

Form CPF M 102: Campaign Finance Report RECEIVED CITY CLERK'S OFFICE Municipal Form NEWBURYPORT Office of Campaign and Political Finance

2021 OCT 19 PM 1:50

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
Steven P. Ole Candidate Full Name (if applicable) School Committee Newbrupo A Office Sought and District 8 Hallisey Dr. Residential Address E-mail: Steven Proce Committee Treasurer Phone # (optional): Steven Proce Committee Treasurer Sylvia Cole Name of Committee Treasurer 8 Hallisey Dr Committee Mailing Address E-mail: Sovandy Aba 20 401. (And 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) 283.97
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: Santander 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: (Treasurer's signature) Date: 10 - 19 - 200
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, dispursements, 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:

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.)

eport all receipts. P	lease include your committee name and a pa	ge number on ea	Occupation & Employer
D. / D. D. da	Name and Residential Address (alphabetical listing required)	Amount	(for contributions of \$200 or more)
Plate Received	Menin, Bruce 148 Hillst. # 2,01950	# 75.00	
10/6/2021	Murphy, Brett 2 Marsh St., 01950	\$1 75.00	
-			
		_	
	eipts over \$50 (or listed above)	\$ 150.00	
	reipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
* If you have itemize	ed receipts of \$50 and under, include them in lir	ne 9. Line 10 shou	ald include only those receipts not itemized above.

^{*} 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)		
				az quae or more)	
			:		
			-		
ine 9: Total Receip	ts over \$50 (or listed above)		* * *,*		
ine 10: Total Receip	ots \$50 and under* (not listed above)			2 ÿ t 8	
ine 11: TOTAL RI	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2	8 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

enditures. Please include your committee name and a page number on each page.)

Date Paid	litures. Please include your comm To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Falu	(aiphabetteai listing)			
	in the state of th			
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:				
		Line 12: Total Expenditures or	ver \$50 (or listed above)	J Z
£	* , * .	Line 13: Total Expenditures \$5	0 and under* (not listed above)	251.0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	FURES IN THE PERIOD	251.03

^{*} 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
				Amount
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	14	Line 12: Evnanditures area 050	(on listed share)	
	# ***	Line 12: Expenditures over \$50	(or fisted above)	
		Line 13: Expenditures \$50 and u	inder* (not listed above)	
	-	1		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
	The state of the s		ould include only those expenditure	<u> </u>

^{*} 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.

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
vate received				
		Line 15: In-Kind Contribution	ns over \$50 (or listed above)	L
*		Line 16: In-Kind Contribution	s \$50 & under (not listed above	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	C

^{*} 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.

Page 6

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 OUTSTANDING LIABILITIES (ALL)

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Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

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.

		Date of	of Reimbursement: 10/15/2021		
Name of Individu	ual Being Reimbursed: Steven P	. Cole			
Committee Name	ittee Name: Committee to Elect Steven P. Cole				
CPF ID Number	(if applicable):	Telephone N	Tumber (optional):		
	ITEME	ZE EXPENDITURES IN EXCESS	6 OF \$50		
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount	
	(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$	\$50 (itemized above):		
		Line 2: Expenditures \$50 or under	(not itemized):	\$167.36	
		Line 3: TOTAL AMOUNT REIN	MBURSED:	\$167.36	
Signed under the	penalties of perjury:				
	Signature of Candid	2 late / Treacurer	Date: 10/	17/2021	