

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ype of Report: (Check one) 3 8th day preceding preliminary	☐ 30 day after election
Richard E. Sullivan Jr.	Committee to Elect Richard E. Sullistan Ja
Candidate Full Name (if applicable)	Committee Name
Mayor - Newburgort Office Sought and District	Charles J. Ciovacco Name of Committee Treasurer
6 Lt. Leary Drive Newbuygort Residential Address	G Lt. Leary Deive Newbuyport Committee Mailing Address
elephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	E INFORMATION:
	3.421. 24
Line 1: Ending Balance from previous report	3, 5%, 24
Line 2: Total receipts this period (page 3, line 11)	2,704.00
Line 3: Subtotal (line 1 plus line 2)	6,125.24
Line 4: Total expenditures this period (page 5, line	e 14) 5/383.88
Line 5: Ending Balance (line 3 minus line 4)	741.36
Line 6: Total in-kind contributions this period (page	ge 6) 128.04 6 gc
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Institu	ution for Savings
fidavit of Committee Treasurer:	
ertify that I have examined this report including attached schedules and it is, to the best of ivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind or ance activity of all persons acting under the authority or par Behalf of this confinites in a	ontributions and liabilities for this reporting period and represents the campaign
ned under the penalties of perjury:	(Treasurer's signature) Date: 1/19/14
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	(only) 3/19/64
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 activity, of all persons acting under the authority or on behalf of this committee in acc incurred any liabilities nor made any expenditures on my behalf during this reporting	cordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing sep 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
ned under the penalties of perjury:	(Candidate's signature) Date:

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.)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer nt (for contributions of \$200 or more)		
The state of the s	See attached	77			
			>		
11/10 1					
·					
Line 9: Total Receip	ots over \$50 (or listed above)	27/0.00			
Line 10: Total Recei	pts \$50 and under* (not listed above)	494.00			
	ECEIPTS IN THE PERIOD	2,704.00	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.



DATE NAME 11/1/2013 Christopher, Bernard Jr. 29 Dumplin 10/29/2013 Hudson, Kathleen 80 Moseley		11/1/2013 Matthews, Peter J. Jr 57 Marlbor	10/29/2013 Metcalf, Nickolas POBox 758	11/1/2013 O'Brien, Jolene 41 Olive St.	11/1/2013 Reppucci, John 10 Woodlar	10/29/2013 Sullivan, Margaret 4 Union St.	
ADDRESS AMOUNT 29 Dumpling Cove Newington,NH \$50 80 Moseley Ave. Newburyport \$10	Ave. Newburyport	57 Marlboro. St. Newburyport, MA	POBox 758 Newburyport, NIA	41 Olive St. Newburyport,MA	10 Woodland St. Newburyport	4 Union St. Newburyport, MA	٨
SUNT OCCUPATION/EMPLOYER (\$200 OR MORE) \$500 Self employed \$100	\$100	\$200	\$210 Retired	\$500 At home	\$500 Self employed	\$200 Self employed	(i)

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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		Professionary and a second sec	
ine 9: Total Receip	nts over \$50 (or listed above)	The state of the s	
ine 10: Total Receip	pts \$50 and under* (not listed above)		
ine 11: TOTAL RI	ECEIPTS IN THE PERIOD	O Line 10 show	← 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	eport all expenditures. Please include your committee name and a page number on each page.) To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
Date Faid	(alphaoetteal fishing)	Autros	1 tripost of Expenditure	Amount		
11/23/12	CHARLES CIAVADED	4 LARRY DE NEDT	REIMBURGE	64.44		
12/15/13	Courenow Myrestry	CARRY SBYT	DONATION	500 10		
11/8/13	HANNA FORD ; Pung	26 CODD ST WOBURN, MA WOBURN, MA	PRINTING	895.00		
11/2/13	MARKETBASKET	STORRY AVE NBPT	FOOD FOR DOOR DOOR DOOR DOOR	167.52		
11/2/13	P. STAUFFER	6 LEARY DR	REIMBONSE.	45.00		
11/5/13	PORT SANDWICH	NBPT	Pay VOLENTERS	175 10		
10/3/12	POST MASTER	NBPT	POSTAGE	368.00		
11/20/13	RESULLIVAN IN	6 LEARLY DR	RESMOURGE (WES-ADDRESS)	36.13		
12/12/13	11 11	11 11	RE-EMBURGE MISC EXPENSES	191.11		
11/20/13	SALVATION APPROY	WATER ST NBPT, MA	DONATION	300.00		
1/2/13	SAM's Club	SEABREOK NH	FOOD/DOOR DOP VOLUNTEGERS	155.67		
11/5/13	STARBOARD CALLEY	WATER ST NBPT	ELECTION NIGHT CATHERINE	500.00		
,	/	Line 12: Total Expenditures ov	er \$50 (or listed above)	5, 383.88		
		Line 13: Total Expenditures \$50	and under* (not listed above)			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 5,3						
10 1 1.		include them in line 12. Line 13 sh		<u> </u>		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/29/13	NEW BURY PORT Daily NEWS	LIBERTY ST NBPT	ADVERTIBILE	1,0759
10/19/13	WNBP RADIO	FEDERAL OF NBPT	ADS	3/0 00
10/28/13	WNBP PAPIO	"	ADS	360.00
10/24/17	ZIPTYPE SEEVICE	KENT ST WEWBURY THAT	PAINTING	246.07
				The state of the s
	L	ine 12: Expenditures over \$50 (or listed above)	
	L	ine 13: Expenditures \$50 and un	der* (not listed above)	
	Enter on page 1, line 4 → L	ine 14: TOTAL EXPENDITU	RES IN THE PERIOD	5, 383, 88

^{*} If y ou 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	
Projection of the Party of the	The state of the s				
2/24/14	-None Richard Hordon	338 Merrimac St.	post card mailing	128-04	
				128.54	
		Line 15: In-Kind Contributio	ns over \$50 (or listed above)	0-	
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	0-	

^{*} 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.

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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
	None			
-		And the state of t		
		The second secon		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0-