

Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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Date:

(Candidate's signature)

of Massachusetts File with: City or Town Clerk or Ere Fill in Reporting Period dates: Beginning Date: **JANUARY 1, 2021** Ending Date: OCTOBER 15, 2021 Type of Report: (Check one) 8th day preceding preliminary × 8th day preceding election 30 day after election year-end report dissolution Committee Name NEWBURYB Office Sought and District Name of Committee Treasurer Committee Mailing Address E-mail: 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: Date: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with 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 that are not otherwise disclosed in this report. Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

## 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      | lease include your committee name and a page number on a  Name and Residential Address  (alphabetical listing required)  Amount |   | Occupation & Employer (for contributions of \$200 or more)                   |  |
|--------------------|---|---|--|--|
| Date Received      | (alphabetent monagare 1   |   |  |  |
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| Line 9: Total Rec  | eipts over \$50 (or listed above)   |   |  |  |
| Line 10: Total Rec | ceipts \$50 and under* (not listed above)   |   |  |  |
| Line 11: TOTAL     | RECEIPTS IN THE PERIOD  | 0 | Enter on page 1, line 2  uld include only those receipts not itemized above. |  |

## SCHEDULE A: RECEIPTS (continued)

| Date Received Name and Residential Address (alphabetical listing required) |  |        | Occupation & Employer  |  |  |
|--|--|--------|--|--|--|
| Date Received  | (alphabetical listing required)        | Amount | (for contributions of \$200 or more)   |  |  |
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| Line 9: Total Receip   | ts over \$50 (or listed above)         |        |  |  |  |
| ine 10: Total Receip   | ots \$50 and under* (not listed above) |        |  |  |  |
|  | ECEIPTS IN THE PERIOD                  |        | ← Enter on page 1, line 2  Id include only those receipts not itemized above |  |  |

<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

| Date Paid | To Whom Paid ate Paid (alphabetical listing) Address |                                | Purpose of Expenditure           |   |  |
|-----------|--|--------------------------------|----------------------------------|---|--|
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|           |  |                                |                                  |   |  |
|           |  | Line 12: Total Expenditures of | ver \$50 (or listed above)       |   |  |
|           |  | Line 13: Total Expenditures \$ | 50 and under* (not listed above) |   |  |
| ā         | Enter on page 1, line 4 →                            |                                |                                  |   |  |

<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 Page 4

above.

#### SCHEDULE B: EXPENDITURES (continued)

| Date Paid   | To Whom Paid (alphabetical listing) | Address  | Purpose of Expenditure  | Amount    |
|---|-------------------------------------|--|-------------------------|-----------|
| 8/30/21   | 4 OVER                              | Address  5900 San Fernandok Gkendall, CA 91202  55 Phasantst. Newberry Port MA 01950 | Printing of yard signs. | \$382.94  |
| 9/15/21   | Helium<br>Design                    | 55 Pleasantst.<br>Newberry port MA<br>01950  | yard sign<br>design     | \$ 195.00 |
|   |                                     |  |                         |           |
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|   |                                     |  |                         |           |
| Line 12: Expenditures over \$50 (or listed above) \$\\$578.94\$ |                                     |  |                         |           |
| Line 13: Expenditures \$50 and under* (not listed above)        |                                     |  |                         |           |
| k TC 1 ': '   |                                     | Line 14: TOTAL EXPENDITU   | (4)                     | \$ 578.94 |

<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       |
|---------------|---------------------------|-------------------------------|------------------------------------|-------------|
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|               |                           |                               |                                    |             |
|               |                           | Line 15: In-Kind Contribution | ns over \$50 (or listed above)     |             |
|               |                           | Line 16: In-Kind Contribution | as \$50 & under (not listed above) |             |
|               | Enter on page 1, line 6 → |                               |                                    | A           |

\* 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 |
|---------------|---------------------------|-------------------------|------------------------|--------|
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|               | Enter on page 1, line 7 → | Line 18: TOTAL OUTSTAND | DING LIABILITIES (ALL) | 0      |

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