



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

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

Jennie Donahue
Candidate Full Name (if applicable)
City Council Ward 2
Office Sought and District
18 Cherry St. Newburyport, MA
Residential Address 01950
E-mail: jennie.donahue.2021@gmail.com
Phone # (optional): _____

Jennie Donahue 2021
Committee Name
Frank Fleisher
Name of Committee Treasurer
#3 Zabriskie Drive Unit C
Committee Mailing Address
E-mail: jennie.donahue.2021@gmail.com
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>3905</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3905</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2079.23</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1825.77</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>Institution for Savings</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: Frank Fleisher (Treasurer's signature)

Date: 10-13-21

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.

Signed under the penalties of perjury: _____ (Candidate's signature)

Date: 10/17/21

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)
	Ann Blinkhorn 20 Spoonbill Dr. Beaufort, SC	500	retired
	Ed Cameron 5 Milk St Newburyport, MA	50	
	Bob Cronin 126 Merrimack St Unit 126 Newburyport	100	
	Nicole & Joseph Devlin 3 Dexter Ln Newburyport	100	
	Jennie Donahue 18 Cherry St. Newburyport	1000	unemployed
	Carol Draper 8 Davis Ct Amesbury 01913	100	
	Sara Eskrich Unit 403 8850 Blackhawk Rd. Middleton WI	100	
	Shawn Flaherty 32 Milk St. Newburyport	50	
	Felix Fleisher 30 Zabriske	300	unemployed
	Starry John Fleisher Unit 4 148 Glen Dr Aptos CA 95003	500	Controller for the housing authority in Santa Cruz
	Rodrick Fleisher 418 Euclid St. Alexandria VA	50	
	Robert Fleisher 2 Dover Ct. Steamwood IL 60107	100	
Line 9: Total Receipts over \$50 (or listed above)		3650	
Line 10: Total Receipts \$50 and under* (not listed above)		255	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3905	← 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)
	John Fowler & Linda Jackson 49 Scotland Rd. Newbury	100	
	Frank Gately 2 Bromfield Ct. Newburyport	50	
	Red Kesting 299107 20 Spoonbill Dr. Beaufort, SC	100	
	Jason Leblanc 3 Dorothy Lucey Dr. Newburyport	150	
	Dennis Robert 20 Franklin St. Newburyport	50	
	Judith Robinson 3416 Woodstock St. Seabrook NH 03874	100	
	Andrew Simpson 1 1/2 Greenleaf St. Newburyport	50	
	David Tibbetts 26 Titcomb St. Newburyport	100	

Line 9: Total Receipts over \$50 (or listed above) 3650

Line 10: Total Receipts \$50 and under* (not listed above) 255

Line 11: TOTAL RECEIPTS IN THE PERIOD 3905

← 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.

(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
7/24/21	CVS	13 1/2 Pond St		50.33
7/25/21	Loretta's	15 Pleasant St.	Campaign party	300.60
9/8/21	Loretta's		Campaign work meal	50
7/13/21	Minuteman Press	198 Newburyport turnpike		159.22
9/22/21	Oregano Pizzeria	16 Pleasant St.	Campaign work meal	91
7/5/21	Thrift Co. check #101			232.31
7/19/21	Thrift Co.			262.65
8/2/21	Thrift Co.			320.27
8/5/21	Thrift Co.			147.19
8/9/21	Tuscan Sea grill	38 rear Merrimac St. Newburyport	Campaign work @ dinner	80
7/12/21	USPS	61 Pleasant St.	stamps	55

Line 12: Total Expenditures over \$50 (or listed above) **1748.57**

Line 13: Total Expenditures \$50 and under* (not listed above) **330.66**

Line 14: TOTAL EXPENDITURES IN THE PERIOD **2079.23**

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 B: EXPENDITURES (continued)[illegible]

Line 12: Expenditures over \$50 (or listed above)

1748.57

Line 13: Expenditures \$50 and under* (not listed above)

330.66

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

2079.23

* 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.

[illegible]

* 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: TOTAL OUTSTANDING LIABILITIES (ALL)				

