

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

RECEIVED

Commonwealth of Massachusetts	CITY CLERK'S OFFICE NEWBURYPO <u>RT. M</u> A
File with:  City or Town Clerk or Election Commission Please print or type all information, except signatures.	2013 SEP - 9 P 6: 38
Fill in dates: Reporting Period Beginning Agri Date 2013 Ending August	Date Year 3 2013
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ y	year-end report  dissolution
Richard E. Sullivon, JR. Committee to Elect	
Full Name of Candidate (if applicable)  (Name of Candidate (if applicable)	Name Ciovacco
Office Sought and District  At Leary Drive Newburyport  Residential Address  Committee Mailie	ee Treasurer RLVE Newburyport
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BALANCE INFORMATION:  Line 1: Ending balance from previous report  Line 2: Total receipts this period (page 2, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 3, line 14)  Line 5: Ending balance (line 3 minus line 4)  \$	6,975.00 6,975.00 5,521. <b>89</b> 1,453. <b>68</b>
Line 6: Total in-kind contributions this period (page 4) \$_Line 7: Total (all) outstanding liabilities (page 4) \$_Line 8: Name of bank(s) used Institution for Save	ings
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 it campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribut and represents the campaign finance activity of all persons acting under the authority or on behalf of this commit M.G.I. c. 5  Treasurer's signature (in ink)	tions and liabilities for this reporting period
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BI	ELOW)
Affidavit of Candidate: (check 1 box only)	

Afficiavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the 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, 1
have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Condidate without Committee OR Candidate with independent activity filing separate report
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
second dispute the second dispute second dispute the second dispute dispute dispute ments 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/
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
In and Systeman ( Juliante 1 Juli
Candidate signature (trink)

#### 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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	Name and Residential (alphabetical listing re		Amo	unt	Occupation & Employer (for contributions of \$200 or more)
	See attucked ,	report			
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Line 9:	Total receipts in excess of \$50 (or	listed above)	4,825	00	
Line 10:	Total receipts \$50 and under* (no	t listed above)	2,1500	00	
Line 11:	TOTAL RECEIPTS IN THE PI	ERIOD	6975	00	Enter on page 1, line 2

<sup>\*</sup> 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.

This page may be copied 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	Amo	ount
8/4	Harborside Printing	3 Graf Rt. Newbygott 93 state St.	JOSE CARDS NEWS	496	25
4/20	Institution for Savings	93 State St. Newbuppert	cleck charge	23	45
5/31	Jen Wright Signs		sigus	225	১১
5/30	Missian Oak	Newbury Green St. Newburyport	fundraising event	1542	50
1/30	Mission Dak	Newburyost	fundating event	250	8 2
5/7	Newburgost Printades	59 Fely Rd. Newbypot 59 Herry Rd.	promotional items	114	88
5/25	Newborpst Printmeker	Newburyport	promotional tems	200	00
5/9	Postmaster-Nyt	Newburgost 100 Tuespike St	postage	92	00
s/11	North of Boston	N. Andover	advertising	210	
8/1	Screen Gems	New trelds, NH 35 Water ST.	promotional items	99	00
4/22	Staboard Galley	35 Water St. Newburget	fundraisiz went	144	
4/24	Voge ( Printing	Newburget Lawrence MA	J	1008	
8/7	Yankee Homecoming	Newburgest MA	parade participation	1000	-
4/10	Zip Type	50 Kent St. Newburgoot	event tickets	53	34
3/16	Zip Type	50 Kent St. Newburgport	event tickets	58	48
	<i>V</i> '				
		Line 12:	Expenditures over \$50	5,521	36
•	-	Line 13:	Expenditures \$50 and under*	0	_
1	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	5,501	3a

<sup>\*</sup>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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DATE	NAME	ADDRESS	AM	AMOUNT OCCUPATION/EMPLOYER (\$200 OR MORE)
4/18/2013 Accardi, Elizabeth	rdi, Elizabeth	1 Fair St	❖	100.00
6/1/2013 Berger, Jeff	er, Jeff	1 Arthur Welch Dr.	❖	80.00
6/1/2013 Carpenter, Eric	enter, Eric	10 Wildwood Dr	ş	75.00
6/1/2013 Cavalier, Larry	lier, Larry	3 Jefferson Streeet	Ş	100.00
6/1/2013 Connolly, John Jr	olly, John Jr	29 Hill Top Cir. West Newbury	Ś	100.00
6/1/2013 Gabrail, James	ail, James	1 Lt. Leary Dr	❖	100.00
9/26/2013 Germinara, Robert	ninara, Robert	2 Ashland St	ş	100.00
4/18/2013 Gronbeck, Edward	ibeck, Edward	47A Warren St	\$	100.00
4/5/2013 Hardin, Maureen	in, Maureen	2 Congress St	❖	100.00
4/18/2013 Hordon, Kathleen	lon, Kathleen	338 Merrimac st	Ŷ	500.00 Owner/ Four Star Aviation
9/26/2013 Hordon, Richard	lon, Richard	338 Merrimac st	❖	100.00
6/1/2013 Johnson, Russ	son, Russ	50 Kent St	₩	100.00
4/18/2013 Kane, Frank	., Frank	POBox 452 Nbpt	₹\$	100.00
4/18/2013 Kimb	4/18/2013 Kimball Murray, Wendy	78 Christie Dr	❖	100.00
6/1/2013 Lacriox, Judy	ox, Judy	14 R Hill St.	₩	100.00
6/1/2013 Lanphear, Kevin	hear, Kevin	347 High St	❖	100.00
6/1/2013 Lanphear, Lyndi	hear, Lyndi	347 High St	Ś	200.00 Manager/Three Cherry Street
6/1/2013 Lanphear,Jennifer	hear,Jennifer	347 High St	⋄	200.00 Student
6/1/2013 Mirageas, Hillary	geas, Hillary	41 Spofford St	❖	200.00 Programer/Watts
6/1/2013 Neil, Frank	Frank	12 Lucey Dr	❖	330.00 Software Development/ Oracel
6/1/2013 O'Brein, Richard	ein, Richard	41 Olive St	❖	250.00 Sr. Vice President/Fidelity Investments
4/18/2013 O'Brien, Mark	ien, Mark	POBox 911 Nbpt	Ş	250.00 Attorney/ Self employed
6/1/2013 Page, Eric	, Eric	5 Lt. Leary Dr	‹›	80.00
4/18/2013 Petrillo, Jeanne	llo, Jeanne	182 High St.	\$	250.00 Retired
4/18/2013 Petrillo, Jeanne	llo, Jeanne	182 High St.	\$	80.00

\$ 100.00	100.00	250.00 Self Employed	100.00	100.00	100.00	100.00	80.00	100.00	\$ 4,825.00
₩.	<b>1/3</b>	₩	Ŷ	S	Ŷ	↔	❖	❖	Ŷ
229 Merrimac St	7 Adams Street	104B State St	15 Moseley. Ave	14 Dawes St	25 Walnut St	59 Cedar St. Amesbury	9 Abbott St. Bradford, MA	5 Lafayette St	
4/18/2013 Reardon, Marilyn	4/18/2013 Roberts, Laura	4/18/2013 Sancartier, Armand	4/18/2013 Serwon, Dorothy	6/1/2013 Shepard, Edmund	4/18/2013 Short, Harold Jr.	4/1/2013 Smith, Wendy	4/1/2013 Theroux, Chris	4/1/2013 Todd, Barry	

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	None			
-				
		Line 1	5: In-kind over \$50	
		Line 1	6: In-kind \$50 and under	
	Enter on page 1, line 6	Line 1	7: Total In-kind	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

# SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	None			·
		•.		
·	·			
-				
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	*

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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