



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED  
21 DEC -9 PM 2:04

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2021 Ending Date: 12/31/2021

## Type of Report: (Check one)

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

Elaine A. Byrne Candidate Full Name (if applicable)	
Board of Health Office Sought and District	Committee Name
146 Northern Blvd Residential Address	Name of Committee Treasurer
E-mail: jmesco@comcast.com	Committee Mailing Address
Phone # (optional): 508-984-5994	E-mail:
	Phone # (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	0
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)	0
Line 8: Name of bank(s) used: none	

### 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

☐ 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 that are not otherwise disclosed in this report.

#### Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Elaine A. Byrne (Candidate's signature) Date: 12/8/2021



## Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

Newbury

Please print or type all information, except signatures.

(MM/DD/YYYY)

(MM/DD/YYYY)

☒ 20th day of January (Year-End report)

1. I certify that I am a candidate for or currently hold Municipal Office.

2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.



## Municipal Form

Office of Campaign and Political Finance

Please print or type all information, except signatures.

Neubury

## Beginning:

1.6.21

(MM/DD/YYYY)

## Ending:

12.2.21

NEWBURY (NM/BD/XYX)

☐ 8th day preceding preliminary/primary

8th day preceding election

☐ 30th day following election (town or special)

☒ 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]



# Municipal Form

Office of Campaign and Political Finance

Please print or type all information, except signatures.

Newbury, MA

### Beginning:

(MM/DD/YYYY)

### Ending:

12/31/2021 (MN)

(MM/DD/YYYY)

THE WINDOW

Type of Report: (Check One)

☐ 8th day preceding preliminary/primary☒ 8th day preceding election☒ 30th day following election (town or special)

☒ 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55;

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]



## Office of Campaign and Political Finance

22 20 19 18 17 16

Newbury

Beginning: 01/1/2021

(MM/DD/YYYY)

12/31/2021

(MM/DD/YYYY)

Type of Report: (Check One)

☐ 8th day preceding preliminary/primary ☐ 8th day preceding election ☐ 30th day following election (town or special) ☒ 20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]



CCU 12/5/21  
3:38 pm

Please print or type all information, except signatures.

Reporting Period: Beginning: 01/01/2021

Ending: 12/31/2021

(MM/DD/YYYY)

☐ 30th day following election (town or special)

☒ 20th day of January (Year-End report)

1. I certify that I am a candidate for or currently hold Municipal Office.
2. I certify that I have not received any contributions, made any expenditures, or incurred any obligations during this reporting period, and do not have a campaign fund in existence.
3. I certify that I do not have a political committee.

[illegible]



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

21 MAY -4 PM 12:33

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-1-21 Ending Date: 5-1-21

## Type of Report: (Check one)

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

<u>Alicia Greco</u>
Candidate Full Name (if applicable)
<u>Select Board</u>
Office Sought and District
<u>3 Courtney Dr Byfield</u>
Residential Address
E-mail:
Phone # (optional):

<u>Committee to Elect Alicia Greco</u>
Committee Name
<u>Gary Greco</u>
Name of Committee Treasurer
<u>Po Box 268 Byfield MA 01922</u>
Committee Mailing Address
E-mail: <u>gggreco@comcast.net</u>
Phone # (optional): <u>978-270-9627</u>

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>609.51</u>
Line 2: Total receipts this period (page 3, line 11)	<u>900.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1509.51</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1284.27</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>225.24</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>225.24</u>
Line 8: Name of bank(s) used:	<u>Newburyport Five Cent Savings</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: Gary Greco (Treasurer's signature) Date: 5-1-21

## FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

☒ **Candidate with 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 that are not otherwise disclosed in this report.

☐ **Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Alicia Greco (Candidate's signature) Date: 5/1/21



## 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.)

[illegible]

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

900.00

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

**Line 11: TOTAL RECEIPTS IN THE PERIOD**

900.00

← 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.*

**(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
3-11-21	Signs on the Cheap	11525 B Stonemallow Dr Austin Tex 78758	Signs	424.27
4-21-21	Minuteman Rt 1 Newburyport		Post Cards	860.00
			Line 12: Total Expenditures over \$50 (or listed above)	
			Line 13: Total Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	1284.27

\* 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 M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

21 MAY 18 AM 9:13

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

5-2-21

Ending Date:

5-17-21

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☒ 30 day after election

☐ year-end report

☐ dissolution

Alicia Greco

Candidate Full Name (if applicable)

Select Board

Office Sought and District

3 Courtney Dr. Byfield MA

Residential Address

Telephone Number (optional):

Committee to Elect Alicia Greco

Committee Name

Gary Greco

Name of Committee Treasurer

70 Box 268 Byfield MA 01922

Committee Mailing Address

Telephone Number (optional):

978-270-9627

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

225.24

Line 2: Total receipts this period (page 3, line 11)

20.00

Line 3: Subtotal (line 1 plus line 2)

245.24

Line 4: Total expenditures this period (page 5, line 14)

225.24

Line 5: Ending Balance (line 3 minus line 4)

20.00

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

Line 8: Name of bank(s) used:

Newburyport Five Cents Savings

### 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: 5-17-21

### 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:

(Candidate's signature)

Date: 5-17-21

## 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.)**

[illegible]

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

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

**Line 11: TOTAL RECEIPTS 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
5-14-21	Amerex		Postcard Mailing Minuteman Press	225.24
		<b>Line 12: Total Expenditures over \$50 (or listed above)</b>		225.24
		<b>Line 13: Total Expenditures \$50 and under* (not listed above)</b>		
Enter on page 1, line 4 →		<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>		225.24

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



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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22 JAN 10 AM 10:35

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5-17-21 Ending Date: 12-31-21

Type of Report: (Check one)

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

<u>Alicia Greco</u>
Candidate Full Name (if applicable)
<u>Select Board</u>
Office Sought and District
<u>3 Courtney Dr. Byfield MA</u>
Residential Address
E-mail: _____
Phone # (optional): _____

<u>Committee to Elect Alicia Greco</u>
Committee Name
<u>Gary Greco</u>
Name of Committee Treasurer
<u>20 Box 268 Byfield MA 01922</u>
Committee Mailing Address
E-mail: <u>gfgreco@comcast.net</u>
Phone # (optional): <u>978-270-9627</u>

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$ 20.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 20.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 20.00</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u></u>
Line 8: Name of bank(s) used:	<u>Newburyport Five Cents Savings</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: Gary Greco (Treasurer's signature) Date: 12-31-21

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with 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 that are not otherwise disclosed in this report.

#### Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Alicia Greco (Candidate's signature) Date: 1/9/22





Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

21 MAY - 2 PM  
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date: 4/1/2021

Ending Date: 5/2/2021

Type of Report: (Check one)

☒ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Mathew Landers

Candidate Full Name (if applicable)

Triton School Committee

Office Sought and District

6 Central St Newbury, MA 01922

Residential Address

E-mail: Matthew@MattForTriton.COM

Phone # (optional):

Committee To Elect Matthew Landers To Triton School Committee

Committee Name

Kristen Landers

Name of Committee Treasurer

6 Central St Newbury, MA 01922

Committee Mailing Address

E-mail: Matthew@MattForTriton.com

Phone # (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

0

Line 3: Subtotal (line 1 plus line 2)

0

Line 4: Total expenditures this period (page 5, line 14)

0

Line 5: Ending Balance (line 3 minus line 4)

0

Line 6: Total in-kind contributions this period (page 6)

633.49

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used: N/A

### 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: 5/1/21

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with 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 that are not otherwise disclosed in this report.

#### Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date: 5/1/21

## 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
4/1/2021	Kristen Landers	6 Central St Newbury, MA 01922	Yard Signs	573.79
4/2/2021	Kristen Landers	6 central St Newbury, MA 01922	Website Hosting And Domain Registration	59.70
		Line 15: In-Kind Contributions over \$50 (or listed above)		633.49
		Line 16: In-Kind Contributions \$50 & under (not listed above)		0
Enter on page 1, line 6 →		Line 17: TOTAL IN-KIND CONTRIBUTIONS		633.49

\* 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 M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/3/2021 Ending Date: 12/31/2021

Type of Report: (Check one)

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

Matthew Landers
Candidate Full Name (if applicable)
Triton School Comittee
Office Sought and District
6 Central St Newbury, MA 01922
Residential Address
E-mail: Matthew@MattForTriton.Com
Phone # (optional):

Committee To Elect Matthew Landers To Triton School Comittee
Committee Name
Kristen Landers
Name of Committee Treasurer
6 Central St Newbury, MA 01922
Committee Mailing Address
E-mail: Matthew@MattForTriton.Com
Phone # (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	96.00
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	

### 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: 1/20/22

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with 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 that are not otherwise disclosed in this report.

#### Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: \_\_\_\_\_ (Candidate's signature)

Date: 1-20-22



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

21 MAY -3 AM 9:42

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2/16/2021 Ending Date: 5/1/2021

## Type of Report: (Check one)

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

<b>Dana John Packer</b> Candidate Full Name (if applicable) <b>Select Board</b> Office Sought and District 227 Middle Rd, Byfield MA 01922 Residential Address E-mail: <u>ms757dp@gmail.com</u> Phone # (optional): <u>(978) 828-3723</u>	<b>Finance</b> Committee Name <b>Dorene M Packer</b> Name of Committee Treasurer 227 Middle Rd, Byfield MA 01922 Committee Mailing Address E-mail: <u>dmpacker@comcast.net</u> Phone # (optional): _____
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## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	1,528
Line 3: Subtotal (line 1 plus line 2)	1,528
Line 4: Total expenditures this period (page 5, line 14)	4,131.76
Line 5: Ending Balance (line 3 minus line 4)	-2,603.76
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>Institution for Savings</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: Dorene Packer (Treasurer's signature) Date: 5/1/2021

## FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

### Candidate with 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 that are not otherwise disclosed in this report.

### Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: \_\_\_\_\_ (Candidate's signature) Date: 5/12021

## 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)
4/5/2021	Anonymous	40	
4/5/2021	Barrett Transportation 18 Hutchins Rd Newbury MA 09151	50	
3/22/2021	George and Claire Dix 192 High Rd Newbury MA 01951	50	
3/8/2021	Michael and Leslie Doyle 6 Morgan Ave Newbury MA 01951	100	
4/5/2021	Charlie Forristall 30 8th St Newbury MA01951	40	
4/24/2021	Steven Fram 21 Forest St Byfield MA 01922	100	
4/5/2021	Chester and Janice Holt 2 Moody St Byfield MA 01922	100	
3/8/2021	Leslie Matthews PO Box 662 Byfield MA 01922	49	L.D.Matthews Collectables
3/9/2021	Leslie and Anthony Matthews PO Box 662 Byfield MA 01922	49	
4/5/2021	James and Nancy Moran 104 Elm St Byfield MA 01922	200	
4/5/2021	David Morse 119 Main St Byfield MA 01922	50	
4/5/2021	Fred Davis and Evelyn Noyes 5 Downfall Rd Byfield MA 01922	350	NCTP
Line 9: Total Receipts over \$50 (or listed above)		1,528	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,528	← 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)
4/5/2021	Evelyn Noyes 5 Downfall Rd Byfield MA 01922	100	
3/23/2021	Barbara Rogers 157 Scotland Rd Newbury MA 01951	100	
4/4/2021	Willard and Julie Wendt PO Box 787 Byfield MA 01922	150	
Line 9: Total Receipts over \$50 (or listed above)		1,528	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,528	← 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
4/24/2021	Dunkin Donuts	Newburyport Traffic Circle Newburyport MA 01950	Meet and Greet	46.83
3/25/2021	Minuteman Press	188 Newburyport Turnpike Newburyport MA 01950	Mallers	1,065.31
2/16/2021	Newburyport Signs	6 Harrison Av Sallsbury MA 01952	Signs	1,390
4/20/2021	Newburyport Signs	6 Harrison Av Sallsbury MA 01952	Signs	620
5/1/2021	Staples	536 Lafayette Rd Seabrook NH 03874	Hand outs	55.99
4/2/2021	USPS	61 Pleasant St Newburyport MA 01950	Postage	953.63
Line 12: Total Expenditures over \$50 (or listed above)				4,131.76
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				4,131.76

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



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

RECEIVED  
21 JUN -8 PM 1:24

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/1/2021 Ending Date: 6/8/2021

Type of Report: (Check one)

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

Dana John Packer	Finance
Candidate Full Name (if applicable)	Committee Name
Select Board	Dorene M Packer
Office Sought and District	Name of Committee Treasurer
227 Middle Rd, Byfield MA 01922	227 Middle Rd, Byfield MA 01922
Residential Address	Committee Mailing Address
E-mail: ms757dp@gmail.com	E-mail: dmpacker@comcast.net
Phone # (optional): (978) 828-3723	Phone # (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	-2,603.76
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	-2,603.76
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	-2,603.76
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:	Institution for Savings

#### 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: Dorene Packer (Treasurer's signature) Date: 6/8/2021

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

##### Candidate with 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 that are not otherwise disclosed in this report.

##### Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: (Candidate's signature) Date: 6/8/2021



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: 5/1/2021 Ending Date: 7/28/2021

Type of Report: (Check one)

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

Dana John Packer	Finance
Candidate Full Name (if applicable)	Committee Name
Select Board	Dorene M Packer
Office Sought and District	Name of Committee Treasurer
227 Middle Rd, Byfield MA 01922	227 Middle Rd, Byfield MA 01922
Residential Address	Committee Mailing Address
E-mail: ms757dp@gmail.com	E-mail: dmpacker@comcast.net
Phone # (optional): (978) 828-3723	Phone # (optional): (978) 807-5311

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	-2,603.76
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	-2,603.76
Line 4: Total expenditures this period (page 5, line 14)	280.93
Line 5: Ending Balance (line 3 minus line 4)	-2,884.69
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:	Institution for Savings

### 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: Dorene Packer (Treasurer's signature) Date: 7/28/2021

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with 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 that are not otherwise disclosed in this report.

#### Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 7/28/2021





Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

21 JUL 29 PM 12:06

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/1/2021 Ending Date: 7/28/2021

Type of Report: (Check one)

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

Dana John Packer

Candidate Full Name (if applicable)

Select Board

Office Sought and District

227 Middle Rd, Byfield MA 01922

Residential Address

E-mail: ms757dp@gmail.com

Phone # (optional): (978) 828-3723

Finance

Committee Name

Dorene M Packer

Name of Committee Treasurer

227 Middle Rd, Byfield MA 01922

Committee Mailing Address

E-mail: dmpacker@comcast.net

Phone # (optional): (978) 807-5311

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	-2,603.76
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	-2,603.76
Line 4: Total expenditures this period (page 5, line 14)	280.93
Line 5: Ending Balance (line 3 minus line 4)	-2,884.69
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
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### 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: Dorene Packer (Treasurer's signature)

Date: 7/28/2021

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with 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 that are not otherwise disclosed in this report.

#### Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature)

Date: 7/28/2021

## 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)
4/5/2021	Anonymous	40	
4/5/2021	Barrett Transportation 18 Hutchins Rd Newbury MA 09151	50	
3/22/2021	George and Claire Dix 192 High Rd Newbury MA 01951	50	
3/8/2021	Michael and Leslie Doyle 6 Morgan Ave Newbury MA 01951	100	
4/5/2021	Charlie Forristall 30 8th St Newbury MA 01951	40	
4/24/2021	Steven Fram 21 Forest St Byfield MA 01922	100	
4/5/2021	Chester and Janice Holt 2 Moody St Byfield MA 01922	100	
3/8/2021	Leslie Matthews PO Box 662 Byfield MA 01922	49	L.D. Matthews Collectables
3/9/2021	Leslie and Anthony Matthews PO Box 662 Byfield MA 01922	49	
4/5/2021	James and Nancy Moran 104 Elm St Byfield MA 01922	200	
4/5/2021	David Morse 119 Main St Byfield MA 01922	50	
4/5/2021	Fred Davis and Evelyn Noyes 5 Downfall Rd Byfield MA 01922	350	NCTP
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		<b>1,528</b>	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1,528</b>	← 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)
4/5/2021	Evelyn Noyes 5 Downfall Rd Byfield MA 01922	100	
3/23/2021	Barbara Rogers 157 Scotland Rd Newbury MA 01951	100	
4/4/2021	Willard and Julie Wendt PO Box 787 Byfield MA 01922	150	
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		1,528	
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		1,528	← 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
4/24/2021	Dunkin Donuts	Newburyport Traffic Circle Newburyport MA 01950	Meet and Greet	46.83
3/25/2021	Minuteman Press	188 Newburyport Turnpike Newburyport MA 01950	Mallers	1,065.31
2/16/2021	Newburyport Signs	6 Harrison Av Salisbury MA 01952	Signs	1,390
4/20/2021	Newburyport Signs	6 Harrison Av Salisbury MA 01952	Signs	620
5/1/2021	Staples	536 Lafayette Rd Seabrook NH 03874	Hand outs	55.99
4/2/2021	USPS	61 Pleasant St Newburyport MA 01950	Postage	953.63
5/7/2021	Minute Man Press	188 Newburyport Turnpike Newburyport MA 01950	Thank You Cards	101.33
5/11/2021	Carry Out Cafe	State St Newburyport MA	Celebration Party PITA Hall	85
5/13/2021	Stamps	USPS Byfield MA 01922	Thank You Cards	19.6
5/9/2021	Market Basket	Newburyport Turnpike Rowley MA 01969	Beverages & Food PITA Hall	75
Line 12: Total Expenditures over \$50 (or listed above)				4,412.69
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				4,412.69

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

United States Postal Service  
Postage Statement - USPS Marketing Mail

Post Office: Note Mail Arrival  
Date & Time (Do Not Round-Stamp)

<b>Mailer</b>	<b>Permit Holder</b> Name, Address, Email, Telephone dba Miller Outpost Mail Service Cindy L. Miller 14 Fruit St Byfield, MA 01922-1415 milleroutpost@comcast.net  978-358-7524			<b>Mailing Agent</b> (If other than permit holder) Name, Address, Telephone			<b>Mail Owner</b> (If other than permit holder) Name, Address Dana Packer for Select Board Dana Packer 227 Middle Road Byfield, MA 01922-2710		
	CAPS Cust. Ref. No. _____ CRID 3656468			CRID _____			CRID _____		
<b>Mailing</b>	Post Office of Mailing Newburyport, MA 01950-9998		Mailer's Mailing Date Apr 02, 2021		Federal Agency Cost Code		Statement Seq. No. 123420		<b>No. &amp; Type of Containers</b>
	Type of Postage <input checked="" type="checkbox"/> Permit Imprint <input type="checkbox"/> Precanceled Stamps <input type="checkbox"/> Metered		Processing Category <input checked="" type="checkbox"/> Letters <input type="checkbox"/> Flats <input type="checkbox"/> Marketing Parcels		Total # of Pieces in Mailing 3,678		SSF Transaction #		
	For Mail Enclosed within Another Class <input type="checkbox"/> Bound Printed Matter <input type="checkbox"/> Library Mail <input type="checkbox"/> Periodicals <input type="checkbox"/> Media Mail		Move Update Method: <input type="checkbox"/> Ancillary Service Endorsement <input type="checkbox"/> NCOA Link <input type="checkbox"/> ACS		Total Weight 75.7668		Permit # 96		
			Alternative Method <input type="checkbox"/> Multiple <input type="checkbox"/> OneCode ACS <input type="checkbox"/> n/a Alternative Address Format		Weight of a Single Piece 0.0206 pounds		<input type="checkbox"/> Mailpiece is a product sample % Samples		
			Combined Mailing <input type="checkbox"/> Mixed Class <input type="checkbox"/> Single Class		<input type="checkbox"/> Letter-size or flat mailpiece contains DVD/CD or other disk.		<input type="checkbox"/> Mailpiece is a product sample % Samples		
					This is a Political Campaign Mailing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		This is Official Election Mail <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
For Automation Pieces, Enter Date of Address Matching and Coding 04/01/2021									<b>For Carrier Route Pieces, Enter Date of Address Matching and Coding 04/01/2021</b>
For Carrier Route Price Pieces, Enter Date of Carrier Route Sequencing 10/09/2015									
For Pieces Bearing a Simplified Address Enter Date of Delivery Statistics File or Alternative Method 09/04/2018									
Parts Completed (Select all that apply): <input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> NSA									
<b>Postage</b>	1		Subtotal Postage (Add parts totals)						\$953.63
	2		Price at Which Postage Affixed (Check one): <input type="checkbox"/> Correct <input type="checkbox"/> Lowest <input type="checkbox"/> Neither Complete if mailing includes pieces bearing metered/PC Postage or precanceled stamps						pcs. x \$ = Postage Affixed -
	3		Incentive/Discount Flat Dollar Amount						-
	4		Fee Flat Dollar Amount						+
	5		Permit # Net Postage Due (Line 1 +/- Lines 2, 3, 4)						\$953.63
<b>USPS Use Only</b>	Additional Postage Payment (State reason)								
	For postage affixed, add additional payment to net postage due for permit imprint add additional payment to total postage.		Total Adjusted Postage Affixed						
	Postmaster: Report Total Postage in AIC 130 (Permit Imprint Only, Excluding Simplified Addressing (EDDM))		Total Adjusted Postage Permit Imprint						
	Postmaster: Report Total Postage in AIC 208 (Simplified Addressing (EDDM), Permit Imprint Only)		Total Adjusted Postage Simplified Addressing (EDDM)						
<b>Certification</b>	Incentive/Discount Claimed: _____ Type of Fee: _____								
	The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.								
	Privacy Notice: For information regarding our Privacy Policy visit <a href="http://www.usps.com">www.usps.com</a> .								
<b>USPS Use Only</b>	Signature of Mailer or Agent		Printed Name of Mailer or Agent Signing Form Cindy L. Miller				Telephone 978-358-7524		
	Weight of a Single Piece _____ pounds		Total Weight		Are postage figures at left adjusted from mailer's entries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, reason:				
	Total Pieces		Total Postage						
	Presort Verification Performed? (If required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Mailer Notified		Contact				
	I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required)		By (Initials)		Time AM PM				
	USPS Employee's Signature		Print USPS Employee's Name						

## USPS Marketing Mail

### Part A—Automation Letters

Letters 3.5 oz. (0.2188 lbs.) or less

	Entry	Price Category	Price	No. of Pieces	Subtotal Postage	Discount Total*	Fee Total	Total Postage
A1	None	5-Digit	\$0.259	3654	946.386			946.3860
A2	None	AADC	0.285					
A3	None	Mixed AADC	0.304					
A4	DNDC	5-Digit	0.239					
A5	DNDC	AADC	0.265					
A6	DNDC	Mixed AADC	0.284					
A7	DSCF	5-Digit	0.235					
A8	DSCF	AADC	0.261					

\* May contain both Full Service Intelligent Mail and other discount-see Instructions page for additional information.

A9	Part A Total (add lines A1-A8)	946.3860
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Full Service Intelligent Mail Option

A10	DISPLAY ONLY	Letters—Number of Pieces that Comply _____ x \$ 0.003 =
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## USPS Marketing Mail

## Part B—Nonautomation letters

## Machinable Letters 3.5 oz. (0.2188 lbs.) or less

	Entry	Price Category	Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B1	None	AADC	\$0.302	24	7.248			7.2480
B2	None	Mixed AADC	0.311					
B3	DNDC	AADC	0.282					
B4	DNDC	Mixed AADC	0.291					
B5	DSCF	AADC	0.278					

## Nonmachinable Letters 4 oz. (0.25 lbs.) or less

	Entry	Price Category	Price	No. of Pieces	Subtotal Postage	Discount Total	Fee Total	Total Postage
B6	None	5-Digit	\$0.538					
B7	None	3-Digit	0.640					
B8	None	ADC	0.691					
B9	None	Mixed ADC	0.748					
B10	DNDC	5-Digit	0.469					
B11	DNDC	3-Digit	0.571					
B12	DNDC	ADC	0.622					
B13	DNDC	Mixed ADC	0.679					
B14	DSCF	5-Digit	0.460					
B15	DSCF	3-Digit	0.562					
B16	DSCF	ADC	0.613					

## Nonmachinable Letters Over 4 oz. (0.25 lbs.) but less than 16 oz. (1 lbs.)

	Entry	Price Category	Piece Price	Or Amount Affixed	No. of Pieces	Pieces Subtotal	Pound Price	Pounds	Pounds Subtotal	Subtotal Postage	Discount Total	Fee Total	Total Postage
B17	None	5-Digit	\$0.288				\$1.000						
B18	None	3-Digit	0.390				1.000						
B19	None	ADC	0.441				1.000						
B20	None	Mixed ADC	0.498				1.000						
B21	DNDC	5-Digit	0.288				0.724						
B22	DNDC	3-Digit	0.390				0.724						
B23	DNDC	ADC	0.441				0.724						
B24	DNDC	Mixed ADC	0.498				0.724						
B25	DSCF	5-Digit	0.288				0.689						
B26	DSCF	3-Digit	0.390				0.689						
B27	DSCF	ADC	0.441				0.689						

For affixed postage mailings as described in DMM 243, compute and enter the price for each piece in the Amount Affixed column, multiply by No. of Pieces and total in the Total column.

B28	Part B Total (add lines B1-B27)											7.2480
-----	---------------------------------	--	--	--	--	--	--	--	--	--	--	--------



# Invoice 227

## Worksheet

## Newburyport Signs

Salesman  
Dave

Date  
2/16/2021

Office  
978-465-7446

6 Harrison Ave.  
Salisbury, MA 01952  
newburyportsigns@yahoo.com

Cell  
978-677-1081

Business  
Dana Packer

Phone

Cell  
978-828-3723

Contacts  
Dana

Address

City

State

Zip

Fax

Email

ms757dp@gmail.com

Aluminum Prints Banner Truck Lettering lexan

### Job Description

- 1) (100) 18 X 24 Coroplast Double Sided Signs - \$12 each - totaling \$1200
- 2) (100) Stakes - .40 cents each - totaling \$40
- 3) (10) 24" x 36" single side - \$150.00 (price not include wood/stakes)

### Layout

NPS: x Customer: x

**Payment in full Or payment 50% down 50% on delivery custom artwork rate is \$75.00 per hour. Failure to pay Balance upon delivery will result in a 10% of order fee. Missed appointments (installation, artwork review, consultation) without 24 hour notice will result in a 5% of order Fee.**

Color

Material

Coroplast with Stakes

Deposit  
\$300.00

Balance  
\$1090.00

Total Cost  
\$1390.00

# Invoice 302

## Worksheet

## Newburyport Signs

Salesman  
Dave

Date  
4/20/2021

Office  
978-465-7446

6 Harrison Ave.  
Salisbury, MA 01952  
newburyportsigns@yahoo.com

Cell  
978-677-1081

Business  
Dana Packer

Phone

Cell  
978-828-3723

Contacts  
Dana

Address

City

State

Zip

Fax

Email

ms757dp@gmail.com

Aluminum Prints Banner Truck Lettering lexan

### Job Description

- 1) (50) 18 X 24 Coroplast Double Sided Signs - \$12 each - totaling \$600
- 2) (50) Stakes - .40 cents each - totaling \$20

### Layout

NPS: <sup>x</sup> \_\_\_\_\_ Customer: <sup>x</sup> \_\_\_\_\_

**Payment in full Or payment 50% down 50% on delivery custom artwork rate is \$75.00 per hour. Failure to pay Balance upon delivery will result in a 10% of order fee. Missed appointments (installation, artwork review, consultation) without 24 hour notice will result in a 5% of order Fee.**

Color

Material

Coroplast with Stakes

Deposit  
\$620.00

Balance  
\$0.00

Total Cost  
\$620.00



Minuteman Press of Newburyport  
188 Route OneTraffic Circle  
Newburyport, MA 01950  
Phone: 978-465-2242 / Fax: 978-465-8593  
clientservices@minutemanpress.com

## QUOTATION

3/25/2021

**Bill to:** FRONT COUNTER (14724)  
188 Newburyport Turnpike  
Newburyport, MA 01950

Phone: 978-465-2242  
Fax: 978-465-8593

**Ship to:** FRONT COUNTER (14724)  
188 Newburyport Turnpike  
Newburyport, MA 01950

Phone: 978-465-2242  
Fax: 978-465-8593  
Email: kim.b@minutemanpress.com

Thank you for your inquiry, we appreciate your business.

**3653 4/4 Postcards- 6x9 with Design Time & Mailing Services Dana Packer**  
**ms757dp@gmail.com (Job ID 149533)**

**Total: \$1,065.31**

**Component 1 of 2:**

Design

Graphic Design

Printing

3,653 Finished Pieces

2 sides

Duplex Top/Top

100# Gloss Coated Cover • White

Side 1 and 2 Ink(s): FULL COLOR

Finishing

Cut to 6 x 9

**Component 2 of 2: mailing services**

Miscellaneous

mailing services - 3,653 Pieces.

**1 Standard Postage Dana Packer ms757dp@gmail.com (Job ID 149538)**

**Total: \$1,110.51**

**Component 1 of 1:**

Miscellaneous

Postage - 1 Pieces.

Salesperson: Kimberly

Taxes are not included.

Unless otherwise indicated, all quotes are based on a print ready file or camera ready copy supplied



Minuteman Press of Newburyport  
188 Route One Traffic Circle  
Newburyport, MA 01950  
Phone: 978-465-2242 / Fax: 978-465-8593  
clientservices@minutemanpress.com

**INVOICE \* INVOICE**

Invoice Number 102844  
Invoice Date 5/7/2021  
P.O. Number dorene

Bill to: FRONT COUNTER (14724)  
188 Newburyport Turnpike  
Newburyport, MA 01950

Phone: 978-465-2242  
Fax: 978-465-8593

Ship to: FRONT COUNTER (14724)  
188 Newburyport Turnpike  
Newburyport, MA 01950

Phone: 978-465-2242  
Fax: 978-465-8593  
Email: Clientservices@minutemanpress.com

150 4/K Note Cards w/ blank envelopes - Dorene Packer dmpacker@comcast.net 978-807-5311 (Job 150274)	<b>\$95.37</b>
--	----------------

Invoice Subtotal:	<b>\$95.37</b>
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Tax:	<b>\$5.96</b>
------	---------------

Invoice Total:	<b>\$101.33</b>
----------------	-----------------

<b>Balance Due:</b>	<b>\$101.33</b>
---------------------	-----------------

Salesperson: Nikki

Please pay by this invoice. RECEIVED: \_\_\_\_\_ DATE: \_\_\_\_\_

Thank You for doing business with us.

Welcome to Dunkin' Donuts  
Store #336030  
167 State St, Newburyport  
4/24/2021 10:12:23 AM

# Eat In Order: 912

Register:2 Tran Seq No: 6260912  
Cashier:Maria E.

\*\*\*\*\*SALE\*\*\*\*\*

1 25 Munchkins	5.79
2 Bx Joe Orig Blind	37.98

Sub. Total:	\$43.77
Tax:	\$3.06
Total:	\$46.83
Discount Total:	\$0.00

Change	\$0.00
Visa:	\$46.83

VISA  
Card Num : \*\*\*\*\*9964  
Terminal : 3  
Approval : 722005  
AID : A0000000031010  
TVR : 8080001000  
IAD : 06010A03A0A000  
TSI : 6800  
AR : Z3  
TC : E028C8

USD\$ 46.83

I agree to pay the above Total Amount  
according to Card Issuer Agreement.

Signature: \_\_\_\_\_

\*\*\*\*\*

Donut forget to tell us about  
today's visit! Talk to us at  
[www.DunkinRunsOnYou.com](http://www.DunkinRunsOnYou.com)  
within 3 days and receive a  
FREE CLASSIC DONUT  
on your next visit when you  
purchase a Medium or Larger Beverage.

See restrictions on [dunkindonuts.com](http://dunkindonuts.com)

Survey Code: 91201-36030-1004-2416

\*\*\*\*\*

Thank You  
Have a Great Day!

# Staples Connect

536 Lafayette Road  
Seabrook, NH 03874  
(603) 474-8511

SALE 1480319 14 005 82542  
1124 05/01/21 09:11  
QTY SKU PRICE

\*\*\*\*\* Customer Order 2402765567 \*\*\*\*\*

1 Create Your Own 6x4 Horizontal  
1587484 55.99

Questions on Customer Order 2402765567  
Call Customer Service at 1-800-3STAPLES

\*\*\*\*\*

SUBTOTAL 55.99

TOTAL \$55.99

Cash Card Redeemed USD\$10.00

Account No. \*\*\*\*\*22657225 [S]

Auth No. 000000

Card Balance: 0.00

US DEBIT USD\$45.99

Card No.: XXXXXXXXXXXX9964 [C]

Chip Read

Auth No.: 804520

AID.: A0000000980840

TOTAL ITEMS 1

TRU RED

Business essentials designed  
thoughtfully to work beautifully.

Shop Smarter. Get Rewarded.

Staples Rewards members get up to 5%  
back in Rewards.

Exclusions Apply. See an associate for  
full program details or to enroll.

THANK YOU FOR SHOPPING AT STAPLES!



11240501218254205



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

7/28/2021

Ending Date:

12/30/2021

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

DANA JOHN PACKER

Candidate Full Name (if applicable)

Select Board

Office Sought and District

227 MIDDLE RD BRYFIELD MA 01922

Residential Address

E-mail: ms757 DP @ GMAIL.COM

Phone # (optional): 978-828-3723

FINANCE

Committee Name

Dorene M PACKER

Name of Committee Treasurer

227 MIDDLE RD BRYFIELD MA 01922

Committee Mailing Address

E-mail: dmpacker @ COMCAST.NET

Phone # (optional): 978-807-5311

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

0

Line 3: Subtotal (line 1 plus line 2)

0

Line 4: Total expenditures this period (page 5, line 14)

0

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)

0

Line 8: Name of bank(s) used:

INSTITUTION FOR SAVINGS (ACCOUNT CLOSED)

### 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:

Dorene Packer

(Treasurer's signature)

Date: 12/30/21

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with 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 that are not otherwise disclosed in this report.

#### Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]

(Candidate's signature)

Date: 12/30/21





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:

1/1/20

Ending Date:

12/31/21

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☐ 30 day after election

☒ year-end report

☐ dissolution

Michael G. Doyle

Candidate Full Name (if applicable)

Newbury Selectman

Office Sought and District

6 Morgan Ave Newbury MA

Residential Address

Telephone Number (optional):

978-873-5010

Committee Name

Committee to Elect Michael Doyle Selectman

Name of Committee Treasurer

Leslie Doyle 6 Morgan Ave Newbury

Committee Mailing Address

Telephone Number (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

66.00

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

—

Line 3: Subtotal (line 1 plus line 2)

66.00

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

79.10

Line 5: Ending Balance (line 3 minus line 4)

— 0 —

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:

Institution for Savings

RECEIVED  
22 FEB - 3 PM 2:50  
NEWBURY TOWN CLERK

### 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:

AS Doyle

(Treasurer's signature)

Date: 12/31/2021

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with 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

☐ 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's signature)

Date:

## 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.)**

[illegible]

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