

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form RECEIVED CITY CLERK'S OF

Office of Campaign and Political Finance

RECEIVED CITY CLERK'S OFFICE NEWBURYPORT, MA

2023 SEP 11 A 10: 27

Date: 9-11-23

or iviassacijusetis	File with: City or Town Clerk or Election Commission						
Fill in Reporting Period dates: Beginning Date:	3-11-23 Ending Date: 9-11-23						
Type of Report: (Check one)							
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution						
Kathleen M. Shaw Candidate Full Name (if applicable) Newbury port School Committee	KathleenShaw for School Committee Steven Campbell						
9 Upland Rd, Newbury port	Name of Committee Treasurer 9 Upland Rd 01950						
E-mail: Kathleen shaw @ Comcast. net Phone # (optional): (978) 204-4514	E-mail: Kathleenshaw@comcast.net Phone # (optional): (978) 204-4514						
	(1.0) 20 (10.)						
SUMMARY BALANCE INFORMATION:							
Line 1: Ending Balance from previous report	# 0.00						
Line 2: Total receipts this period (page 3, line 11)	133.46						
Line 3: Subtotal (line 1 plus line 2)	\$ 133.46						
Line 4: Total expenditures this period (page 5, line	14) \$ 133.46						
Line 5: Ending Balance (line 3 minus line 4)	\$ O · D D						
Line 6: Total in-kind contributions this period (page	e 6) \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\						
Line 7: Total (all) outstanding liabilities (page 7)	∌ 0.00						
Line 8: Name of bank(s) used: Bank of America							
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in accordance activity of all persons acting under the authority of Candidate: (check 1 box of Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the beautivity of all persons acting under the authority or on behalf of this committee in accordance in activity.	cordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 9-11-23 Donly) est 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 according incurred any liabilities nor made any expenditures on my behalf during this reporting personance of the committee of activity that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this contributions.	est of my knowledge and belief, a true and complete statement of all campaign n-kind contributions and liabilities for this reporting period and represents the						

Kathleen M. Show

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.)

report all receipts. Please include your committee name and a page number on each page.)									
Date Received	Name and Residential Address		Occupation & Employer						
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)						
9-8-23	Kathleen Shaw G v pland Road New prry portur	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Psychotherapist self Employed						
9-9-23	9 Upland Road MA	92.37	Psychotherapist self Employed						
) ()								
Line 9: Total Recei	pts over \$50 (or listed above)	#133.46							
Line 10: Total Recei	ipts \$50 and under* (not listed above)	/							
Line 11: TOTAL RECEIPTS IN THE PERIOD									
If you have itemized receipts of \$50 and under include them in line 9. Line 10 should 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.

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.)

report all expend	report all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid (alphabetical list)	ing)	Address	Purpose of Expenditure	Amount	
9-8-23	Ocean State J	oblots	270 Lafayette RJ Seabrook, NH 03874	Refreshments for Meet & Greet	\$41.09	
9-9-23	Market 13a	sket	100000 10001 1000	Refreshments for Meet & Greet	#92.37	
			01950			
Line 12: Total Expenditures over \$50 (or listed above)		#92.37				
	Line 13: Total Expenditures \$50 and under* (not listed above)			身 41.09		
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD Solve the strength of th			\$133.46			

^{*} 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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