



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 OCT 24 PM 12:28

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: JANUARY 1, 2019 Ending Date: OCTOBER 18, 2019

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Seán Robert Reardon
Candidate Full Name (if applicable)
School Committee
Office Sought and District
5 LOR St, Newburyport, MA. 01950
Residential Address
E-mail: reardon4nbpt@gmail.com
Phone # (optional): _____

Committee to Elect Seán Reardon
Committee Name
Cyrus Abfense
Name of Committee Treasurer
2 McClintock Ave Newburyport, MA. 01950
Committee Mailing Address
E-mail: cma1ph@comcast.net
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 2239</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 2239</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 679</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 1560</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Provident Bank</u>

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: Cyrus Abfense (Treasurer's signature)

Date: 10/24/19

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: Seán R. Reardon (Candidate's signature)

Date: 10/24/19

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)
8/28/19	Nathan Brown 123 Low St. Newburyport, MA. 01950	250-	Manager, Verizon
9/6/19	Gary Calderwood 6 1/2 Fulton St. Newburyport, MA. 01950	\$50-	
9/6/19.	Charlie Cullen 495 Main St. Amesbury, MA. 01913	\$100-	
9/6/19.	Jeff Cutter 26 North Atkinson St. Newburyport, MA. 01950	\$75-	
9/6/19.	Joe Devlin 3 Dexter Lane Newburyport, MA. 01950	\$50-	
9/6/19.	John Giordano & Julie Bokor 7 North Atkinson St. Newburyport, MA. 01950	\$100-	
9/17/19.	Steve & Kern Glynn 10 Salem St. Newburyport, MA. 01950	\$50-	
9/6/19	Tom & Colleen Guillou 3 Bourbeau Terrace Newburyport, MA 01950	\$50-	
9/6/19	Roger & Judy Fuller 61 Spofford St. Newburyport, MA. 01950	\$50-	
9/6/19	Jay Iannini 26 Summit Place Newburyport, MA. 01950	\$50-	
10/1/19.	Judy Kennedy 15 Kent St. Newburyport, MA. 01950	\$100-	
9/5/19.	Josh & Solem Moriarty 59 Moseley Ave Newburyport, MA. 01950	\$50-	

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)
9/6/19.	Mary Beth Page 33 Moseley Ave Newburyport, MA, 01950	\$50-	
9/6/19.	Neil & Patti Reardon 17 Oakwood Lane Kennebunk, ME 04043	\$100-	
9/6/19.	Kyle & Heather Reardon 14 Vernon St. Haverhill, MA, 01950	\$100-	
9/6/19.	Lynn-Anne Schow 75 High St. Newburyport, MA, 01950	\$100-	
9/6/19.	Brin Sterens 195 High St. Newburyport, MA, 01950	\$50-	
8/30/19.	Nathaniel Tilton 6 Twomey Drive Newburyport, MA 01950	\$50-	
10/2/19.	Ron & Sheila Trieff 11 Shandel Drive Newburyport, MA. 01950	\$50-	
9/6/19.	Alfred & Lynne Walker 27 Beacon St. Newburyport, MA, 01950	\$50-	

Line 9: Total Receipts over \$50 (or listed above)

\$1525-

Line 10: Total Receipts \$50 and under* (not listed above)

\$714

Line 11: TOTAL RECEIPTS IN THE PERIOD

\$2239

← 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.

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.

[illegible]

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Page 4

SCHEDULE B: EXPENDITURES (continued)[illegible]

* 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 6 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.

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)				

