

Form CPF M 102: Campaign Finance Report

Municipal Form

RECEIVED CITY CLERK'S OFFICE NEWBURYPORT, MA

Office of Campaign and Political Finance

Commonwealth of Massachusetts 7018 JAN 22 PH 3: 18 File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: October 20, 2017 Ending Date: December 31, 2017 December 31, 2017
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) Council ov at Lovge Offide Sought and District A hland Street Residential Address E-mail: Phone # (optional): Candidate Full Name (if applicable) Committee Name Residential Address E-mail: Phone # (optional): Committee Name Residential Address Committee Mailing Address E-mail: Phone # (optional): Committee Name Residential Address Committee Mailing Address E-mail: Phone # (optional): Committee Name Residential Address Committee Mailing Address E-mail: Phone # (optional): Committee Name Committee Name Committee Name Residential Address Committee Mailing Address E-mail: Phone # (optional): Committee Name Committee Name Committee Name Committee Name Residential Address Committee Mailing Address E-mail: Phone # (optional): Committee Name Commit
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report \$\mathbb{B} 56.75\$
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2) ## 56.75
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4) B 56.75
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: Institution of Sourings
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: The penalties of penalties of perjury: The penalties of penalties
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 confimittee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Date:

SCHEDULE A: RECEIPTS

occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year. year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the 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

report all receipts. Please include your committee name and a page number on each page.) (A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above. Line 11: TOTAL RECEIPTS IN THE PERIOD ← Enter on page 1, line 2 Line 10: Total Receipts \$50 and under* (not listed above) Line 9: Total Receipts over \$50 (or listed above) (alphabetical listing required) Date Received innomA (for contributions of \$200 or more) Name and Residential Address Occupation & Employer

Page 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		7	
			9.
Line 9: Total Receipt	ts over \$50 (or listed above)	5	
Line 10: Total Receip	ots \$50 and under* (not listed above)	1	
Line 11: TOTAL RE	ECEIPTS IN THE PERIOD	0	← 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.

SCHEDNIE 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. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.)

Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD Line 13: Total Expenditures \$50 and under* (not listed above) Line 12: Total Expenditures over \$50 (or listed above) (alphabetical listing) Date Paid Purpose of Expenditure Address JunomA bis 4 mod W o T

* 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
5.				2
1				
		Line 12: Expenditures over \$50	(or listed above)	3
		Line 13: Expenditures \$50 and u	under* (not listed above)	3
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0

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

SCHEDNIE 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.

	Line 17: TOTAL IN-KIND CONTRIBUTIONS			
7	Line 16: In-Kind Contributions \$50 & under (not listed above)			
5	Line 15: In-Kind Contributions over \$50 (or listed above)			I
3				
		b		
5				
0				
Value	Description of Contribution	Residential Address	From Whom Received*	Date Received

* 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

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
N				5
				5
				2
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

