

Form CPF M 102: Campaign Finance Report Municipal Form

Municipal Form RECEIVED
Office of Campaign and Political Fiftance CLERK'S OFFICE
NEWBURYPORT, MA

Fill in Reporting Period dates: Beginning Date: [14/15// Ending	Pilewith: City or Town Clerk or Election Commission Date:			
Видеоправного выполнять под				
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election 30 day after election	year-end report dissolution			
Edward Wareron				
Candidate Full Name (if applicable)	Committee Name			
Ward 1				
	ame of Committee Treasurer			
14 Dak St. Wewsry Durt M. Residential Address	Committee Mailing Address			
Telephone Number (optional): Telephone Number (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)	7—			
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: (Treasure	's signature) Date:			
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: (Candidat	e's signature) Date: 1997/15			

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)
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Maria de la companya			
ine 9: Total Rece	ipts over \$50 (or listed above)	H-10-10-10-10-10-10-10-10-10-10-10-10-10-	
ine 10: Total Rec	eipts \$50 and under* (not listed above)	Tanakaryalikan Historia jaja janti (an amerina)	
Line 11: TOTAL	RECEIPTS 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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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ne 9: Total Receip	ots over \$50 (or listed above)		
ne 10: Total Recei	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		

^{*} 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/15/15	Connolly Printing	176 6, 11 St. Wabusa MA 01801	Corrugated Plastic	459,00
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	
	Line 13: Total Expenditures \$50 and under* (not listed above)			Minimum in the control of the contro
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD			459,00	

^{*} 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
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				mitananahan dikanana yang sa
	<u></u>	Line 12: Expenditures over \$50	(or listed above)	
	Line 13: Expenditures \$50 and under* (not listed above)			
	• "		URES 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 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
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			processor reconstructed deleteration and reconstruction and reconstruc	
The state of the s			Parameter and the second secon	The state of the s
		production of the second secon		
				posterior de la constitución de
Programme and the first state of				
		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			L	

^{*} 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
			The second second desired second seco	
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	a desired			
				para estama and a state of the
				Production of the control of the con
-	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

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Bill To

14 Oak Street

P.O. No.

Product: Corrugated Plastic Signs • 24 in x 18 in - Corrugated Plastic Sign

MALIDROI

. Corrugated Plastic 4 mil

Series - PMS 281 dark blue

Product: Frames or Stakes

• 50 H-Frame

ConnollyPrinting.com - 800406-7206

Committee to Elect Ted Waldron

• 2 Ink Colors: Nazdar 1800 Series - PMS 187 scarlet red, N

Description

Newburyport, MA 01950

Fax: (78)

Website: http://

Terms

due on receipt

Email: kevi

10/15/2015 Terminal ID No.:

Credit Sale:

Transaction #: Card Type: Account: Entry: Chip

CONNOLLY FRINTING 17B Gill St Woburn MA 01801 781-932-885

Amount:

\$459.00

Ref. Number: 528820203950 Auth. Code: 81366 APPROVAL 81366 Response:

4B4401D135043206 00000066000 A0000000025010801 AMERICAN EXPŘEŠŠ CUSTOMER_COPY

Thank you

Date

10/14/2015

Invoice

Invoice#

20672

		F.O.B
antity	Price Each	Amount
50	\$7.3	9 \$369.5

\$1.25

50

Thank you for doing business with Connolly Printing.

In the event the customer doesn't pay in accordance to the payment terms above, the customer agrees to pay a late charge of 1.8% per month of the total amount of any late payment. The customer also agrees to pay any collection expenses incurred to collect any unpaid amounts, including reasonable attorney's fee due to litigation arising out of collection of any unpaid amounts owed by customers. Pricing assumes a 2% discount for cash or checks. The 2% cash discount does not apply to credit cards and will be added back.

Subtotal:

--\$432.00

\$62.50

(6.25%)

\$27.00

Total:

\$459.00

\$0.00

Payments/Credits

Balance Due

\$459.00

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