



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
CITY CLERK'S OFFICE
NEWBURYPORT, MA

File with:

City or Town Clerk or Election Commission Please print or type all information, except signatures.

2013 DEC -5 P 2:56

Fill in dates: Reporting Period Beginning 10/28/2013 Ending 12/5/2013

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

Steven P. Cole
Full Name of Candidate (if applicable)
School Committee Newburyport
Office Sought and District
8 Hallisey Dr
Residential Address
(978) 462-8805
Tel. No. (optional)

Committee to Elect Steven P. Cole
Committee Name
Sylvia Cole
Name of Committee Treasurer
8 Hallisey Dr
Committee Mailing Address
(978) 462-8805
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>102.82</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>195.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>297.82</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>272.18</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>25.64</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>The 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:

Spa Cole
Treasurer's signature (in ink)

12-5-2013
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:

[Signature]
Candidate signature (in ink)

12/5/2013
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.

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
Line 9: Total receipts in excess of \$50 (or listed above)				
Line 10: Total receipts \$50 and under* (not listed above)		\$ 195	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$ 195	00	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.

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	Amount	
11/4/2013	Steven P. Cole	8 Hillisay Dr. Newburyport, MA	Reimbursement See Form CPF R1	\$	95.31
12/5/2013	Steven P. Cole	8 Hillisay Dr. Newburyport, MA	Reimbursement See Form CPF R1	\$	176.87
Line 12: Expenditures over \$50				\$	0
Line 13: Expenditures \$50 and under				\$	272.18
Line 14: TOTAL EXPENDITURES				\$	272.18

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.



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
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

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.

Name of Individual Being Reimbursed: Steven P. Cole
 Committee Name: Committee to Elect Steven P. Cole CPF ID #: 41-2181565
 Amount of Reimbursement: \$ 95.31
 Date of Reimbursement: 11/4/2013

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
Expenditures in excess of \$50 (listed above)				
Expenditures \$50 and under (not listed above)			95	31
TOTAL AMOUNT REIMBURSED			95	31

Signed under the penalties of perjury:

Spa Cole 11-4-2013
 Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.



**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
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

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.

Name of Individual Being Reimbursed: Steven P. Cole
 Committee Name: Committee to Elect Steven P. Cole CPF ID #: 41-2181565
 Amount of Reimbursement: \$ 176.87
 Date of Reimbursement: 12/5/2013

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
Expenditures in excess of \$50 (listed above)				Ø
Expenditures \$50 and under (not listed above)			176	87
TOTAL AMOUNT REIMBURSED			176	87

Signed under the penalties of perjury:

Spa Cole 12-5-2013
 Signature of Candidate/Treasurer Date

Please use a separate sheet for each reimbursement check issued.

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
Enter on page 1, line 6			Line 15: In-kind over \$50	0
			Line 16: In-kind \$50 and under	0
			Line 17: Total In-kind	0

* 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
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	0