

# Form CPF M 102: Campaign Finance Report

Municipal Form CITY CLERK'S OFFICE

Office of Campaign and Political Finance WBURYPORT, MA

AH 10: 04 File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: Ending Date: 202 Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Office Sought and District Phone # (optional) Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) 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: 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: (Treasurer's signature) 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: (Candidate's signature)

# 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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(iii)		
		-4-	
			to the lend of the Court
Line 9: Total Rece	ipts over \$50 (or listed above)		
	eipts \$50 and under* (not listed above)	) )	
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2 d include only those receipts not itemized above.

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in

### **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.)

•	To Whom Paid	nittee name and a page number or	pager)	
Date Paid	(alphabetical listing)	Address	Dumpage of Error at 44	A
Date Laid			Purpose of Expenditure	Amount
12/16/2020	Recorden for	5 Lois St	Tranfer of funds to	\$ 928-39
100 10000	Newburgport Committee	Newsurypost, MA. 01950	nagoral campaign account	100,31
	www.ifec		account	
	Minuteman.	122 Newburgport Turnpike	Mailing Services,	4100 02
12/21/2020	Press	Newburgart, MA. 01950	envelopes	\$ 194.03
WEX	116 33	1. 3 Spect, 7, 7, 7, 7	enveropes	
1 1	Minuteman	128 Newburgport Turnpike		231.53
12/21/2020	Press	Newburgport, MA. 01450	hetters, maily scrvices	231.53
	(100)	Jk. 17 24.5 21.32	Scrvices	- Gg
	United States	Ul Pleasant St.	O chara Gov	
12/21/20	Postal Service	1 52	Postage For Thank you notes	7)3.35
	POSTAT SERVICE	Newbury port, MA, 01950	Thank god nows	945
3				
	AND THE STATE OF T			
		I in a 12. Take 12.	Φ50 / 11 · 1 · 1	¥ 11.22 1.0
		Line 12: Total Expenditures over	er \$50 (or listed above)	\$1637.69
		Line 13: Total Evnandituma #50	and undow* (+1:-+-1-1	
		Line 13: Total Expenditures \$50	and under (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PEDION	\$1637.69
	87.1 SEE	include them in line 12. Line 12 sh		1031.01

<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 4

# **SCHEDULE A: RECEIPTS (continued)**

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	,		
un vincentino de la companya de la c			
			]
Line 9: Total Reco	eipts over \$50 (or listed above)		
ine 10: Total Rec	eeipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemize	ed receipts of \$50 and under, include them in lin	e 9. Line 10 shou	ald include only those receipts 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
12/18/2020	Sean Reardon	5 Lois St. Newburgart, MA. 01950	Thank you notes	\$71.14
		Line 15: In-Kind Contributions	over \$50 (or listed above)	471.14
		Line 16: In-Kind Contributions \$	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	371.14

<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.

Page 6

# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$	50 (or listed above)	
		Line 13: Expenditures \$50 an	d under* (not listed above)	
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDE	ITURES IN THE PERIOD	

<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 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			
				-246
				2
				*
356-19	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	

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	n (a)		til ea
The second of th			254 860
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			4
		tel term unit ber	
			980 920 14



### Invoice #5458629

Ordered On: 12/18/2020 06:44AM

### **Helium Design**

Brian Callahan 29 WARREN ST NEWBURYPORT, MA 01950-2218 Committee to **Elect Sean** Reardon

5 Lois Street Newburyport, MA 01950

### **Zoo Printing**

P.O. Box 102218 Pasadena, CA 91189-0278 Phone: 310.253.7751

Phone: (617) 417-9663

Product:

**Postcards** 

Size:

4 X 6 (Trim: 4 X 6)

Paper:

16pt C2S (Gloss Cover) (Go Green)

Color:

4/4 (Full Color Both Sides)

Coating:

UV 1 Side (Super Hi-Gloss Coating)

Turnaround:

Quantity:

**Next Day** 

Versions:

1000 1

Job Name: SR4M-ThankYouCards

Prepress: \$5.00 Printing: \$54.29 Finishing: \$0.00 Bindery: \$0.00 Shipping: \$11.85 Online PDF Proof - \$5 \$0.00 Print On Go Green Paper \$0.00 No Rounded Corners \$0.00 No Bundling \$0.00

Subtotal: \$71.14 Tax: \$0.00 Total: \$71.14

**Payment** 

12/18/20 6:45AM - Credit

\$71.14

Subtotal: \$71.14 Tax: \$0.00 **Grand Total:** \$71.14 Payments: \$71.14 Balance: \$0.00



Minuteman Press of Newburyport 188 Route OneTraffic Circle Newburyport, MA 01950

Phone: 978-465-2242 / Fax: 978-465-8593

clientservices@minutemanpress.com

# **INVOICE \* INVOICE**

Invoice Number Invoice Date

101581 12/21/2020

P.O. Number

ann

Bill to:

FRONT COUNTER (14724) 188 Newburyport Turnpike Newburyport, MA 01950

Phone: 978-465-2242 Fax: 978-465-8593 Ship to:

FRONT COUNTER (14724) 188 Newburyport Turnpike Newburyport, MA 01950

Phone: 978-465-2242 Fax: 978465-8593

Email: kim.b@minutemanpress.com

	encil all primitization and	
515 4/0 Letters- with bleed Printed and Folded La Nita / <anndykes@gmail.com> (Job 148310)</anndykes@gmail.com>	Ann Dykes	\$182.62
	Invoice Subtotal:	\$182.62
	Tax: Invoice Total:	\$11.41 \$194.03
	Deposits and Payments:	(\$194.03)
	Balance Due:	00.00

Salesperson: Kimberly

Please pay by this invoice. RECEIVED:\_

\_\_DATE:\_

Thank You for doing business with us.



Minuteman Press of Newburyport 188 Route OneTraffic Circle Newburyport, MA 01950

Phone: 978-465-2242 / Fax: 978-465-8593

clientservices@minutemanpress.com

# **INVOICE \* INVOICE**

Invoice Number Invoice Date

101582 12/21/2020

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Bill to:

FRONT COUNTER (14724) 188 Newburyport Turnpike Newburyport, MA 01950

Phone: 978-465-2242 Fax: 978-465-8593 Ship to:

FRONT COUNTER (14724) 188 Newburyport Turnpike Newburyport, MA 01950

Phone: 978-465-2242 Fax: 978465-8593

Email: kim.b@minutemanpress.com

1 Mailing Services- Stuffing, Sealing, Mail Merge and Drop Off <anndykes@gmail.com> (Job 148312)</anndykes@gmail.com>	La Nita Ann Dykes	\$101.25
515 4/0 Envelopes - La Nita Ann Dykes <anndykes@gmail.com></anndykes@gmail.com>	· (Job 148315)	\$116.65
	Invoice Subtotal:	\$217.90
	Tax: Invoice Total:	\$13.62 \$231.52
	Deposits and Payments:	(\$231.52)
	Balance Due:	\$0.00

Sa	lesperson:	Kım	ber	y

Please pay by this invoice. RECEIVED:

DATE:

Thank You for doing business with us.



Minuteman Press of Newburyport 188 Route OneTraffic Circle Newburyport, MA 01950

Phone: 978-465-2242 / Fax: 978-465-8593 clientservices@minutemanpress.com

### QUOTATION

1/19/2021

Bill to:

FRONT COUNTER (14724) 188 Newburyport Turnpike Newburyport, MA 01950

Phone: 978-465-2242 Fax: 978-465-8593 Ship to:

FRONT COUNTER (14724) 188 Newburyport Turnpike Newburyport, MA 01950

Phone: 978-465-2242 Fax: 978465-8593

Email: kim.b@minutemanpress.com

Thank you for your inquiry, we appreciate your business.

1 Postage- First Class Single Piece La Nita Ann Dykes <anndykes@gmail.com> (Job ID 148313)

Total:

\$283.25

Component 1 of 1:

**Miscellaneous** 

Postage - 1 Pieces.

Salesperson: Kimberly

Taxes are not included.

Unless otherwise indicated, all quotes are based on a print ready file or camera ready copy supplied



bankprov.com

Checks and other items are received for deposit subject to the provisions of the Uniform Commercial Code or any applicable collection agreement

SUBJECT TO PROOF

MEMBER FDIC/MEMBER DIF

## THIS IS YOUR RECEIPT

WHEN MAKING A DEPOSIT AT A TELLER WINDOW, ALWAYS OBTAIN AN OFFICIAL RECEIPT

Mayoral Campaign account

fimestamp: 12-16-2020 12:47:15 PM PostUt:12-16-2020 Acct#:\*\*\*\*\*8253 Cash Box#: 250 With:

EL -\$708.80

Cur Pal:

\$928:89

bank

5 Market Street Amesbury, MA 01913 877-487-2977 bankprov.com

Treasurer's Check

38116

53-7402 / 2113

December 16, 2020

Pay to the Order of:

Minuteman Press

\$425.55

# **NON-NEGOTIABLE**

Memo

**CUSTOMER COPY** 



5 Market Street Amesbury, MA 01913 877-487-2977 bankprov.com

Treasurer's Check

38115

53-7402 / 2113

December 16, 2020

Pay to the Order of:

**US Postal Service** 

\$283.25

**NON-NEGOTIABLE** 

Memo

**CUSTOMER COPY**