

Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE

MUNICIPAL FORM

Office of Campaign and Political Finance

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14 DEC 29 PM 3: 51

File with:

City or Town Clerk or Election Commission

NEWBUR FOWN GLERK

	Please pr	rint or type all information, except	t signatures	
NOTICE IS HEREBY candidate's committee	GIVEN in accordance with as follows:	th the provisions of General Law	s, Chapter 55, as amended, of the org	anization of a
1. Committee Nam	e: GEORGE (The name of the committed)	E MORSE tee must include the candidate's last name	COMMITTEE	
2. Committee Addr	ess: 6 COLBY	LANE NEWS	ORY MA 0192.	2
2a. Mailing Addres	S: 6 COLBY	LAME MEW	BURY MA 0192	Į.
3. Purpose:			- Fund Raising	
4. Officers: Chairman:	Name	Residential Address	Zip Tel No. 978	462-0123
Treasurer:			NEWBURY MA OF	
Other officer:				
Other officer:				
	Attach additional page, if	necessary, with other officers and finance		
5. Candidate:	GEORGE E 1	MORSE 11 COLEY.	LANE NEWBURY M	255-2182
6. Office Sought:	Name SELECTMAN	Address	Zip Tel. No.	
	Title	District	Party affiliation, if applicab	le
	organization of more the detailed accounts and relevant election. SIGNED UNDER THE	nan one committee on his/her beha	rstand that a candidate shall not give of alf. I am aware that candidates are receivity for a period of six years from the candidates are receivity for a period of six years from the candidates are receivity for a period of six years from the candidates are received as a second six years.	uired to keep
	Candidate's signature		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:

Treasurer's signature

12/29/14 Date

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature

12/29/14 Date



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: Jan 1,	1, 2015 Ending Date: Jan 31, 2015					
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution					
George E Morse	George E Morse Committee					
Candidate Full Name (if applicable)	Committee Name					
Selectman, Town of Newbury	Thomas Freund					
Office Sought and District	Name of Committee Treasurer					
11 Colby Lane, Newbury MA 01922	6 Colby Lane, Newbury MA 01922					
Residential Address	Committee Mailing Address					
Telephone Number (optional):	Telephone Number (optional):					
SUMMARY BALANC	CE INFORMATION:					
Line 1: Ending Balance from previous report	633.44					
Line 2: Total receipts this period (page 3, line 11)	0					
Line 3: Subtotal (line 1 plus line 2)	633.44					
Line 4: Total expenditures this period (page 5, line	ne 14)					
Line 5: Ending Balance (line 3 minus line 4)	533.44					
Line 6: Total in-kind contributions this period (page	age 6) 0					
Line 7: Total (all) outstanding liabilities (page 7)	200					
Line 8: Name of bank(s) used: TD Bank						
Affidavit of Committee Treasurer: 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:						
	(Candidate's signature) Date: Jan 31, 2015					

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 of more)
<u> </u>			
			*
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11. TOTAL D	ECEIPTS IN THE PERIOD		
me II. IUIAL K	ECER IS IN THE FERIOD	0	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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Recei	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← 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 (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/17/15	Thriftco Printing	26 Howley Street Peabody MA 01960	deposit for postcard printing	10
		Line 12: Total Expenditures Line 13: Total Expenditures	over \$50 (or listed above) \$50 and under* (not listed above)	100
	Enter on page 1, line 4 →		ITURES IN THE PERIOD	100

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		,		
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	under* (not listed above)	
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
				[
		;-			
Line 15: In-Kind Contributions over \$50 (or listed above)					
	Line 16: In-Kind Contributions \$50 & under (not listed above)				
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	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.

Page 6

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
Dec 29, 2014	George E Morse	11 Colby Lane Newbury MA 01922	Campaign Loan	200
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	200



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

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15 MAR 10 PH 3: 19

Fill in Reporting Period dates: Beginning Date: Fel	File with: City of Town Clerk or Election Commission o 1, 2015 Ending Date: Mar 9, 2015
This is reporting Fortest dates. Beginning Bate.	2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	⊠ 30 day after election
George E Morse	George E Morse Committee
Candidate Full Name (if applicable)	Committee Name
Selectman, Town of Newbury	Thomas Freund
Office Sought and District	Name of Committee Treasurer
11 Colby Lane, Newbury MA 01922	6 Colby Lane, Newbury MA 01922
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALAN	ICE INFORMATION:
Line 1: Ending Balance from previous report	533.44
Line 2: Total receipts this period (page 3, line 1	1) 100
Line 3: Subtotal (line 1 plus line 2)	633.44
Line 4: Total expenditures this period (page 5,	line 14) 486.05
Line 5: Ending Balance (line 3 minus line 4)	147.39
Line 6: Total in-kind contributions this period (page 6) 0
Line 7: Total (all) outstanding liabilities (page	7) 200
Line 8: Name of bank(s) used: TD Bank	
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kir finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 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 activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report Candidate without Committee OR Candidate with independent activity filing	(Treasurer's signature) Date: 3 / O Ze (55) Date: 55. Date: 55.
finance activity, including contributions, loans, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority or on behalf of	_
Signed under the penalties of perjury:	(Candidate's signature) 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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
Feb 2, 2015	Dr & Mrs Richard A Moss 118 Caldwell Farm Drive Byfield MA 01922	100	
ine 9: Total Rece	ipts over \$50 (or listed above)	100	
ine 10: Total Rece	eipts \$50 and under* (not listed above)		
ine 11: TOTAL l	RECEIPTS IN THE PERIOD	100	← 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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Recei	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← 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.)

I	To Whom Paid	mittee name and a page number or	10/	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Date I alu	(alphabetical listing)	Address	Turpose of Expenditure	Amount
Feb 1, 2015	Harland Clarke ACH debit TD Bank	33 Low Street, Newburyport MA	Account Checks	49.08
Feb 10, 2015	TD Bank	33 Low Street, Newburyport MA	Account Maintenance Fee	5.99
Feb 10, 2015	TD Bank	33 Low Street, Newburyport MA	Account Paper Statement Fee	1
Feb 17, 2015	George E Morse	11 Colby Lane Byfield MA 01922	Reimbursement for payments to Thriftco Printing United States Postal Service See CPF R 1	429.98
		Line 12: Total Expenditures ov	1	486.05
		Line 13: Total Expenditures \$50	-	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	486.05

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid		_	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and under* (not listed above)		
	Enter on mage 1 lims 4	Line 14: TOTAL EXPENDIT		
			ould include only those expenditure	

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value	
		Line 15: In-Kind Contributions	over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line $6 \rightarrow$	5 → Line 17: TOTAL IN-KIND CONTRIBUTIONS 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.

Page 6

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
Dec 29, 2014	George E Morse	11 Colby Lane Byfield MA 01922	Campaign Loan	200
	Enter on page 1, line 7 -	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	200



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: Dec	29, 201	4 Ending Date: Dec 31, 2014
Type of Report: (Check one) Bth day preceding preliminary 8th day preceding election	30 0	day after election 🗵 year-end report 🔲 dissolution
George E Morse	Geo	orge E Morse Committee
Candidate Full Name (if applicable)	1 1	Committee Name
Selectman, Town of Newbury	Thor	mas Freund
Office Sought and District		Name of Committee Treasurer
11 Colby Lane, Newbury MA 01922	6 Co	olby Lane, Newbury MA 01922
Residential Address		Committee Mailing Address
Telephone Number (optional):	Teleph	hone Number (optional):
SUMMARY BALANC	CE INF	FORMATION:
Line 1: Ending Balance from previous report		О
Line 2: Total receipts this period (page 3, line 11)	1,000
Line 3: Subtotal (line 1 plus line 2)		1,000
Line 4: Total expenditures this period (page 5, lin	ne 14)	366.56
Line 5: Ending Balance (line 3 minus line 4)		633.44
Line 6: Total in-kind contributions this period (pa	age 6)	0
Line 7: Total (all) outstanding liabilities (page 7)		200
Line 8: Name of bank(s) used: TD Bank		
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be 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 activity, of all persons acting under the authority or on behalf of this committee in activity, of all persons acting under the authority or on behalf during this reporting Candidate without Committee OR Candidate with independent activity filing set	e best of mecordance veg period.	ons and liabilities for this reporting period and represents the campaign ce with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: // , 2015 by knowledge and belief, a true and complete statement of all campaign finance with the requirements of M.G.L. c. 55. I have not received any contributions,
I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of the	e best of my	y knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury:	u	(Candidate's signature) Date: 1/31, 2015

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
Dec 29, 2014	Robert D Connors 39 Fordham Way Newbury MA 01922	500	President, R D Construction Corporation, Beverly MA
Dec 29, 2014	Thomas Freund 6 Colby Lane Newbury MA 01922	100	
Dec 29, 2014	George E Morse 11 Colby Lane Newbury MA 01922	200	None
Dec 29, 2014	Joan N Morse 11 Colby Lane Newbury MA 01922	200	None
Line 9: Total Recei	ipts over \$50 (or listed above)	1,000	
Line 10: Total Rece	eipts \$50 and under* (not listed above)	0	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	1,000	← 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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	1,000	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.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Dec 30, 2014	Thriftco Printing	26 Howley Street Peabody MA 01960	60 campaign signs	366.5

		Line 12: Total Expenditures	L P	366.5
			\$50 and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPEND	DITURES IN THE PERIOD	366.

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
]		
				-
				1
		Line 12: Expenditures over \$	550 (or listed above)	
		Line 13: Expenditures \$50 and under* (not listed above)		
	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 on page 1.

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

^{*} 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.

Page 6

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
Dec 29, 2014	George E Morse	11 Colby Lane Newbury MA 01922	Campaign Loan	200
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	200



Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

of Massachusetts		File with: City	or Town Clerk of Election Commission
Fill in Reporting Period dates: Beginning Date:	ar 10, 2015		c 10, 2015
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	1 30 day	after election year-e	end report 🛛 dissolution
George E Morse	George	E Morse Committee	
Candidate Full Name (if applicable)		Committee	Name
Selectman, Town of Newbury	Thomas	Freund	
Office Sought and District		Name of Committee	ee Treasurer
11 Colby Lane, Newbury MA 01922	6 Colby	Lane, Newbury MA 01922	
Residential Address		Committee Mailin	ng Address
Telephone Number (optional):	Telephone	Number (optional):	
SUMMARY BALA	NCE INFO	RMATION:	
Line 1: Ending Balance from previous report			147.39
Line 2: Total receipts this period (page 3, line	11)		О
Line 3: Subtotal (line 1 plus line 2)			147.39
Line 4: Total expenditures this period (page 5,	line 14)		147.39
Line 5: Ending Balance (line 3 minus line 4)			0
Line 6: Total in-kind contributions this period	(page 6)		0
Line 7: Total (all) outstanding liabilities (page	7)		O
Line 8: Name of bank(s) used: TD Bank			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in-ki finance activity of all persons acting under the authority or on behalf of this committee Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check is a cativity, of all persons acting under the authority or on behalf of this committee I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report. Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disbursem campaign finance activity of all persons acting under the authority or on behalf of this committee.	ind contributions a e in accordance wi 1 box only) the best of my kn n accordance with ting period. g separate report the best of my kn ents, in-kind contr	ind liabilities for this reporting period the requirements of M.G.L. c. 55 (Treasurer's signature) owledge and belief, a true and compute requirements of M.G.L. c. 55. It is owledge and belief, a true and compute requirements of m.G.L. c. 55. It is owledge and belief, a true and compute owledge and belief, a true and compute owledge and belief, a true and computions and liabilities for this report	Date: / L/L/// Date: / L/L/// plete statement of all campaign finance I have not received any contributions, plete statement of all campaign printing period and represents the
Signed under the penaltics of perjury:		(Candidate's signature)	Date: 12/21/15

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
			10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
100			M-00-141.
			44
11.11			- 10 10 10 10 10 10 10 10 10 10 10 10 10
•			
J			
ine 9: Total Recei	pts over \$50 (or listed above)	0	
ine 10: Total Dassi	ipts \$50 and under* (not listed above)	0	
Total Rece	ipis \$50 and under (not listed above)		
ine 11. TOTAL R	RECEIPTS IN THE PERIOD	0 €	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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			41.4
ine 9: Total Receip	ts over \$50 (or listed above)	0	
ne 10: Total Recei	ots \$50 and under* (not listed above)	0	
44 50517 51	ECEIPTS IN THE PERIOD	0 ←	- 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 (alphabetical listing)	Address	Duwnose of Evnenditure	Amount
Date Faiu			Purpose of Expenditure	Amount
Mar 10, 2015	TD Bank	33 Low Street, Newburyport MA	Account Maintenance Fee	5.99
Mar 10, 2015	TD Bank	33 Low Street, Newburyport MA	Account Paper Statement Fee	
Mar 12, 2015	George E Morse	11 Colby Lane Byfield MA 01922	Partial payment of loan by payee to campaign	140.40
211 - 212, 1				
-				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	147.39
		Line 13: Total Expenditures \$50	and under* (not listed above)	0
	Enter an use 1 1lm 4 x	Line 14: TOTAL EXPENDIT	LIDES IN THE BEDIOD	147.39

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

Data Bald	To Whom Paid	Addison	D	A 0 4
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			7	
		Line 12: Expenditures over \$50	(or listed above)	147.39
		Line 13: Expenditures \$50 and u		
				147.30
		Line 14: TOTAL EXPENDIT r, include them in line 12. Line 13 sl		147.39

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address Description of C	ontribution Value
		Line 15: In-Kind Contributions over \$50 (or listed	above)
		Line 16: In-Kind Contributions \$50 & under (not 1	
		Total Solution poo & under (little	

^{*} 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.

Page 6

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
Dec 29, 2014	George E Morse	11 Colby Lane Byfield MA 01922	Campaign Loan	59.60
			balance forgiven and discharged	-59.60
	Enter on page 1, line 7	→ Line 18: TOTAL OUTST	ANDING LIABILITIES (ALL)	0.00



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

15 MAR 10 PM 3: 19

MEMBORY TOWN BLICK

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: Feb 17, 2015		
Name of Individ	ual Being Reimbursed:	George E M	orse			
Committee Name: George E Mo			orse Committee			
CPF ID Number (if applicable):		Telephone Number (optional):				
		ITEMIZ	E EXPENDITURES IN EXCESS	S OF \$50		
Date Paid	Vendor Nar	ne	Vendor Address	Purpose of Expenditure	Amount	
Jan 26, 2015	Thriftco Printing		26 Howley Street Peabody MA 01960	Balance due: campaign postcards, mailing labels and artwork	\$208.98	
Jan 26, 2015	United States Post Off	fice	Byfield Post Office Byfield MA 01922	Campaign postage stamps	\$221.00	
(Include items listed on Page 2) I			Line 1: Expenditures in excess of \$50 (itemized above):		429.98	
			Line 2: Expenditures \$50 or under	(not itemized):		
			Line 3: TOTAL AMOUNT REI	MBURSED:	429.98	
Signed under the	e penalties of perjury: Signatu	oues d	News ate / Treasurer	Date:	3/10/2015	

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
		Page 2 Total (add to Line 1 on Pag	e 1):	