

Form CPF M 102: Campaign Finance Report/ED Municipal Form ONTY CLERK'S OFFICE NEWBURYPORT, MA

Office of Campaign and Political Finance

2023 DEC 29 A 10: 37

of Massachusetts	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date:	It 1973 Ending Date: (2 31 2013				
Type of Report: (Check one)	h				
8th day preceding preliminary 8th day preceding election	on 30 day after election year-end report dissolution				
JAMES J McCanly					
Candidate Full Name (if applicable)	Committee Name				
Office Sought and District 77 Koron brown Nr. Awhay part 108 0198	Name of Committee Treasurer				
Residential Address E-mail: MCCANLEY WAR & Q grand. com	Committee Mailing Address E-mail:				
Phone # (optional): 181-248-3314	Phone # (optional):				
SUMMARY BALA	ANCE INFORMATION:				
Line 1: Ending Balance from previous report	t \eth				
Line 2: Total receipts this period (page 3, line	ie 11) [000 -				
Line 3: Subtotal (line 1 plus line 2)	(600 -				
Line 4: Total expenditures this period (page	5, line 14) (000				
Line 5: Ending Balance (line 3 minus line 4)	O				
Line 6: Total in-kind contributions this perio	od (page 6)				
Line 7: Total (all) outstanding liabilities (pag	ge 7)				
Line 8: Name of bank(s) used:					
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to t activity, including all contributions, loans, receipts, expenditures, disbursements, ir finance activity of all persons acting under the authority or on behalf of this commit	the best of my knowledge and belief, a true and complete statement of all campaign finance n-kind contributions and liabilities for this reporting period and represents the campaign littee in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury:	(Treasurer's signature) Date:				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (chec	ck 1 box only)				
Candidate with Committee I certify that I have examined this report including attached schedules and it is activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this re	s, to the best of my knowledge and belief, a true and complete statement of all campaign finance ee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, eporting 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 as finance activity, including contributions, loans, receipts, expenditures, disbut campaign finance activity of all persons acting under the authority or on behalf	s, to the best of my knowledge and belief, a true and complete statement of all campaign sements, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury: (Candidate's signature) 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.

(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.)

Name and Residential Address Occupation & Employer					
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
1			(101 contributions of \$200 of more)		
11/20	James McCauly (51)	1000-			
(100					
			,		
1					
Line 9: Total Receip	ots over \$50 (or listed above)	[000]			
' - 10 T - 1D '	0.00				
ine 10: Total Recei	pts \$50 and under* (not listed above)				
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	1000			
If you have itemized:		[000	← Enter on page 1, line 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

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

eport all expenditures. Please include your committee name and a page number on each page.)				
	To Whom Paid		DCE	A
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
11/21	John Ganner Atty,	14 Kalherine Road Watertown INF 02472	Representation at Recount.	1000-
		Line 12: Total Expenditures ov	rer \$50 (or listed above)	
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$		TURES IN THE PERIOD	1000

^{*} 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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SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address Occupation & Employer					
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)			
	.					
Line 9: Total Recei	pts over \$50 (or listed above)					
Line 10: Total Receipts \$50 and under* (not listed above)						
Line 10: Total Rece	ipis \$50 and under" (not listed above)					
ine 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2			
If you have itemized	receipts of \$50 and under include them in line	0 Line 10 should	Id 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.