



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CITY CLERK'S OFFICE
NEWBURYPORT, MA

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning October 10 2013 Ending October 27 2013

Type of report: (Check one)

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

Steven P. Cole

Full Name of Candidate (if applicable)

School Committee Newburyport

Office Sought and District

8 Hellisey Dr.

Residential Address

(978) 462-8805

Tel. No. (optional)

Committee to Elect Steven P. Cole

Committee Name

Sylvia Cole

Name of Committee Treasurer

8 Hellisey Dr.

Committee Mailing Address

(978) 462-8805

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 810.00
Line 3: Subtotal (line 1 plus line 2) \$ 810.00
Line 4: Total expenditures this period (page 3, line 14) \$ 707.18
Line 5: Ending balance (line 3 minus line 4) \$ 102.82
Line 6: Total in-kind contributions this period (page 4) \$ 0
Line 7: Total (all) outstanding liabilities (page 4) \$ 0
Line 8: Name of bank(s) used The Newburyport Bank

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:

Sylvia Cole
Treasurer's signature (in ink)

10-27-13

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

[Signature]
Candidate signature (in ink)

error
(SPC)

10/27/2013 error
(SPC)

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.

This page may be copied 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)
10/20/13	Michael Cronan 17 Shandel Dr., Newburyport	100	00	
11/11/13	Patrick Fuller 24 Edge St., Newburyport	100	00	
12/1/13	Diane Wocher 100 Turkey Hill Rd., Newburyport	75	00	
12/21/13	Mary Beth Orlando 4 William Hill Dr., Newburyport	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		\$	375.00	
Line 10: Total receipts \$50 and under* (not listed above)		\$	435.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$	810.00	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.

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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
10/27/13	Capital One	P.O. Box 85617 Richmond, VA 23285	Political yard signs and stakes	\$424	45
10/26/13	Sams Club	11 Batchelder Rd. Seabrook, NH 03874	Printing, mailing paper and copy supplies	115	07
10/27/13	Steven P. Cole	8 Hallisay Dr. Newburyport, MA	Reimbursement See Form CPF R 1	167	66
			Line 12: Expenditures over \$50	# 539	52
			Line 13: Expenditures \$50 and under	# 167	66
			Line 14: TOTAL EXPENDITURES	# 707	18

Enter on page 1, line 4

*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6		Line 15: In-kind over \$50		0
		Line 16: In-kind \$50 and under		0
		Line 17: Total In-kind		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.

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: OUTSTANDING LIABILITIES (ALL)		0



Commonwealth
of Massachusetts

Form CPF R 1 : Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed:

Steven P. Cole

Committee Name:

Committee to Elect Steven P. Cole CPF ID #: 41-2181565

Amount of Reimbursement:

\$167.66

Date of Reimbursement:

10/26/13

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
Expenditures in excess of \$50 (listed above)				<u>0</u>
Expenditures \$50 and under (not listed above)			<u>167</u>	<u>.66</u>
TOTAL AMOUNT REIMBURSED			<u>167</u>	<u>.66</u>

Signed under the penalties of perjury:

[Signature]

Signature of Candidate/Treasurer

10-27-2013

Date

Please use a separate sheet for each reimbursement check issued.