

Form CPF M 102: Campaign Finance Report

Municipal Form ECEIVED
Office of Campaign and Political Finance (S OFFICE NEW BURYPORT, MA

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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				
Jennie Donahue	Jennie Donahue 2021				
Candidate Full Name (if applicable) City Councillor - Ward 2	Committee Name Molly Manuel				
Office Sought and District 18 Cherry St Newburyport MA 01950	Name of Committee Treasurer 18 Cherry St. Newburyport MA 01950				
Residential Address E-mail: jenniedonahue78@gmail.com	Committee Mailing Address E-mail: jenniedonahue78@gmail.com				
Phone #: 508 - 725 - 8476	Phone # :				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	558.17				
Line 2: Total receipts this period (page 3, line 12)	2923.02				
Line 3: Subtotal (line 1 plus line 2)	3481.19				
Line 4: Total expenditures this period (page 5, line 15)					
Line 5: Ending Balance (line 3 minus line 4)	-154.40				
Line 6: Total in-kind contributions this period (page 6,					
Line 7: Total (all) outstanding liabilities (page 7, line 1					
Line 9: Name of bank(s) used: Institution for S					
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 thalf of this committee 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: (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 finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of the	s, in-kind contributions and liabilities for this reporting period and represents the				
Signed under the penalties of perjury:	(Candidate's signature)				

SCHEDULE A: RECEIPTS

M.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.

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
11/10/2023	Ken Adams 15 Goldsmith Dr, Newburyport, MA 01950	100	
11/17/2023	Ann Blinkhorn 20 Spoonbill Dr. Beaufort, SC 29907	250	Retired
11/10/2023	Norbert Carey 14 Greenleaf St. Newburyport, MA 01950	100	
11/11/2023	Carol Draper 8 Davis Ct. Amesbury, MA 01913	100	
11/11/2023	John Fowler / Linda Jackson 48 Scotland Rd, Newbury, MA 01951	100	
11/11/2023	Katherine & Gregory Gendron 8 Brooks Court Newburyport, MA 01950	100	
11/9/2023	David Hall 46 Low St. Newburyport, MA 01950	250	Real Estate Self-imployed Hall & Moscow
11/10/2023	Paul Keenan PO Box 274 Seabrook, NH 03874	200	Retired
11/10/2023	Andrew Simpson 1 1/2 Greenleaf St. Newburyport, MA 01950	248.02	Editor @ Wells Media Group
11/11/2023	Charles Tontar 29 Jefferson St. Newburyport, MA 01950	100	
11/10/2023	Karen Trowbridge 251 High St. Unit C Newburyport, MA 01950	100	
11/12/2023	Bruce Vogel 59 Bromfield Court Newburyport, MA 01950	150	
11/17/2023	Beth Place, 88 Stevens Pond Rd Liberty, MF 04949	500	retired

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11/17/2023	Stacy Fleischer 19 Daniel Lucy Way, Newburyport, MA 01950	250	homemaker
11/3/2023	Jane Donavan 6 Orange St. Newburyport, MA 01950	25	
11/25/2023	Sara Eskrich / Rod Kesting 8850 Blackhawk Rd. Unit 403 Middleton, WI 53562	100	
11/17/2023	Judith Robinson 346 Woodstock St. Seabrook, NH 03874	250	retired / teacher Lowell Public Schools
Line 10: Total Receipts over \$50 (or listed above) 2923.02		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11	
Line 11: Total Receipts \$50 and under (not listed above)			should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS IN THE PERIOD	2923.02	← 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 D. 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	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/26/23	Amazon	410 Terry Ave N, Seattle 98109, WA	Envelopes for thank you cards	15.98
11/28/23	Joseph Desmond	21 North Atkinson St. Newburyport MA 01950	Design Services	499
11/27/23	Gerald McDonough	13 Hollis Street Cambridge, MA 02140	Lawyer fees	3000
11/08/23	Oregano Pizzeria	16 Pleasant St, Newburyport, MA 01950	Election night party	85.62
11/27/23	Staples	536 Lafayette Rd, Seabrook, NH 03874	Thank you Cards	34.99

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(mp-mass)		Tai pose of Expenditure	
and under, include them in line 13. Line 14		Line 13: Expenditures over \$50	(or listed above)	3635.59
should include only those expenditures not itemized above. Line 14: Expenditures \$50 and under (not listed above)				
	Enter on page 1, line $4 \rightarrow$	4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD 3635.59		

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.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.		Line 16: In-Kind Contributions over \$50 (or listed above)		
		Line 17: In-Kind Contributions \$50 and under (not listed above)		160
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONT	RIBUTIONS IN THE PERIOD	160

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
Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				

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
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		* If you have out-of-pocket expenses of \$50	
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			← Enter on page 1, line 8