



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/14 Ending Date: 12/31/14

Type of Report: (Check one)  
 8th day preceding preliminary   
 8th day preceding election   
 30 day after election   
 year-end report   
 dissolution

Donna D. Holaday  
Candidate Full Name (if applicable)

mayor  
Office Sought and District

6 Parsons St Newburyport, MA 01950  
Residential Address

Telephone Number (optional): 978-462-5654

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

| SUMMARY BALANCE INFORMATION:                             |                         |
|----------------------------------------------------------|-------------------------|
| Line 1: Ending Balance from previous report              | \$ 6,842.48             |
| Line 2: Total receipts this period (page 3, line 11)     | \$ 819.74               |
| Line 3: Subtotal (line 1 plus line 2)                    | \$ 7,662.22             |
| Line 4: Total expenditures this period (page 5, line 14) | \$ 3,840.77             |
| Line 5: Ending Balance (line 3 minus line 4)             | \$ 3,821.45             |
| Line 6: Total in-kind contributions this period (page 6) | 0                       |
| Line 7: Total (all) outstanding liabilities (page 7)     | 0                       |
| Line 8: Name of bank(s) used:                            | <u>Newburyport Bank</u> |

**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: \_\_\_\_\_ (Treasurer's signature) Date: \_\_\_\_\_

**FOR CANDIDATE FILINGS ONLY: Affidavit 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. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate 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 campaign finance activity, including 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: Donna D. Holaday (Candidate's signature) Date: 1/18/15

**SCHEDULE A: RECEIPTS (continued)**

| Date Received | Name and Residential Address<br>(alphabetical listing required)    | Amount | Occupation & Employer<br>(for contributions of \$200 or more) |
|---------------|--------------------------------------------------------------------|--------|---------------------------------------------------------------|
| 1/28/14       | Gerry D'Ambrosio<br>788 Lawrence Rd.<br>Boxford, MA 01921          | \$500  | Attorney<br>D'Ambrosio Brown LLP                              |
| 1/15/14       | Newburyport Operating<br>Holdings LLC<br>One Wells Ave. Newton, MA | \$200  | Return of Campaign HQ<br>Deposit                              |
|               |                                                                    |        |                                                               |
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|               |                                                                    |        |                                                               |

Line 9: Total Receipts over \$50 (or listed above) \$ 700.00

Line 10: Total Receipts \$50 and under\* (not listed above) \$ 119.74

**Line 11: TOTAL RECEIPTS IN THE PERIOD** **\$ 819.74**

← 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.)

| Date Paid                                                      | To Whom Paid<br>(alphabetical listing) | Address                                              | Purpose of Expenditure                        | Amount     |
|----------------------------------------------------------------|----------------------------------------|------------------------------------------------------|-----------------------------------------------|------------|
| 1/4/14                                                         | Minuteman Press                        | 188 RT 1 Traffic Circle<br>Unit A<br>Newburyport, MA | Inauguration<br>Programs                      | \$132      |
| 1/6/14                                                         | Taylor Rental                          | 161 State St.<br>Newburyport, MA                     | Inauguration<br>rental - linens               | \$403.75   |
| 1/6/14                                                         | David's Tavern                         | 11 Braon Sq<br>Newburyport, MA                       | Inaugural<br>Breakfast                        | \$337.58   |
| 1/6/14                                                         | Ted Epstein                            | Lorretta<br>27 State St<br>Newburyport, MA           | Caterer<br>Inaugural luncheon<br>Deposit      | \$388.13   |
| 1/8/14                                                         | Taylor Rental                          | 161 State St<br>Newburyport, MA                      | Inauguration<br>rental - silverware           | \$59       |
| 1/6/14                                                         | Nicholson Hall                         | 7 Harris St<br>Newburyport, MA                       | Inauguration<br>Luncheon - Hall<br>rental     | \$400      |
| 1/14/14                                                        | Donna Holaday                          | 6 Parsons St.<br>Newburyport, MA                     | Inauguration<br>Picture Frames                | \$53.55    |
| 1/14/14                                                        | Salter Transport                       | 196 Scotland Rd<br>Newbury, MA                       | Bus Rental student<br>Performers inauguration | \$350      |
| 1/14/14                                                        | Karen Battle Designs                   | 15 Olive St<br>Newburyport, MA                       | Design for<br>Inaugural invites<br>& programs | \$120      |
| 1/14/14                                                        | Colleen Gullou                         | 3 Bourbon Ter.<br>Newburyport, MA                    | Campaign<br>management                        | \$500      |
| 2/10/14                                                        | Ted Epstein                            | Lorretta<br>27 State St<br>Newburyport, MA           | Caterer<br>Inaugural luncheon<br>Balance      | \$800      |
| 7/29/14                                                        | Committee to Elect<br>Frank Cousins    | PO Box 984<br>Salem, MA                              | Campaign contri-<br>bution                    | \$100      |
| Line 12: Total Expenditures over \$50 (or listed above)        |                                        |                                                      |                                               | \$3,737.01 |
| Line 13: Total Expenditures \$50 and under* (not listed above) |                                        |                                                      |                                               | 7103.76    |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD                      |                                        |                                                      |                                               | 13,840.77  |

Enter on page 1, line 4 →

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Committee to Elect Donna D. Holaday

SCHEDULE B: Expenditures (Continued)

| Date Paid | To Whom              | Address                  | Purpose of Expenditure | Amount |
|-----------|----------------------|--------------------------|------------------------|--------|
| 10/24/14  | Moulton for Congress | PO Box 2013<br>Salem, MA | Campaign Contribution  | \$100  |

## 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 |
|-------------------------------------------------------------------------------|-------------|---------|---------|--------|
|                                                                               |             |         |         |        |
|                                                                               |             |         |         |        |
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|                                                                               |             |         |         |        |
|                                                                               |             |         |         |        |
| Enter on page 1, line 7 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b> |             |         |         |        |

## 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 on page 1.

| Date Received                                                         | From Whom Received* | Residential Address | Description of Contribution | Value |
|-----------------------------------------------------------------------|---------------------|---------------------|-----------------------------|-------|
|                                                                       |                     |                     |                             |       |
|                                                                       |                     |                     |                             |       |
|                                                                       |                     |                     |                             |       |
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|                                                                       |                     |                     |                             |       |
|                                                                       |                     |                     |                             |       |
|                                                                       |                     |                     |                             |       |
| Line 15: In-Kind Contributions over \$50 (or listed above)            |                     |                     |                             |       |
| Line 16: In-Kind Contributions \$50 & under (not listed above)        |                     |                     |                             |       |
| <b>Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS</b> |                     |                     |                             |       |

\* 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.



Commonwealth of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

|                                      |                                                                      |
|--------------------------------------|----------------------------------------------------------------------|
| Date of Reimbursement: <u>1/4/14</u> |                                                                      |
| Name of Individual Being Reimbursed: | <u>minuteman Press</u>                                               |
| Committee Name:                      | <u>Committee to elect Donna Holaday</u>                              |
| CPF ID Number (if applicable):       | <u>300 93 0033</u> Telephone Number (optional): <input type="text"/> |

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid     | Vendor Name            | Vendor Address                                               | Purpose of Expenditure           | Amount       |
|---------------|------------------------|--------------------------------------------------------------|----------------------------------|--------------|
| <u>1/4/14</u> | <u>minuteman Press</u> | <u>188 Rt 1 Traffic Creek<br/>Unit A<br/>Newburyport, MA</u> | <u>Inauguration<br/>Programs</u> | <u>\$132</u> |
|               |                        |                                                              |                                  |              |
|               |                        |                                                              |                                  |              |
|               |                        |                                                              |                                  |              |
|               |                        |                                                              |                                  |              |

(Include items listed on Page 2) →

|                                                          |                      |
|----------------------------------------------------------|----------------------|
| Line 1: Expenditures in excess of \$50 (itemized above): | <u>\$132</u>         |
| Line 2: Expenditures \$50 or under (not itemized):       | <input type="text"/> |
| Line 3: TOTAL AMOUNT REIMBURSED:                         | <u>\$132</u>         |

Signed under the penalties of perjury:

Donna O Holaday  
Signature of Candidate / Treasurer

Date: 1/18/15

Please prepare a separate report for each reimbursement check issued by the committee.



**Minuteman Press** OF NEWBURYPORT  
The First & Last Step In Printing.

Customer COMMITTEE TO ELECT

Phone \_\_\_\_\_ Due By \_\_\_\_\_  
Date 1/2/14

| DESCRIPTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | COST:                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| 300 INAUGURATION PROGRAMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 132.00                  |
| <p>MINUTEMAN PRESS<br/>78 PARKER ST<br/>NEWBURYPORT, MA, 01958</p> <p>TERMINAL I.D.: 000556177890003487702<br/>MERCHANT #: 1778900034877</p> <p>MASTERCARD<br/>514261000310940<br/>SALE<br/>DATE: JAN 02, 14 BATCH: 001608 AUTH: EXP.: 07/14 TIME: 09:59 AUTH: 439060</p> <p><b>TOTAL \$132.00</b></p> <p>BETH TREMBLAY-HALL<br/><i>Beth Tremblay-Hall</i></p> <p>I AGREE TO PAY ABOVE TOTAL AMOUNT<br/>ACCORDING TO CARD ISSUER AGREEMENT<br/>(MERCHANT AGREEMENT IF CREDIT VOUCHER)</p> <p>MERCHANT COPY</p> <p>PAID CREDIT <input checked="" type="checkbox"/></p> |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SUB-TOTAL <u>132.00</u> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TAX _____               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TOTAL _____             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DEPOSIT _____           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BALANCE _____           |

188 Route 1 Traffic Circle / Unit A • Newburyport, MA 01950  
(t) 978.465.2242 • (f) 978.465.8593  
clientservices@minutemanpress.com  
www.newburyport.minutemanpress.com

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# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 1/6/14

Name of Individual Being Reimbursed: Taylor-Rental

Committee Name: Committee to Elect Donna Holaday

CPF ID Number (if applicable): 300 33 0033 Telephone Number (optional): \_\_\_\_\_

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name   | Vendor Address                   | Purpose of Expenditure | Amount |
|-----------|---------------|----------------------------------|------------------------|--------|
| 1/6/14    | Taylor-Rental | 161 State St.<br>Newburyport, MA | Inauguration<br>Rental | 403.75 |
| 1/8/14    | Taylor Rental | 161 State St<br>Newburyport, MA  | Inauguration<br>Rental | 52.00  |
|           |               |                                  |                        |        |
|           |               |                                  |                        |        |
|           |               |                                  |                        |        |

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 455.75

Line 2: Expenditures \$50 or under (not itemized): \_\_\_\_\_

Line 3: TOTAL AMOUNT REIMBURSED: 455.75

Signed under the penalties of perjury:

Donna D Holaday  
Signature of Candidate / Treasurer

Date: 1/18/15

Please prepare a separate report for each reimbursement check issued by the committee.

Serving Home Contractors and Businesses

- Thatchers
- Chain Saws
- Lawn Mowers
- Power Tools
- Augers
- Cleaners
- Sanders
- Pressure Washers
- Compactors
- Chainsaws
- Mixers
- renchers
- Air Compressors
- Skid-Steer Loaders
- Paint Sprayers
- Tables & Skirting
- Folding Chairs
- Canopies & Tents
- Chafing Dishes
- Dance Floors
- Champagne Fountains

# TAYLOR RENTAL

We're more than just products at work.®

162 STATE ST. NEWPORT, MA 01950  
 508-840-1347  
 HOURS: 7:30-5PM MON-SAT  
 CLOSED SUNDAYS

This document is a Contract. You should familiarize yourself with its unusual features so there will be no misunderstanding as to your obligations. The words RENTER, YOU and YOURS mean the person who signs this Rental Contract (or is obligated under its terms). WE, OUR, and TAYLOR refer to the TAYLOR RENTAL CENTER only at the address shown to the left.

The back of this contract contains important terms and conditions, including Taylor's disclaimer of all liability for injury or damage and details of Renter's obligations for rental and other charges and responsibilities to care for and return the item(s) rented. They are part of this contract - Read them. "I have read and understand the terms & conditions listed on the face and reverse hereof, specifically item 3."

Renter's Initials

YOU ARE RESPONSIBLE FOR THEFT.  
 THERE IS A \$25.00 SERVICE CHARGE ON ALL RETURNED CHECKS.  
 IF EQUIPMENT FAILS, PLEASE CALL US IMMEDIATELY. NO REFUNDS WILL BE GIVEN UNTIL EQUIPMENT HAS BEEN TESTED. NO REFUNDS FOR OPERATOR ERROR.  
 WE ARE NOT RESPONSIBLE FOR DAMAGE TO OWNER VEHICLE UPON EQUIPMENT LEAVING AND UNLOADING.  
 THERE IS A ZERO TOLERANCE FOR DROP OFF OF RENTAL ITEMS AFTER HOURS OR ON SUNDAYS. A \$100 DROP OFF FEE WILL BE INCURRED.

RENTAL CONTRACT  
 Contract Number: 01-15-506-02  
 01/06/14  
 TED EPSTEIN  
 LORETTA  
 27 STATE ST  
 NEWPORT MA 01950  
 LORETTA  
 TED EPSTEIN  
 27 STATE ST  
 NEWPORT MA 01950  
 508-840-1347

Out: MON 01/06/14 09:00  
 Due: WED 01/08/14 12:00

| Item No. | Quantity | Description   | Rate   | Inv | Unit     | Ext   |
|----------|----------|---------------|--------|-----|----------|-------|
| 70-0107  | 200      | KNIFE, DINNER | PA RE  | .26 | .26      | 52.00 |
|          |          | Robot         | 1.00/H | .50 | 1.00/20H |       |
| 70-0108  | 200      | FORK, DINNER  | PA RE  | .26 | .26      | 52.00 |
|          |          | Robot         | 1.00/H | .50 | 1.00/20H |       |

ON LARGE ORDERS DEPOSITS WILL NOT BE REFUNDED UNTIL ORDER HAS BEEN WASHED & CHECKED. ALL DISHES, PLASTICS, CHAIRS, ETC., MUST BE RINSED BEFORE RETURNING. EXTRA FEE WILL BE CHARGED IF NOT. CUSTOMER WILL BE CHARGED FOR ALL SHORTAGES, BREAKAGE, & LATE RETURNS. I HAVE COUNTED & AGREE WITH ALL

*Pol chrt  
02/14*

I acknowledge receipt in good order of the item(s) rented, that I have received and understood instructions regarding the use of the item(s) rented, and that I have read and agree to all terms printed on the face and reverse of this contract. Unless declined, I also agree to the Damage Waiver Charge.

**SIGNATURE**

Renter or authorized Agent and signatory for Renter

**D.W.C. IS NOT INSURANCE**

RETURN ITEM(S) BY:

Declines (Initials)

Renter, by initials hereon, declines benefits of Paragraph 10, Damage Waiver, on reverse side of this Contract.

Notify Taylor immediately if equipment does not function properly or no refund or allowances will be made.

**TOOLS, EQUIPMENT AND PARTY RENTALS --**

- Garden Tillers
- Thatchers
- Chain Saws
- Lawn Mowers
- Power Augers
- Cleaners
- Sanders
- Power Tools
- Pressure Washers
- Compactors
- Mixers
- Rencers
- Air Compressors
- Skid-Steer Loaders
- Paint Sprayers
- Tables & Skirting
- Folding Chairs
- Canopies & Tents
- Chafing Dishes
- Dance Floors
- Champagne Fountains

**Serving Homeowners, Contractors and Businesses**

# TAYLOR RENTAL

**We're more than just products at work.®**

KELLY'S TAYLOR RENTAL  
 161 STATE ST. NORTON MA 01950  
 574-183-6600  
 HOURS: 7:30-5PM MON-SAT  
 CLOSED SUNDAYS

This document is a Contract. You should familiarize yourself with its unusual features so there will be no misunderstanding as to your obligations. The words RENTER, YOU and YOURS mean the person who signs this Rental Contract (or is obligated under its terms). WE, OUR, and TAYLOR refer to the TAYLOR RENTAL CENTER only at the address shown to the left.

The back of this contract contains important terms and conditions, including Taylor's disclaimer of all liability for injury or damage and details of Renter's obligations for rental and other charges and responsibilities to care for and return the item(s) rented. They are part of this contract - Read them. "I have read and understand the terms & conditions listed on the face and reverse hereof, specifically item 3."

Renter's Initials

PLEASE READ THE REVERSE SIDE OF THIS CONTRACT CAREFULLY AND BE RESPONSIBLE FOR THEM.  
 THERE IS A 10% DAMAGE WAIVER CHARGE ON ALL RETURNED EQUIPMENT. IF EQUIPMENT IS RETURNED WITH DAMAGE, NO REFUNDS WILL BE GIVEN UNLESS EQUIPMENT HAS BEEN TESTED AND FOUND OK FOR OPERATOR ERROR. WE ARE NOT RESPONSIBLE FOR DAMAGE TO OWNER VEHICLE UPON EQUIPMENT LOADING AND UNLOADING.  
 THERE IS A 25% TELEPHONE FEE CHARGED FOR RENTALS ORDERED AFTER HOURS OF 01 SUNDAYS. A 100% DROP OFF FEE WILL BE INCURRED.

CONTRACT CLOSING  
 OPERATION FOR DORNA HILLARY  
 2018

DATE: MON 01/06/14 13:56  
 IN: MON 01/06/14 13:56

| Item No | Description                  | Rate  | Qty | Unit Price | Total |
|---------|------------------------------|-------|-----|------------|-------|
| 7-001   | 20 TALLCLOTH, SUBSTANTIAL    | 15.00 | 2   | 30.00      | 30.00 |
| 8-006   | 5 TALLCLOTH, POLYESTER WHITE | 18.00 | 5   | 90.00      | 90.00 |

*[Handwritten Signature]*

| Description  | Amount       |
|--------------|--------------|
| RENTAL       | 30.00        |
| TAXES        | 2.75         |
| <b>Total</b> | <b>32.75</b> |

I acknowledge receipt in good order of the item(s) rented, that I have received and understood instructions regarding the use of the item(s) rented, and that I have read and agree to all terms printed on the face and reverse of this contract. Unless declined, I also agree to the Damage Waiver Charge.

**SIGNATURE**  
 Renter or authorized Agent and signatory for Renter

**D.W.C. IS NOT INSURANCE** RETURN ITEM(S) BY:  
 Declines (Initials) Renter, by initials hereon, declines benefits of Paragraph 10, Damage Waiver, on reverse side of this Contract.  
 Notify Taylor immediately if equipment does not function properly or no refund or allowances will be made.



# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 1/6/14

Name of Individual Being Reimbursed: David's Tavern

Committee Name: Committee to Elect Donna Hladay

CPF ID Number (if applicable): 300 93 0033 Telephone Number (optional): \_\_\_\_\_

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name    | Vendor Address                 | Purpose of Expenditure | Amount   |
|-----------|----------------|--------------------------------|------------------------|----------|
| 1/6/14    | David's Tavern | 11 Brown Sq<br>Newburyport, MA | Inaugural<br>Breakfast | \$337.58 |
|           |                |                                |                        |          |
|           |                |                                |                        |          |
|           |                |                                |                        |          |
|           |                |                                |                        |          |

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): \$337.58

Line 2: Expenditures \$50 or under (not itemized): \_\_\_\_\_

Line 3: TOTAL AMOUNT REIMBURSED: \$337.58

Signed under the penalties of perjury:

Donna D. Hladay  
Signature of Candidate / Treasurer

Date: 1/18/15

Please prepare a separate report for each reimbursement check issued by the committee.





# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

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of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
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Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

|                                                         |                                      |
|---------------------------------------------------------|--------------------------------------|
| Date of Reimbursement: <u>1/6/14</u>                    |                                      |
| Name of Individual Being Reimbursed: <u>Ted Epstein</u> |                                      |
| Committee Name: <u>Committee to Elect Donna Holaday</u> |                                      |
| CPF ID Number (if applicable): <u>300 33 0033</u>       | Telephone Number (optional): <u></u> |

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid      | Vendor Name          | Vendor Address                         | Purpose of Expenditure         | Amount        |
|----------------|----------------------|----------------------------------------|--------------------------------|---------------|
| <u>1/6/14</u>  | <u>Taylor Rental</u> | <u>161 State St<br/>Newburyport MA</u> | <u>Inaugural<br/>reception</u> | <u>388.13</u> |
| <u>2/10/14</u> | <u>Lorretta</u>      | <u>27 State St<br/>Newburyport, MA</u> | <u>Inaugural<br/>luncheon</u>  | <u>800</u>    |
|                |                      |                                        |                                |               |
|                |                      |                                        |                                |               |
|                |                      |                                        |                                |               |

(Include items listed on Page 2) →

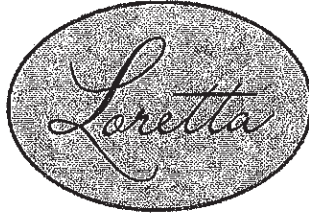
|                                                          |                 |
|----------------------------------------------------------|-----------------|
| Line 1: Expenditures in excess of \$50 (itemized above): | <u>1,188.13</u> |
| Line 2: Expenditures \$50 or under (not itemized):       | <u></u>         |
| Line 3: TOTAL AMOUNT REIMBURSED:                         | <u>1,188.13</u> |

Signed under the penalties of perjury:

Beth Buckley Hall  
Signature of Candidate / Treasurer

Date: 1/6/14

Please prepare a separate report for each reimbursement check issued by the committee.



January 6, 2014

To: CTE Donna Holaday

RE: Catering services – Inauguration

---

\$800 to cover the menu and service provided on January 6, 2014.

Thank You,

Ted Epstein

*Del 2/10/14  
ch # 332*



# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

|                                                            |                                                          |
|------------------------------------------------------------|----------------------------------------------------------|
|                                                            | Date of Reimbursement: <u>1/6/14</u>                     |
| Name of Individual Being Reimbursed: <u>Nicholson Hall</u> |                                                          |
| Committee Name: <u>Committee to Elect Donna Holaday</u>    |                                                          |
| CPF ID Number (if applicable): <u>300 33 0033</u>          | Telephone Number (optional): <u>                    </u> |

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid     | Vendor Name           | Vendor Address                     | Purpose of Expenditure              | Amount       |
|---------------|-----------------------|------------------------------------|-------------------------------------|--------------|
| <u>1/6/14</u> | <u>Nicholson Hall</u> | <u>7 Harris St<br/>Newburyport</u> | <u>Inauguration<br/>Hall Rental</u> | <u>\$400</u> |
|               |                       |                                    |                                     |              |
|               |                       |                                    |                                     |              |
|               |                       |                                    |                                     |              |
|               |                       |                                    |                                     |              |

(Include items listed on Page 2) →

|                                                          |                             |
|----------------------------------------------------------|-----------------------------|
| Line 1: Expenditures in excess of \$50 (itemized above): | <u>\$400</u>                |
| Line 2: Expenditures \$50 or under (not itemized):       | <u>                    </u> |
| <b>Line 3: TOTAL AMOUNT REIMBURSED:</b>                  | <b><u>\$400</u></b>         |

Signed under the penalties of perjury:

Donna D Holaday  
Signature of Candidate / Treasurer

Date: 1/18/15

Please prepare a separate report for each reimbursement check issued by the committee.



Nicholson Hall PO Box 575, Newburyport,

Date: 1/6/14

Hall Rental: flat - \$400.00  
Inaugural Luncheon

Make check payable to:  
Nicholson Hall

Thank you!

Ref  
Ch # 323



# Form CPF R 1: Itemization of Reimbursements

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Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

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|                                      |                                                 |
|--------------------------------------|-------------------------------------------------|
|                                      | Date of Reimbursement: <u>1/14/14</u>           |
| Name of Individual Being Reimbursed: | <u>Salter Transportation</u>                    |
| Committee Name:                      |                                                 |
| CPF ID Number (if applicable):       | <u>300 33 0033</u> Telephone Number (optional): |

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid      | Vendor Name                  | Vendor Address                        | Purpose of Expenditure                                       | Amount        |
|----------------|------------------------------|---------------------------------------|--------------------------------------------------------------|---------------|
| <u>1/14/14</u> | <u>Salter Transportation</u> | <u>196 Scotland Rd<br/>Newbury MA</u> | <u>transport student<br/>performers for<br/>inauguration</u> | <u>\$350.</u> |
|                |                              |                                       |                                                              |               |
|                |                              |                                       |                                                              |               |
|                |                              |                                       |                                                              |               |
|                |                              |                                       |                                                              |               |

(Include items listed on Page 2) →

|                                                          |              |
|----------------------------------------------------------|--------------|
| Line 1: Expenditures in excess of \$50 (itemized above): | <u>\$350</u> |
| Line 2: Expenditures \$50 or under (not itemized):       |              |
| <b>Line 3: TOTAL AMOUNT REIMBURSED:</b>                  | <u>\$350</u> |

Signed under the penalties of perjury:

*Danna R. Holaday*  
Signature of Candidate / Treasurer

Date: 1/15/18

Please prepare a separate report for each reimbursement check issued by the committee.

# SALTER

*Transportation, Inc.*

Phone: (978) 462-6433

Fax: (978) 462-4198

Remit To:  
**Salter Transportation Inc.**  
 196 Scotland Road  
 Newbury, MA 01951

Invoice: 9,406

Date: 1/6/14

Bill To:

PO:

City of Newburyport  
 Superintendent's Office  
 Low St  
 Newburyport, MA 01950  
  
 Attn: Donna Holiday, Mayor

| Pickup Info:   | Trip #                      | Destination                 | Activity     | Requestor               |
|----------------|-----------------------------|-----------------------------|--------------|-------------------------|
| 1/6/14 8:30 am | Bresnahan Elementary School | 18616 Newburyport City Hall | Inauguration | Donna Holiday, Mayor    |
|                |                             |                             |              | Vehicle Cost            |
|                |                             |                             |              | \$175.00 x 2 = \$350.00 |

Total Cost: \$350.00  
 Deposit: \$0.00

Received Payment:

Note To Client:

331  
 Amount: \$350.00  
 with your payment.

COMMITTEE TO ELECT DONNA HOLIDAY

53-7160/2113

DATE 1/14/14

Shield™

\$ 350.00

DOLLARS

Salter Transportation

three hundred fifty 00/100

The NEWBURYPORT BANK  
 The Newburyport Five Cents Savings Bank  
 Newburyport, Mass.

Beck Fruehly Hall

MEMO

⑆2⑆⑆37⑆502⑆09⑆20908⑆033⑆

SPECIALTY BLUE



# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

|                                                                                                                |                                                                                            |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
|                                                                                                                | Date of Reimbursement: <span style="border: 1px solid black; padding: 2px;">1/14/14</span> |
| Name of Individual Being Reimbursed: <span style="border: 1px solid black; padding: 2px;">Karan Battles</span> |                                                                                            |
| Committee Name: <span style="border: 1px solid black; padding: 2px;">Committee to Elect Donna Hoday</span>     |                                                                                            |
| CPF ID Number (if applicable): <span style="border: 1px solid black; padding: 2px;">300 93 0033</span>         | Telephone Number (optional): <span style="border: 1px solid black; padding: 2px;"></span>  |

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name          | Vendor Address                 | Purpose of Expenditure                    | Amount |
|-----------|----------------------|--------------------------------|-------------------------------------------|--------|
| 1/14/14   | Karan Battle Designs | 15 Olive St<br>Newburyport, MA | Inaugural Invitations<br>& program Design | 9/20   |
|           |                      |                                |                                           |        |
|           |                      |                                |                                           |        |
|           |                      |                                |                                           |        |
|           |                      |                                |                                           |        |

(Include items listed on Page 2) →

|                                                          |                                                                         |
|----------------------------------------------------------|-------------------------------------------------------------------------|
| Line 1: Expenditures in excess of \$50 (itemized above): | <span style="border: 1px solid black; padding: 2px;">9/20</span>        |
| Line 2: Expenditures \$50 or under (not itemized):       | <span style="border: 1px solid black; padding: 2px;">-</span>           |
| <b>Line 3: TOTAL AMOUNT REIMBURSED:</b>                  | <span style="border: 1px solid black; padding: 2px;"><b>9/20</b></span> |

Signed under the penalties of perjury:

*Donna D. Hoday*  
\_\_\_\_\_  
Signature of Candidate / Treasurer

Date: 1/18/15

Please prepare a separate report for each reimbursement check issued by the committee.

# Karen Battles designs

## Invoice

January 14, 2014  
Donna Holaday Inauguration materials  
attn: Beth Tremblay Hall

|                                             |          |
|---------------------------------------------|----------|
| Production for Inauguration 2014 Invitation | 40.00    |
| Production for Inauguration 2014 Program    | 80.00    |
|                                             | <hr/>    |
| total due                                   | \$120.00 |

Payable upon receipt.  
Please make check payable to : Karen Battles

Thank you!

*Handwritten:*  
179  
check #  
329

13 Olive Street  
Newburyport, MA 01950  
978-663-3633  
kvb@kvbdesign.com



# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

|                                      |                                  |                              |
|--------------------------------------|----------------------------------|------------------------------|
|                                      | Date of Reimbursement:           | 1/14/14                      |
| Name of Individual Being Reimbursed: | Colleen Gullivan                 |                              |
| Committee Name:                      | Committee to Elect Donna Holaday |                              |
| CPF ID Number (if applicable):       | 300 93 0033                      | Telephone Number (optional): |

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name      | Vendor Address                    | Purpose of Expenditure | Amount |
|-----------|------------------|-----------------------------------|------------------------|--------|
| 1/14/14   | Colleen Gullivan | 3 Bourbeau Ter<br>Newburyport, MA | campaign<br>management | \$500  |
|           |                  |                                   |                        |        |
|           |                  |                                   |                        |        |
|           |                  |                                   |                        |        |
|           |                  |                                   |                        |        |

(Include items listed on Page 2) →

|                                                          |              |
|----------------------------------------------------------|--------------|
| Line 1: Expenditures in excess of \$50 (itemized above): | \$500        |
| Line 2: Expenditures \$50 or under (not itemized):       | —            |
| <b>Line 3: TOTAL AMOUNT REIMBURSED:</b>                  | <b>\$500</b> |

Signed under the penalties of perjury:

Donna O. Holaday

Signature of Candidate / Treasurer

Date: 1/18/15

Please prepare a separate report for each reimbursement check issued by the committee.





# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
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Boston, MA 02108  
(617) 979-8300

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|                                      |                                |                              |
|--------------------------------------|--------------------------------|------------------------------|
|                                      | Date of Reimbursement:         | 7/29/14                      |
| Name of Individual Being Reimbursed: | Frank Cousins                  |                              |
| Committee Name:                      | Committee to Elect Donna Hoday |                              |
| CPF ID Number (if applicable):       | 300 33 0033                    | Telephone Number (optional): |

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name                      | Vendor Address          | Purpose of Expenditure | Amount |
|-----------|----------------------------------|-------------------------|------------------------|--------|
| 7/29/14   | Committee to elect Frank Cousins | PO Box 924<br>Salem, MA | Campaign Contribution  | \$100  |
|           |                                  |                         |                        |        |
|           |                                  |                         |                        |        |
|           |                                  |                         |                        |        |
|           |                                  |                         |                        |        |

|                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                          |  |        |  |   |  |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------|--|---|--|-------|
| (Include items listed on Page 2) →<br>Line 1: Expenditures in excess of \$50 (itemized above):<br>Line 2: Expenditures \$50 or under (not itemized):<br>Line 3: TOTAL AMOUNT REIMBURSED: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">\$100-</td> </tr> <tr> <td></td> <td style="text-align: center;">-</td> </tr> <tr> <td></td> <td style="text-align: center;">\$100</td> </tr> </table> |  | \$100- |  | - |  | \$100 |
|                                                                                                                                                                                          | \$100-                                                                                                                                                                                                                                                                                                   |  |        |  |   |  |       |
|                                                                                                                                                                                          | -                                                                                                                                                                                                                                                                                                        |  |        |  |   |  |       |
|                                                                                                                                                                                          | \$100                                                                                                                                                                                                                                                                                                    |  |        |  |   |  |       |

Signed under the penalties of perjury:

|                                        |               |
|----------------------------------------|---------------|
| <br>Signature of Candidate / Treasurer | Date: 1/18/15 |
|----------------------------------------|---------------|

Please prepare a separate report for each reimbursement check issued by the committee.



COMMITTEE TO ELECT DONNA HOLIDAY 333  
DATE 7/29/14  
PAY TO THE ORDER OF *Committee to Elect Donna Holiday* 100.00  
*Mr. James J. Holliday* DOLLARS  
MEMO *Mayor Holiday son* *Donna Holiday*  
42113715024 0912 090 8\* 0333

333 8/4/2014 \$100.00



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

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Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

|                                                          |                                      |
|----------------------------------------------------------|--------------------------------------|
| Date of Reimbursement: <u>10/24/14</u>                   |                                      |
| Name of Individual Being Reimbursed: <u>Seth Moulton</u> |                                      |
| Committee Name: <u>Committee to Elect Donna Holaday</u>  |                                      |
| CPF ID Number (if applicable): <u>300 83 0033</u>        | Telephone Number (optional): <u></u> |

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid       | Vendor Name                 | Vendor Address                   | Purpose of Expenditure       | Amount        |
|-----------------|-----------------------------|----------------------------------|------------------------------|---------------|
| <u>10/24/14</u> | <u>Moulton for Congress</u> | <u>PO Box 2013<br/>Salem, MA</u> | <u>Campaign Contribution</u> | <u>\$100-</u> |
|                 |                             |                                  |                              |               |
|                 |                             |                                  |                              |               |
|                 |                             |                                  |                              |               |
|                 |                             |                                  |                              |               |

(Include items listed on Page 2) →

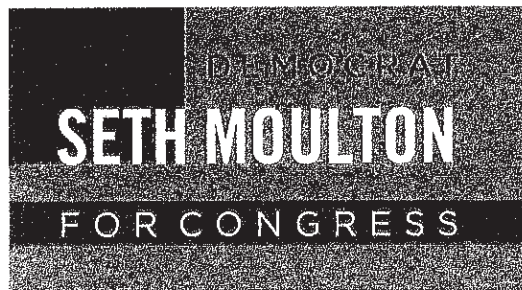
|                                                          |               |
|----------------------------------------------------------|---------------|
| Line 1: Expenditures in excess of \$50 (itemized above): | <u>\$100-</u> |
| Line 2: Expenditures \$50 or under (not itemized):       | <u>-</u>      |
| Line 3: TOTAL AMOUNT REIMBURSED:                         | <u>\$100-</u> |

Signed under the penalties of perjury:

Donna D. Holaday  
Signature of Candidate / Treasurer

Date: 1/18/15

Please prepare a separate report for each reimbursement check issued by the committee.



Paul and Susan Acquaviva, Rebecca Brodish and Jay Iannini,  
City Councilor Ed Cameron, Mary Anne Clancy,  
Freeman Condon, Bob and Kathy Connors, Mike Costello,  
City Councilor Allison Heartquist, Mayor Donna Holaday,  
City Councilor Meghan Kinsey, Martin and Annie Madden,  
Karen and Brad Mascott, Esther Sayer,  
Scott and Jenna Signore, Stu and Kristine Steinberg,  
and City Councilor Charlie Tontar

invite you to an evening reception with

# Seth Moulton

Democratic Candidate for US Congress in MA-06

Friday, October 24

6:30 PM

The Home of Scott and Jenna Signore

4 Rolfes Lane

Newbury, MA

*\$160*

Please RSVP to Haley Scott at [haley@sethmoulton.com](mailto:haley@sethmoulton.com) or 978-289-2376

P.O. Box 2013, Salem, MA 01970 · [www.sethmoulton.com](http://www.sethmoulton.com) · (978) 225-0523



# Form CPF R 1: Itemization of Reimbursements

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Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

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|                                                             |                                      |
|-------------------------------------------------------------|--------------------------------------|
| Date of Reimbursement: <u>1/14/14</u>                       |                                      |
| Name of Individual Being Reimbursed: <u>Ghlee Woodworth</u> |                                      |
| Committee Name: <u>Committee to Elect Jenna Holaday</u>     |                                      |
| CPF ID Number (if applicable): <u>300 93 0033</u>           | Telephone Number (optional): <u></u> |

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid       | Vendor Name      | Vendor Address       | Purpose of Expenditure   | Amount       |
|-----------------|------------------|----------------------|--------------------------|--------------|
| <u>11/19/13</u> | <u>Sams Club</u> | <u>Seabrook N.H.</u> | <u>inagural - photos</u> | <u>41.84</u> |
|                 |                  |                      |                          |              |
|                 |                  |                      |                          |              |
|                 |                  |                      |                          |              |
|                 |                  |                      |                          |              |

(Include items listed on Page 2) →

|                                                          |              |
|----------------------------------------------------------|--------------|
| Line 1: Expenditures in excess of \$50 (itemized above): | <u></u>      |
| Line 2: Expenditures \$50 or under (not itemized):       | <u>41.84</u> |
| Line 3: TOTAL AMOUNT REIMBURSED:                         | <u>41.84</u> |

*Ref  
Check  
328*

Signed under the penalties of perjury:

*Becky May Hall*  
Signature of Candidate / Treasurer

Date: 1/14/14

Please prepare a separate report for each reimbursement check issued by the committee.

Inauguration 2014



CLUB MANAGER KRIS THOMPSON  
(603) 474 - 7474  
SEABROOK, NH

11/19/13 13:57 8579 6337 063 1267  
TOWN COUNTRY VENDING

|                                |          |
|--------------------------------|----------|
| ** ITEM PACKAGE 48580211754 ** |          |
| 4 @ 10.46                      | 41.84 N  |
| 686096 KODAK 24X36             | ** 41.84 |
| ** PACKAGED PRICE 41.84        | 41.84    |
| SUBTOTAL                       | 41.84    |
| TOTAL                          | 41.84    |
| DEBIT TEND                     | 0.00     |
| CHANGE DUE                     |          |

EFT DEBIT 41.84 PAY FROM PRIMARY  
ACCOUNT # TOTAL PURCHASE  
NETWORK ID. 0082 APPR CODE 441006 S  
TERMINAL # M068322

Visit [samsclub.com](http://samsclub.com) to see your savings

# ITEMS SOLD 1



Please tell us about your shopping experience  
<http://www.survey.samsclub.com>

IN RETURN FOR YOUR TIME YOU COULD RECEIVE  
ONE OF FIVE \$1,000 SAM'S CLUB SHOPPING CARDS  
Must be 18 or older and a legal resident of the 50 US or  
DC to enter. No purchase necessary to enter or win. To  
enter without purchase and for official rules visit:  
[www.entry.survey.samsclub.com](http://www.entry.survey.samsclub.com)

Sweepstakes period ends on the date shown in the  
official rules. Survey must be taken within  
TWO weeks of today.  
Esta encuesta también se encuentra en español en la  
página de Internet.



# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 1/14/14

Name of Individual Being Reimbursed: Donna Holaday

Committee Name: Committee to Elect Donna Holaday

CPF ID Number (if applicable): 300 33 0033 Telephone Number (optional):                     

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid     | Vendor Name           | Vendor Address                 | Purpose of Expenditure | Amount       |
|---------------|-----------------------|--------------------------------|------------------------|--------------|
| <u>1/4/14</u> | <u>Tom's Discount</u> | <u>RT 110<br/>Salisbury MA</u> | <u>inaugural</u>       | <u>53.55</u> |
|               |                       |                                |                        |              |
|               |                       |                                |                        |              |
|               |                       |                                |                        |              |
|               |                       |                                |                        |              |

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 53.55

Line 2: Expenditures \$50 or under (not itemized):                     

Line 3: TOTAL AMOUNT REIMBURSED: 53.55

ch #  
327

Signed under the penalties of perjury:

Becky Hall  
Signature of Candidate / Treasurer

Date: 1/14/14

Please prepare a separate report for each reimbursement check issued by the committee.

TOM'S  
DISCOUNT  
STORE

REG 01-04-2014  
CATHLEEN 000016

|               |    |         |
|---------------|----|---------|
| 1 CRAFT&SCRAP |    |         |
| T1            |    | \$0.99  |
| 1 CRAFT&SCRAP |    |         |
| T1            |    | \$0.50  |
| 8 HOUSEWARES  |    |         |
| T1            |    | \$47.92 |
| 1 TOOLS       | T1 | \$0.99  |
| TX1           |    | \$3.15  |
| TL            |    | \$53.55 |
| CASH          |    | \$60.00 |
| CG            |    | \$6.45  |

THIS RECEIPT REQUIRED  
FOR RETURN  
NO REFUNDS



# Form CPF R 1: Itemization of Reimbursements

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of Massachusetts

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

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|                                                           |                                                          |
|-----------------------------------------------------------|----------------------------------------------------------|
|                                                           | Date of Reimbursement: <u>1/14/14</u>                    |
| Name of Individual Being Reimbursed: <u>Lois Honegger</u> |                                                          |
| Committee Name: <u>Committee to Elect Donna Holsclaw</u>  |                                                          |
| CPF ID Number (if applicable): <u>300 33 0033</u>         | Telephone Number (optional): <u>                    </u> |

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid     | Vendor Name  | Vendor Address               | Purpose of Expenditure    | Amount |
|---------------|--------------|------------------------------|---------------------------|--------|
| <u>1/6/14</u> | <u>Shaws</u> | <u>45 Stary Ave<br/>Nbrt</u> | <u>inagural reception</u> |        |
|               |              |                              |                           |        |
|               |              |                              |                           |        |
|               |              |                              |                           |        |
|               |              |                              |                           |        |
|               |              |                              |                           |        |

(Include items listed on Page 2) →

*pdf  
ch #  
324*

|                                                          |              |
|----------------------------------------------------------|--------------|
| Line 1: Expenditures in excess of \$50 (itemized above): |              |
| Line 2: Expenditures \$50 or under (not itemized):       | <u>45.99</u> |
| <b>Line 3: TOTAL AMOUNT REIMBURSED:</b>                  | <u>45.99</u> |

Signed under the penalties of perjury:

Beth L. Blay Hall  
Signature of Candidate / Treasurer

Date: 1/14/14

Please prepare a separate report for each reimbursement check issued by the committee.





"You're in for something fresh."

46 STOREY AVE.  
NEWBURYPORT, MA 01950  
Phone # (978) 462-7121  
Store Director - Liam Flanagan

Customer: Laraine

01/05/14

15:21:38

BAKERY:

|                |           |       |     |
|----------------|-----------|-------|-----|
| FL. SHT CK 1/2 | 411448366 | 45.99 | F   |
| SUATO          |           | 45.99 |     |
| TOTAL          | TAX       |       | .00 |

|              |              |       |  |
|--------------|--------------|-------|--|
| <b>TOTAL</b> | <b>45.99</b> |       |  |
| Cash         | TENDER       | 50.00 |  |
| Cash         | CHANGE       | 4.01  |  |

NUMBER OF ITEMS 1

|          |          |         |             |
|----------|----------|---------|-------------|
| Trx: 286 | Open: 04 | Term: 1 | Store: 7491 |
| 01/05/14 |          |         | 15:21:49    |

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