

# Form CPF M 102: Campaign Finance Report Municipal Form

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	_		Office of Campaign and Political F
Commonwealth		•	

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with: y or Town Clerk or Election Commission Please print or type all inf	ormation, except signatures. REWBURYPORT, MA
Fill in dates: Reporting Period Beginning August 31 201	13 Ending October 18 2013  Ending October 18 2013
Type of report: (Check one)  ☐ 8th day preceding preliminary   ☐ 8th day preceding election	n □30 day after election □year-end report □dissolution
Richard E. Sullivan, Ja.	Committee to Elect Richard E Sullivan, JR
Full Name of Candidate (if applicable)  Mayor - Newbury port	Charles J. Ciovacco
6 Lt. Lear Drive Newhorpport  Residential Address	Ce Lt. Leary Deive Newbury port  Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from pre Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus	(page 2, line 11) \$\\\ \\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabi Line 8: Name of bank(s) used <u>Jas</u>	lities (page 4) \$ 0
campaign finance activity, including all contributions, loans, receipts, expend	t is, to the best of my knowledge and belief, a true and complete statement of all litures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of of perjury:  October 28, 2013  Date
FOR CANDIDATE FILINGS ON	<u>LY:</u> (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check I 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	
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. 5	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	of all
campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting pe	eriod
and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirement	its of
M.G.1.79.55. Signed under the penalties of perjury:	
1 tabe 25 2012	

Gandidate signature (in ink)

## 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

Date Received	Name and Residential Address (alphabetical listing required)	A	mount	Occupation & Employer (for contributions of \$200 or more)
,	See attached	1		The state of the s
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	·			
	tal receipts in excess of \$50 (or listed above)	5,075	00	
	ral receipts \$50 and under* (not listed above) TAL RECEIPTS IN THE PERIOD	5,100		Enter on page 1, line 2

<sup>\*</sup> 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	Am	ount
10/15	Harborside Printing	3 Grat Rd. Newburyport	yard signs	321	25
9/30	Institution for Sange		service charge	5	1
9/3	Jen Wright Signs	Newbury	Signs	175	
10/15	Postmaster-Nbpt.	Newburgost	postaje	92	00
9/26	Seaport Signworks	141 Bridge Rd. Salisbury	signs	402	
9/17	Staboard Galley	Neuburgort	election might event	143	
9/27	Vogel Printing	PO. BUX 127 Lawrence	signs	494	]
9/5	Vogel Printing	Laurence	signs	341	59
9/5	WNBP	Newburyport	advertising	530	
1,	WNBP	Newburgport	advertising	68	06
15/4	WNBP	Newburyport	advertising	360	00
		//			•
		·			
		Line 12: 1	Expenditures over \$50	3132	44
_		·	Expenditures \$50 and under*	0	
Er	nter on page 1, line 4	Line 14:7	TOTAL EXPENDITURES	3132	44

<sup>\*</sup>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 3

#### 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
	None			
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

<sup>\*</sup> 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
	None			
		·		
E	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	<u> </u>

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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# Schedule E Municipal Form Disclosure of Assets Statement Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission	on		CPF ID#	
This form should be filed by	all candidates a	and committees with each	•	
Committee Name:	an canalanios o			port:
Committee Name.				, , , , , , , , , , , , , , , , , , ,
All can	didates and co	mmittees must fill in Pa	rt A <u>or</u> Part B.	
Part A:				
No assets* were acquired or dispo	sed of hiv this c	andidate/committee duri	ing the period covered	by this statement.
	sou or oy uns t	,	<b>5 6</b>	- <b>,</b>
Part B: <u>Assets acquired:</u> List all assets acqu	ired since the	committee last filed this	statement. If this is th	e first Schedule E you
have filed, list all assets.				
Asset	Date	Present Location	Manner Acquired	Cost/Value
Include year, model or other identifying	Acquired			
information, if applicable.	<u>. · , . · - · - · - · - · - · · - · · - ·</u>			
ļ <u></u>		••		
·				
		·		
Assets disposed of: List all assets sol	d traded of tra	neferred during the renor	ting period covered by (	his statement.
Asset	Date	Disposition to:	Date and Manner	Disposition Value
Include year, model or other identifying	Acquired	Name and Address	of Disposition	Attach statement of how
information, if applicable.				value is determined.
		•		
			·	
			,	
Assets acquired by a political committee mu	ist be used for the	political purpose for which the	he committee is organized a	nd must remain the property
of that committee. Assets may be disposed	of at any time, but	must be disposed of prior to	dissolution.	
*An asset is defined as any one item that ha a cost/value of \$1,000 or more at the time of	ns a useful life of a facquisition.	more than one year, would be	depreciable in a normal bu	siness environment, and has
Signed under the penalties of perjury:		Sig	ened under the penalties of p	erjury:
1000		/ /	11. 11/4.	, 101
Jas land Etullun		28/13	fly fly	/0/28/15_ Polo
Candidate signature Date		U Tr	básurer signature	Date

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.

5,075.00	\$ 5,		
100.00	ጭ	87 Lime Street	9/24/2013 Zabriskie, Ann
100.00	S	354 High Street Nbpt	8/31/2013 Walsh, Thomas
100.00	\$	5 Lafayette Street	10/4/2013 Todd, Barry
500.00 Attorney/Self employed	₩	111 Homestead Street Hav	9/1/2013 Sullivan, Joseph
250.00 Retired	₩.	PO Box 2224 Sarasota, FL	9/27/2013 Stearns, S. Merrell
100.00	᠊ᡐ	45 Broad Street Nbpt	9/9/2013 Silsby, William
100.00	₩.	14 Pine Street Nbpt	9/3/2013 Shepard, David
150,00	₩	5 Lime Street	9/24/2013 Roberts, Jonathan
300.00	<b>-</b> €3-	36 Main Street Byfield	10/8/2013 Purinton, Joanne
500.00 State Fire Fighters Union	\$	MA	9/6/2013 Professional Fire Fighters of MA
250.00 Retired	₩.	5 Dexter Lane Nbpt	10/2/2013 O'Brien, Mark
200.00 Retired	₩.	PO Box 758 Nbpt	10/7/2013 Metcalf, Nicholas
100.00	₩	32 Low Street Nbpt	9/24/2013 Matthews, Joan
150.00	₩.	Maple Ave. Salisbury, Ma	9/12/2013 Jacobs, George
200.00 Owner/Four Star Aviation	₩.	338 Merrimac Street Nbpt	9/6/2013 Hordon, Richard
100.00	\$	47A Warren Street Nbpt	10/8/2013 Gronbeck, Diane
75.00	\$	12 Finnegan Way Nbpt	10/7/2013 Green, John
100.00	₩.	126 High Street Nbpt	10/8/2013 Gallagher, William
200.00	₩.	7 Moulton Street Nbpt	10/16/2013 Chetsas, Susan
100.00	₩.	3 Jefferson Street Nbpt	10/1/2013 Cavalieri, Lawrence
300.00 Retired	₩.	19 Elizabeth Lane Nbpt	8/31/2013 Bell, John Jr.
100.00	₩.	12 Warren Street Nbpt	9/13/2013 Beaulieu, Donald
500.00 Self employed	-⟨γ-	15 Woodman Way Nbpt	10/8/2013 Asprogiannis, Sotirios
500.00 Self employed	<b>ζ</b> ς.	15 Woodman Way Nbpt	10/8/2013 Asprogiannis, George
OCCUPATION/EMPLOYER (\$200 OR MORE)	AMOUNT	ADDRESS	DATE NAME