

# Form CPF M 102: Campaign Finance Report **Municipal Form**

		-	l Form Political Finance		
Commonwe of Massachu		C	ITY CLERK'S OFFICE NEWBURYPORT, MA File with: City of	r Town Clerk or Eid	ection Commission
Fill in R	eporting Period dates: Beginning Date:	3-29.97	MEnding Pate 8: (-17	1.3013	
	Report: (Check one)  y preceding preliminary	☐ 30 day	after election  year-en	d report 🔲 c	dissolution
Re	Shert J Cronin Candidate Full Name (if applicable)	Car	nmittee to E		ot Cronin
Ci	44 Council Ward 3 Office Sought and District		etherine Ma Name of Committee	S-f-ev-	
126	Residential Address		Rommittee Mailing	UMp+ g Address	PLM DL 2000
Telephone N	lumber (optional):	Telephon	Number (optional):		
	SUMMARY BALAN	CE INFO	RMATION:		
	Line 1: Ending Balance from previous report		219.87		
	Line 2: Total receipts this period (page 3, line 1	1)	148.50		
	Line 3: Subtotal (line 1 plus line 2)			Provident to the constraint of the property	
	Line 4: Total expenditures this period (page 5, li	ine 14)	323.50		
	Line 5: Ending Balance (line 3 minus line 4)		44.87	The state of the s	
	Line 6: Total in-kind contributions this period (p	page 6)		Annual Andreas (Annual Annual	
	Line 7: Total (all) outstanding liabilities (page 7	)	.:		
	Line 8: Name of bank(s) used:		العراجة والمحاربة والمحارب	Market Miller and Miller and Market Miller and Market Miller and Market Miller and M	
l certify that l activity, inclu finance activi	Committee Treasurer:  I have examined this report including attached schedules and it is, to the beading all contributions, loans, receipts, expenditures, disbursements, in-kine ity of all persons acting under the authority or on behalf of this committee in the penalties of perjury:	d contributions	and liabilities for this reporting period	d and represents the	
FOR CAN	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 I	box only)	· · · · · · · · · · · · · · · · · · ·		
I certify activity,	ate with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to to of all persons acting under the authority or on behalf of this committee in a any liabilities nor made any expenditures on my behalf during this reporting	accordance wit			
I certify finance a	ate without Committee OR Candidate with independent activity filing that I have examined this report including attached schedules and it is, to the activity, including contributions, loans, receipts, expenditures, disbursement finance activity of all persons acting under the authority or on behalf of the activity of the authority or on behalf of the authority of the authority or on behalf of the authority or on t	he best of my k nts, in-kind con	nowledge and belief, a true and comp tributions and liabilities for this report	ting period and repre	
Sioned under	r the nenalties of periury:		(Candidate's signature)	Date: \ \ \	4-14

#### **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)
10.30.13	126 Herrinse Nopat S. Cronta	448.50	
1030.13	4 Rawson Hill Nopt HA	100.00	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Recei	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	248.50	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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
		,		
1				
Line 9: Total Receip	ots over \$50 (or listed above)			
Line 10: Total Recei	pts \$50 and under* (not listed above)			
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	Photo de Piño Mario Pario de La Caracteria de Caracteria d	← 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.

(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 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	
Permission of the Control of the Con	hamman management of the second secon	***************************************	michiname menanana ayan kanin ayan ayan ayan ayan ayan ayan ayan	A 22.2 V 12.3 V	
		79 M. Hain	door,		
10.24.13	Minute Man Press	AndoverMA	handers	323.50	
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		* 1 10 m 1 m	Φ.C.O. ( 11 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Line 12: Total Expenditures over \$50 (or listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
			, and ander (not haide 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					

<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.

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# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	With the Street County of the			
	man and the state of the state			
				Presidential
		Line 12: Expenditures over \$50		trigonomic libration and the second
		Line 13: Expenditures \$50 and to	under* (not listed above)	

<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.

#### 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	
		Automotive and the second and the se			
	The state of the s				
		Line 15: In-Kind Contributions	s 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			

<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.

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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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	enalitäviän florroyameryi mannavääni iri

