

Signed under the penalties of perjury:

RECEIVED CITY CLERK'S FFORM CPF M 102: Campaign Finance Report NEWBURYPORT, MA Municipal Form NEWBURYPORT, MA

2021 NOV -1 AM 9: 24

Municipal Form
Office of Campaign and Political Finance
Office of Campaign and Political Finance
NEWBURYPORT, MA

of Massachu				2021 OCT 92	Mk 9 El 2tion Commission	
Fill in R	eporting Period dates: Beginning Date: JAN	UARY 1, 202	1 Ending	Date: OCTOBER 1	.5, 2021	
Type of	Report: (Check one)		**************************************			
8th da	y preceding preliminary 🗵 8th day preceding election	☐ 30 day	after election	year-end repor	t dissolution	
LA	URA M. VIOLA MACCARONE		ViolaMA	CCARONE 4NB	PTSC	
	Candidate Full Name (if emplicable)		0	Committee Name		
	Office Sought and District	-	(AMER	ON R. VIOLA		
31	BROAD ST NEWBURYPORT MA 01950	31	BIRDAD ST		ORT, MA 01950	
E-mail:	Residential Address Violamaccarone 362 @ quail.com	E-mail:		ommittee Mailing Address		
Phone # (opt	0 = 1	Phone # (o	ptional): (el	1.817.0817	NA -PO-A-P-COMPA - PA-A-P-COMPA - PA	
<u></u>						
	SUMMARY BALANC	CE INFOI	RMATION:			
	Line 1: Ending Balance from previous report	[0		
	Line 2: Total receipts this period (page 3, line 11) [0		
	Line 3: Subtotal (line 1 plus line 2)					
	Line 4: Total expenditures this period (page 5, lin	ne 14) [0		
	Line 5: Ending Balance (line 3 minus line 4)					
199	Line 6: Total in-kind contributions this period (pa	age 6)		0		
	Line 7: Total (all) outstanding liabilities (page 7)			0		
To the second se	Line 8: Name of bank(s) used:					
A ffidavit of Committee Treasurer: certify that I have examined this report including attacked 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 inance activity of all persons acting under the authority or on behalf of this continuities in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date:						
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)				
activity, o	te with Committee hat I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in ac any liabilities nor made any expenditures on my behalf during this reporting	cordance with t	he requirements of	M.G.L. c. 55. I have not r	ment of all campaign finance eccived any contributions,	
I certify the	te without Committee hat I have examined this report including attached schedules and it is, to the ctivity, including contributions, loans, receipts, expenditures, disbursements if finance activity of all persons acting under the authority or on behalf of this	in-kind contril	butions and liabiliti	es for this reporting period	and represents the	

(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 report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address			Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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ne O. Total Rece	pts over \$50 (or listed above)			
ne 9. Iolai Recei	Pio o tor 450 (or noted doore)			
ne 10: Total Rece	ipts \$50 and under* (not listed above)			
11. TOTAL I	RECEIPTS IN THE PERIOD	1	← 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.

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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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		-	
ine 9: Total Receip	ts over \$50 (or listed above)		
ine 10: Total Receip	ots \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD	0 Line 10 sharr	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 expend	litures. Please include your commi	ittee name and a page number on	each page.)	
	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	TAUGE CO.		
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III.				
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			8* , 89	F
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	è	Line 12: Total Expenditures o	ver \$50 (or listed above)	
	w		50 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	
*	Enter on page 1, fine 4	- Contraction -	should include only those expenditu	res not itemized

* 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
ų.				
				:
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	2 .			
	. *	Line 12: Expenditures over \$5	io (or listed above)	-
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES 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
Date Received				-
		Line 15: In-Kind Contribution	as over \$50 (or listed above)	
		Line 16: In-Kind Contribution	s \$50 & under (not listed above)	
Enter on page 1, line 6 -> Line 17: TOTAL IN-KIND CONTRIBUTIONS				name and address

* 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 \rightarrow $	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

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