



Commonwealth  
of Massachusetts

**Form CPF M101 : STATEMENT OF ORGANIZATION  
CANDIDATE'S COMMITTEE  
MUNICIPAL FORM**  
Office of Campaign and Political Finance

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

1. Committee Name: Committee to elect Mike Doyle Selectman Town Newbury  
(The name of the committee must include the candidate's last name)

2. Committee Address: 6 Morgan Av. Newbury, MA 01951

2a. Mailing Address: 6 Morgan Av. Newbury, MA 01951

3. Purpose:

4. Officers:

Chairman:

Name: Michael Doyle Residential Address: 6 Morgan Av. Newbury MA 01951 Zip: 01951 Tel. No.: 978-813-5010

Treasurer:

Leslie Doyle - 6 Morgan Av. Newbury MA 01951 978-4659387

Other officer:

no

Other officer:

no

Attach additional page, if necessary, with other officers and finance committee, if any

5. Candidate:

Michael G Doyle - 6 Morgan Av Newbury MA 01951 978-813-5010

6. Office Sought:

Name: Selectman - Town of Newbury Address: MA - Essex County Zip: MA Tel. No.:   
Title:  District:  Party affiliation, if applicable:

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Michael Doyle  
Candidate's signature

1-7-13  
Date

I hereby accept the office of treasurer of the above-named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

AS Doyle  
Treasurer's signature

1-7-13  
Date

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Michael Doyle  
Chairman's signature

1-7-13  
Date





Commonwealth  
of Massachusetts

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

DOE 4-12-13

File with:

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

Fill in dates:

Reporting Period Beginning Mar 12 2013 Ending Apr 12 2013

Type of report: (Check one)

☒ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

Mike Doyle

Full Name of Candidate (if applicable)

Selection - Punish Newbury

Office Sought and District

6 Morgan Ave

Residential Address

Newbury, Ma 01951

Tel. No. (optional)

Committee to Elect Mike Doyle

Committee Name

US Doyle

Name of Committee Treasurer

6 Morgan Ave

Committee Mailing Address

Newbury Ma 01951

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ -0-  
Line 2: Total receipts this period (page 2, line 11) \$ 1565.00  
Line 3: Subtotal (line 1 plus line 2) \$ 1565.00  
Line 4: Total expenditures this period (page 3, line 14) \$ 1423.00  
Line 5: Ending balance (line 3 minus line 4) \$ 142.00  
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 Newburyport Savings Bank

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:

US Doyle  
Treasurer's signature (in ink)

April 12-2013  
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:

Candidate signature (in ink)

Date





Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

~~DEC 24 JAN 20 2014~~

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

## Fill in dates:

Reporting Period Beginning Month 04 Date 13 Year 2013 Ending Month April Date 22 Year 2013

## Type of report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

Full Name of Candidate (if applicable)

Office Sought and District

Residential Address

Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

## SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 142.00  
Line 2: Total receipts this period (page 2, line 11) \$ 520.00  
Line 3: Subtotal (line 1 plus line 2) \$ 662.00  
Line 4: Total expenditures this period (page 3, line 14) \$ 339.20  
Line 5: Ending balance (line 3 minus line 4) \$ 323.00  
Line 6: Total in-kind contributions this period (page 4) \$ 0  
Line 7: Total (all) outstanding liabilities (page 4) \$ 0  
Line 8: Name of bank(s) used Newburyport Savings Bank

## 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 (in ink)

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:

Candidate signature (in ink)

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)
4/17/13	Grillo, John 35 Green Tree Ln - Newbury Ma	250.00	Newbury Animal Hospital Veterinarian - Owner
4/17/13	Kozzacki - Matt 110 High St Newbury Ma	70.00	Tendercrop Farm Owner
4/18/13	Porter Richard 54 Andover St Andover Ma	200.00	Self
Line 9: Total receipts in excess of \$50 (or listed above)		520.00	
Line 10: Total receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		520.00	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 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)		41565.00	
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		41565.00	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.

*Handwritten signature: B. D. [unclear]*



## 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
4/19/13	Amsterdam Print	PO Box 580 Amsterdam, NY	giveaway pens & election dates	124.00
4/22/13	UNBP Radio	6 Federal St Newburgh, NY	air time prior to	215.00
Line 12: Expenditures over \$50				339.00
Line 13: Expenditures \$50 and under*				0
Line 14: TOTAL EXPENDITURES				339.00

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.

## 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.

[illegible]

Enter on page 1, line 4

Line 13 should include only those expenditures not



### 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	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

\* 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)	

May 4-12-13



### 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	
			Line 16: In-kind \$50 and under	
			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

SCHEDULE A RECEIPTS	NAME AND	RESIDENTIAL ADDRESS	AMOUNT	OCCUPATION AND EMPLOYER
DATE RECEIVED				
2/13/13	BELINSKY, ILENE	37 ROCKLAND DR. BROCKTON, MA 02301	\$100	SUPPORTER DONATION CK 3019
3/11/13	CARPENTER, EDWARD	19 RIVERVIEW DR. NEWBURY, MA 01951	\$20	SUPPORTER DONATION CK 8255
2/2/13	DAWSON, CAROLYN	83 HIGH RD. NEWBURY, MA 01951	\$20	SUPPORTER DONATION CK 4199
2/7/13	DOYLE, JEAN	20 ROLFES LANE, NEWBURY, MA 01951	\$50	SUPPORTER DONATION CK 1826
1/9/13	DOYLE, LESLIE	6 MORGAN AVE, NEWBURY, MA 01951	\$50	SUPPORTER CASH DONATION WIFE
3/25/13	DOYLE, LESLIE	6 MORGAN AVE, NEWBURY, MA 01951	\$40	SUPPORTER CASH DONATION WIFE
2/19/13	FOGEL, BARRY	4 UPLAND LN W NEWBURY, MA 01951	\$100	SUPPORTER DONATION CK 1570
1/31/13	GUSTAFSON, TODD	22 ROLFES LANE, NEWBURY, MA 01951	\$100	SUPPORTER DONATION CK 1749
4/10/13	HALL, DAVID	TANNERY: 75 WATER ST, NEWBURYPORT, MA 01950	\$100	SUPPORTER DONATION CK 1183
2/19/13	HEBBEL, BLAINE	108 HIGH ST, IPSWICH, MA	\$50	SUPPORTER CASH DONATION
2/19/13	KUDER, LUANN	5 HANOVER DR. NEWBURY, MA 01951	\$25	SUPPORTER DONATION CK 3104
3/2/13	MCNEAL, JANE	3 43RD ST. NEWBURY, MA 01951	\$25	SUPPORTER DONATION CK 124
2/1/13	METCALF, NICHOLAS	PO BOX 758, NEWBURYPORT, MA 01950	\$150	SUPPORTER DONATION CK 4321
4/3/13	METCALF, VIVIANNE	PO BOX 758, NEWBURYPORT, MA 01950	\$100	SUPPORTER DONATION CK 4395
3/25/13	NOLAN, ALYSSA	160 SOUTH NORWOOD HILL, LONDON UK	\$90	SUPPORTER CASH DONATION DAUGHTER
3/12/13	OWEN, HUGO AND SALLY	60- HIGH RD. NEWBURY, MA 01951	\$100	SUPPORTER DONATION CK
3/11/13-	PERKINS, RAY	WASHINGTON ST. NEWBURYPORT, MA 01950	\$25	SUPPORTER DONATION CK 3870
3/5/13	PIERCE, RUSSELL AND MARSHA	63 HIGH RD, NEWBURY, MA 01951	\$20	SUPPORTER DONATION CK 9294
2/2/13	PURINTON, JOANNE	36 MAIN ST. BYFIELD, MA	\$100	SUPPORTER DONATION CK 11507
3/26/13	PURINTON, RICHARD	36 MAIN ST, BYFIELD, MA	\$100	SUPPORTER DONATION CK 11548

Submitted: O'Day  
4-12-13



DATE RECEIVED	NAME AND	RESIDENTIAL ADDRESS	AMOUNT	OCCUPATION AND EMPLOYER
				CONTRIBUTIONS OF \$200 OR MORE
2/7/13	ROY, MICHAEL	2 LITTLE'S LANE, NEWBURYMA 01951	\$25	SUPPORTER DONATION CK 3654
2/5/13	SMITH, EUGENE	49 SOUTHERN BLVD. NEWBURY, MA 01951	\$25	SUPPORTER DONATION CK 1304
4/3/13	SYKE, VIRGINIA	38 OLD PINE ISLAND RD. NEWBURY, MA 01951	\$50	SUPPORTER DONATION CK 244
2/26/13	WENNICK, JOSEPH	2 BLACK DUCK CIRCLE, NEWBURY, MA 01951	\$50	SUPPORTER DONATION CK 2287
1/29/13	WHITE, ALEXANDER	167 ELM ST. BYFIELD, MA	\$50	SUPPORTER DONATION CHECK
LINE 9	TOTAL RECEIPTS IN EXCESS OF \$50 *(OR LISTED ABOVE)		\$1,565	
LINE 10	TOTAL RECEIPTS \$50 AND UNDER *(NOT LISTED ABOVE)			
LINE 11	TOTAL RECEIPTS IN THE PERIOD		\$1,565.00	

Submitted 4-12-13  
 V. Doyle

Schedule B

DATE PAID	TO WHOM PAID	ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
3/27/13	3 TOWNS/CITIES		PAYOUT CK 116 DEMOCRATIC BREAKFAST.	\$25
3/2/13	AGAVE RESTAURANT	STATE ST NEWBURYPORT, MA	REPAY SELF 1ST BANK AGAVE REST. NEWBURYPORT, MA	\$83.23
			STEVE SMITH, PAT MAHONEY, CHERYL MAHONEY PAY BACK CK 131	
2/4/13	MINUTE MAN PRESS	RT 1A	PAYOUT on loan from personal acct CK 101	\$123.64
2/11/13	MINUTE MAN PRESS	RT 1A; NEWBURY, MA	PAYOUT ck 103 STATIONERY	\$43.85
2/21/13	MINUTE MAN PRESS	RT 1A; NEWBURY, MA	PAYOUT CK 107 HAND OUT CARDS	\$206.30
3/18/13	MINUTE MAN PRESS	RT 1A; NEWBURY, MA	PAYOUT MINUTE MAN PRESS CK 110 HANDOUT CARDS	\$65.98
1/23/13	NEWBURYPORT BANK	RT 1A; NEWBURY, MA	START UP COMMITTEE ACCOUNT PAYOUT FEE FOR CHECKS MADE	\$31.70
4/12/13	MINUTE MAN PRESS	RT 1A; NEWBURY, MA	PAYOUT MINUTE MAN PRESS CK 113 HANDOUT CARDS	\$81
2/21/13	STAPLES	SEABROOK, NH	PAYOUT SUPPLIES RECEIPT ATTACHED ck 104	\$16.08
2/21/13	STAPLES	SEABROOK, NH	PAYOUT BUSINESS CARDS HAND OUT ck 105	\$49.98
3/1/13	U.S.Post Office	HIGH RD. NEWBURY, MA	PAYOUT STAMPS CK 108	\$46.00
3/11/13	U.S.Post Office	HIGH RD. NEWBURY, MA	PAYOUT STAMPS	\$46.00
2/4/13	U.S.Post Office	NEWBURYPORT, MA	PAYOUT STAMPS CK 101	\$44
2/11/13	U.S.Post Office	HIGH RD. NEWBURY, MA	PAYOUT ck 102 stamps	\$46
3/1/13	U.S.Post Office	PLEASANT ST. NEWBURYPORT, MA	PAYOUT STAMPS ck106	\$46.00
3/19/13	U.S.Post Office	PLEASANT ST. NEWBURYPORT, MA	PAYOUT STAMPS CK 109	\$47
3/21/13	VOGEL SIGNS	LAWRENCE, MA	PAYOUT VOGEL PRINT CK 112 LAWN SIGNS	\$175
3/24/13	VOGEL SIGNS	LAWRENCE, MA	PAYOUT VOGEL CK 114 LAWN SIGNS	\$100
3/24/13	VOGEL SIGNS	LAWRENCE, MA	PAYOUT VOGEL CK 115 LAWN SIGNS	40.56
4/5/13	VOGEL SIGNS	LAWRENCE, MA	PAYOUT VOGEL CK ??? LAWN SIGNS	\$106
			<b>TOTAL EXPENSES</b>	<b>\$1,423</b>

Submitted 4/12/13

U2 Day 2





# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

**Fill in dates:**

Reporting Period Beginning Month 06 Date 01 Year 2013 Ending Month 12 Date 31 Year 2013

**Type of report: (Check one)**

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

Full Name of Candidate (if applicable)

Mike Doyle

Office Sought and District

Selectman - Newbury MA

Residential Address

6 Morgan Ave Newbury MA 01951

978-873-5010

Tel. No. (optional)

Committee Name

Leslie Doyle

Name of Committee Treasurer

6 Morgan Ave

Committee Mailing Address

Newbury MA 01951

Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report \$ 265.37

Line 2: Total receipts this period (page 2, line 11) \$ 0

Line 3: Subtotal (line 1 plus line 2) \$ 265.37

Line 4: Total expenditures this period (page 3, line 14) \$ 256.80

Line 5: Ending balance (line 3 minus line 4) \$ 8.57

Line 6: Total in-kind contributions this period (page 4) \$ - 0 -

Line 7: Total (all) outstanding liabilities (page 4) \$ 0 -

Line 8: Name of bank(s) used Newburyport Five Bank

**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 (in ink)

[Signature]

Date

12/10/13

**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:

Candidate signature (in ink)

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)
6/15/13	Staples		
Line 9: Total receipts in excess of \$50 (or listed above)			Enter on page 1, line 2
Line 10: Total receipts \$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.

**Page 2**



## 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	
6/13/13	Staples	Liberty Tree Mall Dorchester MA	Office Supplies	182	60
6/14/13	Nesbury Library	Burlington MA	Donation	25	—
6/26/13	Michael Doyle	6 Morgan Ave Nesbury MA	Payback to Candidate	60	—
Line 12: Expenditures over \$50					
Line 13: Expenditures \$50 and under*					
Line 14: TOTAL EXPENDITURES			267	60	

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.

### 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