



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

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2024 JAN 22 P 12:31
File with: City or Town Clerk of Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/23 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

Heath Granas
Candidate Full Name (if applicable)
Ward 3 city councillor
Office Sought and District
3 Cutlers Ct., Newburyport, MA 01950
Residential Address
E-mail: heath.granas@gmail.com
Phone #: 202-487-9489

Committee to Elect Heath Granas
Committee Name
Michael Stanaland
Name of Committee Treasurer
3 Cutlers Ct., Newburyport MA 01950
Committee Mailing Address
E-mail: mstanaland@mac.com
Phone #: 202-352-1943

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$ 941.49</u>
Line 2: Total receipts this period (page 3, line 12)	<u>\$ 0 -</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 941.49</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>\$ 293.61</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 647.88</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>\$ 0 -</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>\$ 0 -</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>\$ 0 -</u>
Line 9: Name of bank(s) used:	<u>TD BANK</u>

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: 1/22/24

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/22/24	GRANAS, Heath	3 cutlers ct.	Reimbursement	\$293.61

Line 12: Total Expenditures over \$50 (or listed above)	\$293.61
Line 13: Total Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	\$293.61

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.



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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 Reimbursement: 1/22/24

Name of Individual Being Reimbursed: Heath GRANAS

Committee Name: Committee to Elect Heath Granas

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/6/23	HomeGoods	700 LaFayette Rd. Scituate, MA	Election night Party supplies	\$16.99
11/5/23	Costco	11 Newbury St. Danvers, MA 01923	Election night Party food	\$155.89
11/7/23	Leary's Fine wines + spirits	202 Merrimac St. Newburyport, MA 01950	Ice for Election night Party	\$10.00
10/25/23	Marshalls	3850 Mystic Valley Pkwy. Medford MA 02155	Election Night Party Supplies	\$20.16
11/5/23	Total wine & more	100 Independence Way DANVERS, MA 01923	Election night Party food/drink.	\$86.34

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

\$289.38

Line 2: Expenditures \$50 or under (not itemized):

\$4.23

Line 3: TOTAL AMOUNT REIMBURSED:

\$293.61

Signed under the penalties of perjury:

Signature of Candidate

Date: 1/22/24

Please prepare a separate report for each reimbursement check issued by the committee.