



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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CITY CLERK'S OFFICE
NEWBURYPORT, MA

2024 JAN 23 A 8:49

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/30/23 Ending Date: 12/31/23

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

Edward C. Cameron Jr

Candidate Full Name (if applicable)

COUNCILLOR AT LARGE

Office Sought and District

17 HANCOCK ST, NEWBURYPORT, MA 01950

Residential Address

E-mail: edcameronNBPT@gmail.com

Phone #:

COMMITTEE TO ELECT ED CAMERON

Committee Name

SUSANNE CAMERON

Name of Committee Treasurer

17 HANCOCK ST, NEWBURYPORT MA 01950

Committee Mailing Address

E-mail: SUSANNE M CAMERON@gmail.com

Phone #:

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

1975.00

Line 2: Total receipts this period (page 3, line 12)

2714.01

Line 3: Subtotal (line 1 plus line 2)

4689.01

Line 4: Total expenditures this period (page 5, line 15)

1039.35

Line 5: Ending Balance (line 3 minus line 4)

3649.66

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

2539.68

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

2539.68

Line 9: Name of bank(s) 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:

[Signature] (Treasurer's signature)

Date:

1/22/24

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:

[Signature] (Candidate's signature)

Date:

1/22/2024

SCHEDULE A: RECEIPTS

4.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

[illegible]

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11/3/23	CARLO BASILE 50 Congress St, Suite 420 Boston MA 02109	200. —	CONSULTANT SMITH, CRAWFORD, and COSTELLO
11/3/23	MICHAEL COSTELLO 50 Congress St, Suite 420 Boston MA 02109	200. —	PARTNER SMITH, CRAWFORD, and COSTELLO
11/3/23	JENNIFER CRAWFORD ONE STATE STREET, 15th Floor Boston, MA 02109	200. —	Partner SMITH, CRAWFORD, and COSTELLO
10/31/23	JOHN GREEN 12 Finnegan Way NEW BURYPORT, MA 01950	100. —	
11/7/23	SUSAN McKITTRICK 8 FRUIT ST NEW BURYPORT, MA 01950	100. —	
11/6/23	SAM MERA BI 7 BROWN SQUARE NEW BURYPORT, MA 01950	150. —	
10/30/23	MERRIMAC VALLEY CENTRAL LABOR COUNCIL 169 MERRIMACK ST, FLOOR 4 LOWELL MA 01852	100. —	
10/30/23	Kathy Pasquina 4 MADISON STREET NEW BURYPORT, MA 01950	75. —	
10/30/23	ELENA RUSSO 22 BROMFIELD ST. NEW BURYPORT, MA 01950	100. —	
11/3/23	JAMES SMITH ONE STATE ST, 15th Floor Boston, MA 02109	200. —	PARTNER SMITH, CRAWFORD and COSTELLO
10/30/23	DAVID TIBBETTS 26 TITCOMB ST, #1 NEW BURYPORT, MA 01950	100. —	
11/1/23	EDWARD CAMERON (LOAN) 17 HANCOCK ST NEW BURYPORT, MA 01950	935.33	SR. DIRECTOR PINE ST INN
11/6/23	EDWARD CAMERON (LOAN) 17 HANCOCK ST NEW BURYPORT, MA 01950	33.68	SR. DIRECTOR PINE STREET INN
Line 10: Total Receipts over \$50 (or listed above)		2,494.01	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 11: Total Receipts \$50 and under (not listed above)		220.00	
Line 12: TOTAL RECEIPTS IN THE PERIOD		2,714.01	

← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

[illegible]

SCHEDULE B: EXPENDITURES (continued)[illegible]

** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)

1039.35

Line 14: Expenditures \$50 and under (not listed above)

 \emptyset **Line 15: TOTAL EXPENDITURES IN THE PERIOD**

1039.35

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

A.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

** If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)

Line 17: In-Kind Contributions \$50 and under (not listed above)

Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD

0

0

0

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
9/29/23	Edward Cameron	17 HANCOCK ST NEWBURYPORT, MA 01950	REIMBURSE FOR CONNOLLY PRINTING	678.17
10/26/23	"	"	REIMBURSE FOR PORT TAVERN EVENT SPACE	300.00
10/29/23	"	"	REIMBURSE FOR PORT TAVERN EVENT FOOD	592.50
11/1/23	"	"	REIMBURSE FOR CONNOLLY PRINTING	935.33
11/6/23	"	"	REIMBURSE FOR TIMBERLINE- STRAPPING	33.68
Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				2,539.68

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
9/29/23	CONNOLLY PRINTING 1713 GILL ST WOBURN, MA 01801	678.17	SIGNS
11/1/23	"	935.33	PRINTING
10/26/23	PORT TAVERN 84 STATE ST NEWBURYPORT, MA 01950	300.00	EVENT SPACE
10/29/23	"	592.50	FOOD FOR EVENT
10/6/23	TIMBERLINE 23 LOW ST, NEWBURYPORT MA 01950	33.68	STRAPPING

Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50
(or listed above)

2539.68

Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and
under (not listed above)

Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD

2539.68

** If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.*

← Enter on page 1, line 8