Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report
Office of Campaign and Political Finance

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File with:
City or Town Clerk or Election Commission

Reporting Period: Beginning: 9/1/2023 Ending: 10/31/2023

Type of Report: 2023 Pre-election Report

Sprague, Donna	**Committee to Elect Donna Sprague**
Full Name of Candidate	*Committee Name*
School Committee	**Mary Hallisey**
Office Sought/ District	*Name of Committee Treasurer*
15 63rd street Newburyport, MA 01950	**46 CLIPPER WAY Newburyport, MA 01950**
Residential Address	*Committee Address*

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	**$15.00**
Total receipts this period:	**$1,160.00**
Subtotal:	**$1,175.00**
Total expenditures this period:	**$1,092.86**
Ending Balance:	**$82.14**
Total inkind contributions this period:	**$0.00**
Total out of pocket spending this period:	**$0.00**
Total outstanding liabilities:	**$1,160.00**
Name of Bank 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:

Mary L Hallisey — **Treasurer's signature (in ink)**

10/30/2023 — **Date**

Affidavit of Candidate:

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.

Signed under the penalties of perjury:

Donna M Sprague — **Candidate's signature (in ink)**

10/30/2023 — **Date**

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.

Date	Name and Residential Address	Amount	Occupation and Employer
9/7/2023	**Sprague, Donna** 15 63rd street Newburyport, MA 01950	$80.00	
10/16/2023	**Sprague, Donna** 15 63rd street Newburyport, MA 01950	$1,000.00	
10/26/2023	**Sprague, Donna** 15 63rd street Newburyport, MA 01950	$80.00	
	Total Itemized Receipts:	**$1,160.00**	
	Total Unitemized Receipts:	**$0.00**	
	Total Receipts:	**$1,160.00**	

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 over $50 and under may be added together from committee records, and reported on line 13.

Date	Name and Address	Amount	Purpose
9/18/2023	**Minuteman Press** 78 Parker Street Newburyport, MA 01950	$66.41	Flyer/handouts
10/18/2023	**Minuteman Press** 78 Parker Street Newburyport, MA 01950	$670.50	Design and Print Postcards For Mailing
10/20/2023	**Minuteman Press** 78 Parker Street Newburyport, MA 01950	$355.95	Postage To Mail Postcards

Total Itemized Expenditures:	**$1,092.86**
Total Unitemized Expenditures:	**$0.00**
Total Expenditures:	**$1,092.86**

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 the liabilities incurred during this reporting period.

Date	To Whom Due	Reduction	Loan Amount	Purpose
9/7/2023	**Sprague, Donna** 15 63rd street Newburyport MA, 01950		$80.00	D. Sprague
10/16/2023	**Sprague, Donna** 15 63rd street Newburyport MA, 01950		$1,000.00	D, Sprague
10/26/2023	**Sprague, Donna** 15 63rd street Newburyport MA, 01950		$80.00	D Sprague
	Outstanding Liabilities:		**$1,160.00**	