50	
8/29/2015	Jerry A. Mullins 7 Parsons Street Newburyport, MA 01950	200	Logistics at Production Line Support, Inc. in Tyngsboro, MA
7/01/2015	Sheila A. Mullins 7 Parsons Street Newburyport, MA 01950	200	Office Manager at Seacoast Furniture in Seabrook, NH
9/23/2015	Stephanie & Ronae Niketic 93 High Street Newburyport, MA 01950	100	
9/23/2015	Alexander Veras 15 Central Street, Apt 2 Haverhill, MA 01832	50	
Line 9: Total Receipts over \$50 (or listed above)		1,750	
Line 10: Total Receipts \$50 and under* (not listed above)		255	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,005	← 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
8/27/2015	Adeas Printing	719 St. Francis South Wichita, KS 67211	Brochures	383.97
9/28/2015	A.G.E. Graphics LLC	678 Township Road 297 Little Hocking, OH 45742	Political Signs	350
10/4/2015	GODADDY.COM	14455 N. Hayden Road Scottsdale, AZ 86260	Website Hosting & Domain	54.95
9/3/2015	Port Tavern	84 State Street Newburyport, MA 01950	Deposit for Campaign Kickoff Room	100
9/23/2015	Port Tavern	84 State Street Newburyport, MA 01950	Final Bill & Tip for Campaign Kickoff Room	187.5
8/30/2015	U.S. Post Office	Newburyport MPO Malcolm Hoyt Drive Newburyport, MA 01950	Postage	66
Line 12: Total Expenditures over \$50 (or listed above)				1,142.42
Line 13: Total Expenditures \$50 and under* (not listed above)				80.93
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,223.35

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			Line 12: Expenditures over \$50 (or listed above)	
			Line 13: Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES 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
			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 →			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.

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)	