



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report
Office of Campaign and Political Finance

File with:
City or Town Clerk or Election Commission

Reporting Period: Beginning: 1/1/2023 Ending: 12/31/2023

Type of Report: 2023 Year-end Report

Hall, Sarah

Full Name of Candidate

Municipal, Local Filer

Office Sought/ District

**8 Arthur Welch Drive
Newburyport, MA 01950**

Residential Address

Hall Committee

Committee Name

Elizabeth L. Walsh

Name of Committee Treasurer

**4 Virginia Lane
Newburyport, MA 01950**

Committee Address

SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$1,246.71
Total receipts this period:	\$3.11
Subtotal:	\$1,249.82
Total expenditures this period:	\$0.00
Ending Balance:	\$1,249.82
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Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of Bank Used:	Institution For Savings

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:

Elizabeth L. Walsh

Treasurer's signature (in ink)

1/4/2024

Date

Affidavit of Candidate:

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.

Signed under the penalties of perjury:

Sarah Hall

Candidate's signature (in ink)

1/4/2024

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.

<u>Date</u>	<u>Name and Residential Address</u>	<u>Amount</u>	<u>Occupation and Employer</u>
12/31/2023	Institution For Savings 94 State Street Newburyport, MA 01950	\$3.11	
Total Itemized Receipts:		\$3.11	
Total Unitemized Receipts:		\$0.00	
Total Receipts:		<u>\$3.11</u>	

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NEWBURYPORT, MA
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