

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

**Municipal Form** 

Office of Campaign and Political Finance

2023 SEP 11 P 3: 33

Signed under the penalties of perjury:

	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date:	1 2023 Ending Date: 09 01 2023			
Type of Report: (Check one)	×			
8th day preceding preliminary 8th day preceding election	30 day after election  year-end report dissolution			
Donna M Sprague  Candidate Full Name (if applicable)  School Committee  Office Sought and District  15 (3rd St Newbury port  Residential Address  E-mail: dsprague 4sceamall.com  Phone # (optional): 508 - 944 - 1383	Committee Name  Mary Halliscy Name of Committee Treasurer  15 63rd St Newbury port Committee Mailing Address  E-mail: dsprague4 seegman. Com  Phone # (optional):			
SUMMARY BALANCE	E INFORMATION:			
Line 1: Ending Balance from previous report	0.00			
Line 2: Total receipts this period (page 3, line 11)	160.00			
Line 3: Subtotal (line 1 plus line 2)	160.00			
Line 4: Total expenditures this period (page 5, line	145.00			
Line 5: Ending Balance (line 3 minus line 4)	1-60,00			
Line 6: Total in-kind contributions this period (pag	ge 6)			
Line 7: Total (all) outstanding liabilities (page 7)	160.00			
Line 8: Name of bank(s) used: Newbary port BANK				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity.	ontributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 9 11 2023			
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 beactivity, of all persons acting under the authority or on behalf of this committee in accoincurred any liabilities nor made any expenditures on my behalf during this reporting persons.	ordance with the requirements of M.G.L. c. 55. I have not received any contributions,			
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority or on behalf of this contributions.	in-kind contributions and liabilities for this reporting period and represents the			

(Candidate's signature)

report all receipts. Please include your committee name and a page number on each page.) (A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year. year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the 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 SCHEDULE A: RECEIPTS

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.						
← Enter on page 1, line 2	Line 11: TOTAL RECEIPTS IN THE PERIOD $  \bigcup_{i=1}^{n} \partial_i \partial_i \partial_i \partial_i \partial_i \partial_i \partial_i \partial_i \partial_i \partial_i$					
		Line 10: Total Receipts \$50 and under* (not listed above)				
	00.621	Line 9: Total Receipts over \$50 (or listed above)				
	£*					
	-	5				
Candidate Loan	00°09/	15 63'd Street Newburgert Doung Street Newburgert	E606/05/8			
Occupation & Employer (for contributions of \$200 or more)	JunomA	Name and Residential Address (alphabetical listing required)	Date Received			

## **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			/ 1 ,
	r flag different and sa		
77. 27			
Line 9: Total Recei	pts over \$50 (or listed above)	0	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0	
	RECEIPTS IN THE PERIOD	0	Enter on page 1, line 2

<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

PRSHI Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD Line 13: Total Expenditures \$50 and under\* (not listed above) Q Sti Line 12: Total Expenditures over \$50 (or listed above) Mb).23E 24BIZ ELDG 11P 50 EIM STREET
SO EIM STREET 20941 (alphabetical listing) Date Paid Purpose of Expenditure 1nnomA bis9 modW oT report all expenditures. Please include your committee name and a page number on each page.)

#### **SCHEDULE B: EXPENDITURES (continued)**

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		· · · · · · · · · · · · · · · · · · ·			
				il la la f	
		Line 12: Expenditures over \$50	(or listed above)		
		Line 13: Expenditures \$50 and	under* (not listed above)		
	B	Li., 14. TOTAL EVDENDER	LIDEC IN THE DEDICE		
		Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		

<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.

0	ONTRIBUTIONS	Line 17: TOTAL IN-KIND Co	Enter on page I, line 6 →	
	(500 & under (not listed above)	Line 16: In-Kind Contributions		
	over \$50 (or listed above)	Line 15: In-Kind Contributions		
Value	Description of Contribution	Residential Address	From Whom Received*	Date Received

\* 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
8 30/20	Donna Sprague	Newbusyport, MA	CANdidate Law	160.00
	,			
-	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)		

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