

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

21 DEC -9 PH 2:04

Fill in Reporting Period dates: Beginning Date: 01/0	File with: City or Town Clerk or Election Commission 1/2021 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	Committee Name
Office Sought and District 146 Northern Blvd	Name of Committee Treasurer
Residential Address E-mail: 1 MES COPAVCA (DOCL) COM	Committee Mailing Address E-mail:
Phone # (optional): 505-084 591-5094	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	О
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, lin	ne 14) 0
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (pa	age 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 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:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)
activity, of all persons acting under the authority or on behalf of this committee in ac incurred any liabilities nor made any expenditures on my behalf during this reporting	be best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, a 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 finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the s candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 12/8/2021



Form CPF M 102-0: Campaign Finance Report Municipal Form

Service of the servic

Office of Campaign and Political Finance

					Leslie A. Haley	DATE PRINT NAME	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.	Type of Report: (Check One) 8th day preceding preliminary/primary		Reporting Period: Beginning: 01/01	City or Town of: Mewbury
					Louise arthrey	SIGNATURE Signed under the penalties of perjury	inicipal Office. ade any expenditures, or incurred any oblig	8th day preceding election 230th day follow		01 2021 MM/DD/YYYY)	
					458 Haniver St.	RESIDENTIAL ADDRESS (Street and Number)	ations during this reporting period, and do	区 30th day following election (town or special) 日 20	55	Ending: 12/3/202) 10 00	Please
					Town Clerk	OFFICE SOUGHT	not have a campaign fund in existence.	20th day of January (Year-End report)		WE WROLL AND WROLL AND WELL	Please pfint of type all information, except signatures.



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Reporting Period: Type of Report: (Check One) ☐ 8th day preceding preliminary/primary City or Town of: Beginning: ☐ 8th day preceding election (MM/DD/YYYY) 30th day following election (town or special) Ending: N Please print or type all information, except signatures. (MM/DD/YYYY)

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

20th day of January (Year-End report)

Pursuant to M.G.L. Chapter 55:

- 3. I certify that I do not have a political committee. 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.

					11.21	DATE
					Thomas Howard	PRINT NAME
					Thomas House &	SIGNATURE Signed under the penalties of perjury
					WEW BURY MA	RESIDENTIAL ADDRESS (Street and Number)
					CONSTABLE	OFFICE SOUGHT



Form CPF M 102-0: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

THOSE VED

Thomas of the second of the se		
	eriod. Reginning:	Concerno Comodi
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	the second second
	10t: NO1/3 A 11 M	City or lown o
estimate the contract of the contract of the contract of the contract of)
Please mint or him all information arount signatures		
		of Massachusetts
- Print Married 1		

Type of Report: (Check One)				
☐ 8th day preceding preliminary/primary ☐ 8th day preceding election	ry $\square/8$ th day preceding election	$\square / 30$ th 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.	or currently hold Municipal Office			
 I certify that I have not received any contribution I certify that I do not have a political committee. 	 I certify that I have not received any contributions, made any expenditures, or incurred any obligations I certify that I do not have a political committee. 	ss, or incurred any obligations du	ring this reporting period, an	during this reporting period, and do not have a campaign fund in existence.
	SIGN	SIGNATURE	RESIDENTIAL ADDRESS	
DATE PRINT NAME		Signed under the penalties of perjury	(Street and Number)	OFFICE SOUGHT

					DATE
				Terry Anne Litterst	PRINT NAME
				Team Our litterst	Signed under the penalties of perjury
				45 Northern Blod	(Street and Number)
				45 Northern Blud Library Trustee	OFFICE SOUGHT



Form CPF M 102-0: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

itical Finance 22 JAN 20 AN 9:36

Please print or type all information, except signatures.

City or Town of: Newbury	wbury				THE THE THE THE
Reporting Period:	Beginning: 01/1/2021	/2021	Ending:	12/31/2021	
		(MM/DD/YYYY)			(MM/DD/YYYY)
Type of Report: (Check One)	k One)				
8th day preceding	preliminary/primary	☐ 8th day preceding preliminary/primary ☐ 8th day preceding election	30th day following election (town or special)	or special)	20th day of January (Year-End report)
Pursuant to M.G.L. Chapter 55:	apter 55:				
 I certify that I as 	m a candidate for or cu	1. I certify that I am a candidate for or currently hold Municipal Office.			
Certify that I have	and benefited and c	ontributions made any expanditures	or incurred any obligations during this	reporting period	2 I certify that I have not received any contributions made any expanditures or incurred any obligations during this removing period and do not have a commonly find in existence

2. I certify that I do not have a political committee.

						1/20/2022	DATE
						Larry Murphy	PRINT NAME
				•		Thy	SIGNATURE Signed under the penalties of perjury
						30 School Street	RESIDENTIAL ADDRESS (Street and Number)
						Planning Board	OFFICE SOUGHT



Form CPF M 102-0: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Please print or type all information, except signatures.

City or Town of:	Newb			, jo
Reporting Period:	: Beginning: 01/01/2021	(MM/DD/YYYY)	Ending: 12/31/2021	(MM/DD/YYYY)
Type of Report: (Check One)	heck One)			
☐ 8th day precedi	3th day preceding preliminary/primary 28th day p	8th day preceding election 30th day follow	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 cand 2. I certify that I have not ro 3. I certify that I do not have	nuant 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 expend 3. I certify that I do not have a political committee.	nuant 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.	gations during this reporting period, and d	o not have a campaign fund in e
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
12/08/2021	Richard M. Ravin	A AMALA	48 Hay Street	Library Trustee
		4.440		



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

21 MAY -4 PM 12: 33

Of Wassachuseus	File with: City or Town Clerk or Election Commission					
Fill in Reporting Period dates: Beginning Date:	The state of the s					
Type of Report: (Check one)						
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution					
Candidate Full Name (if applicable) Select Board Office Sought and District	Committee to Elect Alicia (areco Committee Name Clary (areco Name of Committee Treasurer					
3 Courtney De Byfield Residential Address	PO BOX 268 By Field MA 01922					
E-mail:	Committee Mailing Address E-mail: QEQUECO & Comcast net					
Phone # (optional):	Phone # (optional): 918-270-9627					
*						
SUMMARY BALANCE	E INFORMATION:					
Line 1: Ending Balance from previous report	609.51					
Line 2: Total receipts this period (page 3, line 11)	900,00					
Line 3: Subtotal (line 1 plus line 2)						
Line 4: Total expenditures this period (page 5, line 14)						
Line 5: Ending Balance (line 3 minus line 4)						
Line 6: Total in-kind contributions this period (page	ge 6)					
Line 7: Total (all) outstanding liabilities (page 7)	225.24					
Line 8: Name of bank(s) used: Newburge	ort Five Cent Savings					
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind or finance activity of all persons acting under the authority or on behalf of this committee in a	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.					
Signed under the penalties of perjury:	(Treasurer's signature) Date: 5 - 1 - 21					
activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting particle. Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report. best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55.					

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)
2-28-21	William Dimaio 12 orchard 5t. Byfield MA	200.00	Retired
3-22-21	Bob Conners	500,00	RD Connors Corp.
4-26-21	William Pimaio 12 orchard st Byfield ma 01922	Z00,00	Retired
Line 9: Total Recei	pts over \$50 (or listed above)	900,00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	EECEIPTS 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.)

-port an expent	To Whom Paid	nittee name and a page number or	r vaou pago./	
Date Paid	(alphabetical listing)	Address	Durmon of E	A
Date Faiu		Address	Purpose of Expenditure	Amount
3-11-21	Signs on the	MSZS B		
J. ((2)	Cheap	Stonehollow Dr	Signs	424,27
		Austin Tex 78758		
	minuteman		3101	
4-21-21	Rt / Newburye	4<7	Post Cards	860,00
	1			
				L
4	l i		II I	
- 1				1
11			II I	
II.			II.	
il.				
	1			
il.				
]				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		2. Tour Experiments ov	or the form the form	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
		2mc 13. Total Expenditures \$30	(not listed above)	
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDIT	IIRES IN THE PERIOD	1284,27
	ized expanditures of \$50 and ander			1,501,151

^{*} 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



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	- Z - Z \ Ending Date: \(S - 17 - Z \)			
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution			
Alicia Greco	Committee to Elect Alicia aceco			
Candidate Full Name (if applicable)	Committee Name			
Select Board	Gary Greco			
Office Sought and District	Name of Committee Treasurer			
3 Courtney Dr. ByField MA	70 BOX 268 BY FIRE MA 01922			
Residential Address	Committee Mailing Address			
Telephone Number (optional):				
The state of the s	Telephone Number (optional): 978-270-9627			
SUMMARY BALANCI	E INFORMATION:			
Line 1: Ending Balance from previous report	225.24			
Line 2: Total receipts this period (page 3, line 11)	70.00			
Line 3: Subtotal (line 1 plus line 2)	245.24			
Line 4: Total expenditures this period (page 5, line 14) ZZ5.Z4				
Line 5: Ending Balance (line 3 minus line 4)	20.00			
Line 6: Total in-kind contributions this period (pag	ge 6) 💍			
Line 7: Total (all) outstanding liabilities (page 7)	A STATE OF THE STA			
Line 8: Name of bank(s) used: Lewburg	port Five Cents Savings			
Affidavit of Committee Treasurer:				
certify that I have examined this report including attached schedules and it is, to the best o activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind on	intributions and liabilities for this reporting period and represents the second			
mance activity in an persons acting under the aninority or on behalf of this committee in ac	ccordance with the requirements of M.G.L. c. 55.			
Signed under the penalties of perjury: Date: 5-17-71				
COR 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 recovery the				
campaign imance 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.				
ligned under the penalties of perjury:	(Candidate's signature) Date: S-17-Z1			

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
Date Received	(aiphabetical fisting required)	Amount	(for contributions of \$200 or more)
5-13-21		20,00	
ine 9: Total Recei	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)	Z000	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	20,00	← 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.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	Amex		Rostrard Mailing	225.24
5-14-21			111	1 225.24
			Minuteman Press	L
]		
		111		
		III		
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	225,24
		Line 13: Total Expenditures \$5	U and under* (not listed above)	
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	225.24
		or include them in line 12. I in 12 s		

^{*} 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



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Pile with; City or Town Cl.

Fill in Reporting Period dates: Beginning Date:	-17-Z1 Ending Date: 12431-Z1				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	30 day after election				
Candidate Full Name (if applicable) Select Board Office Sought and District	Committee to Elect Alicia Greco Committee Name Chary Greco				
3 Courtney Dr. ByField MA Residential Address	Name of Committee Treasurer Po Box 268 By Field MR 01927 Committee Mailing Address				
E-mail:	E-mail: 9F91810 & Comcastinet				
Phone # (optional):	Phone # (optional): 978 - 270 - 9627				
SUMMARY BALANCI	E INFORMATION:				
Line 1: Ending Balance from previous report	\$ 70.00				
Line 2: Total receipts this period (page 3, line 11)	0				
Line 3: Subtotal (line 1 plus line 2)	3 70,00				
Line 4: Total expenditures this period (page 5, line	:14)				
Line 5: Ending Balance (line 3 minus line 4)	₹ 20.00 E				
Line 6: Total in-kind contributions this period (pag	ge 6)				
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: Newborg?	ort Five Cents Savings				
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:					
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 namelties of positions	Date: //9/22				



Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

of Massachusetts	File with: City or Town Clerk or Mection Commission.
Fill in Reporting Period dates: Beginning Date: 4/1/2	2021 Ending Date: 5/2/2021
Type of Report: (Check one)	30 day after election year-end report dissolution
Mathew 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 BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	o
Line 2: Total receipts this period (page 3, line 11 Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line 5: Ending Balance (line 3 minus line 4)	one 14)
Line 6: Total in-kind contributions this period (p	
Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: N/A)
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 reporti	in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 5 2 box only) the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period that are not otherwise disclosed in this report. the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period that are not otherwise disclosed in this report.

(Candidate's signature)

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	s over \$50 (or listed above)	633.4
		Line 16: In-Kind Contributions		
	Enter on mage 1 lima 6 -	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	633.4

* 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



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

of Massachusetts	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 5/3/2				
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election			
Matthew Landers Candidate Full Name (if applicable) Triton School Comitee 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 BALANC	E 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)	О			
Line 4: Total expenditures this period (page 5, line	e 14) 0			
Line 5: Ending Balance (line 3 minus line 4)	О			
Line 6: Total in-kind contributions this period (page	ge 6) 96.00			
Line 7: Total (all) outstanding liabilities (page 7)	0			
Line 8: Name of bank(s) used:				
Affidavit of Committee Treasurer: It 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 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, 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)			



Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

RECEIVED

21 MAY -3 AM 9: 42

OI WIGSSACHUS	with the second			File with City or Town C	lerk or Election Commission
Fill in Re	eporting Period dates: Beginning Date: 2,	/16/2021	Ending I	Date: 5/1/2021	IN STRW
Type of F	Report: (Check one)				
8th day	preceding preliminary 8th day preceding election	n 🔲 30 da	y after election	year-end report	dissolution
Dana John		Financ	e		
Select Boa		Dorene	M Packer	Committee Name	
227 Middle	Office Sought and District e Rd, Byfield MA 01922	227 Mi	Na ddle Rd, Byfield N	me of Committee Treasure	r
EC/ Tribule	Residential Address	- 227 710		ommittee Mailing Address	
E-mail:	ms757dp@gmail.com	E-mail:		dmpacker@comcast	.net
Phone # (opti	ional): (978) 828-3723	Phone #	(optional):		
1	SUMMARY BALA	NCE INFO	DRMATION:		
	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		1.76
	Line 5: Ending Balance (line 3 minus line 4)			-2,603	3.76
	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 Sa	avings			
I certify that I activity, include finance activity	Committee Treasurer: have examined this report including attached schedules and it is, to the ding all contributions, loans, receipts, expenditures, disbursements, in-kty of all persons acting under the authority or on behalf of this committee the penalties of perjury:	kind contributions	and liabilities for this	of M.G.L. c. 55.	of all campaign finance esents the campaign
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check	1 box only)			
Candidat I certify the activity, of	te with Committee that I have examined this report including attached schedules and it is, to of all persons acting under the authority or on behalf of this committee is any liabilities nor made any expenditures on my behalf during this repo	to the best of my l	h the requirements of	M.G.L. c. 55. I have not re	nent of all campaign finance
I certify to	te without Committee that I have examined this report including attached schedules and it is, to ctivity, including contributions, loans, receipts, expenditures, disbursen in finance activity of all persons acting under the authority or on behalf of	nents, in-kind cor	tributions and liabilit	ies for this reporting period	and represents the
Cinnaddan	the condition of a substant of the condition of the condi		(0-404-4-1	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 Rece	ipts over \$50 (or listed above)	1,528	
Line 10: Total Rece	sipts \$50 and under* (not listed above)		
Line 11: TOTAL l	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 Recei	ipts over \$50 (or listed above)	1,528	
Line 10: Total Rece	cipts \$50 and under* (not listed above)		
Line 11: TOTAL i	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

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	Mailers	1,065.3
2/16/2021	Newburyport Signs	6 Harrison Av Sallsbury 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
		Line 12: Total Expenditures ov	er \$50 (or listed above)	4,131.76
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	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. Page 4



Form CPF M 102: Campaign Finance Report Municipal Form RECEIVED

Office of Campaign and Political Finance

21 JUN -8 PM 1:24

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. Date: 6/8/2021	Fill in Re	eporting Period dates: Beginning Date: 5/1/2	2021	Ending Date: 6/8/2021
Candidate Full Name (if applicable) Committee Name Office Sought and District 227 Middle Rd, Byfield MA 01922 Residenial Address E-mail: ms7574p@gmail.com Phone # (optional): (978) 828-3723 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Institution for Savings Institutio	1 .		⊠ 30 day	after election year-end report dissolution
Office Sought and District Office Sought and District Office Sought and District Residential Address Committee Mailing Address Committee Mailing Address E-mail: drppacker@comcast.net Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) of Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Institution for Savings Illidavit 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 of all persons acting under the subtherity or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, including antarchy of all persons acting under the subtherity or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, including antarchy subthers and liabilities for this reporting period and represents the campaign finance activity 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 in 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 in that I have examined this repor	Dana John	n Packer	Finance	
Office Sought and District 227 Middle Rd, Byfield Pd. 0.1922 Residential Address Rns757dp@gmail.com Phone # (optional): (978) 828-3723 Phone # (optional): (978) 828-3723 SUMMARY BALANCE INFORMATION:		Candidate Full Name (if applicable)		Committee Name
Residential Address E-mail: ms757dp@gmail.com Phone # (optional): (978) 828-3723 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Institution for Savings Line 9: Total (all) outstanding 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, disbunsements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity, of all persons acting	Select Boa		Dorene	M Packer
Residential Address ms757dp@gmail.com Phone # (optional): (978) 828-3723 SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Institution for Savings Institu	207 201 441	_		
E-mail: ms757dp@gmail.com G978) 828-3723 E-mail: dmpacker@comcast.net	227 Middle		227 Mic	
SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Institution for Savings Institu	E-mail:		F	
SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Institution for Savings [Institution for Savi	_		-	
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Institution for Savings Institution	Phone # (opti	ional): (978) 828-3723	Phone # (optional):
Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Institution for Savings Institu	2	SUMMARY BALANC	E INFO	RMATION:
Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Institution for Savings 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 exitivity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Torsectify 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 exitivity 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 of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the compaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the compaign 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.		Line 1: Ending Balance from previous report		-2,603.76
Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Institution for Savings		Line 2: Total receipts this period (page 3, line 11))	0
Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Institution for Savings Institut		Line 3: Subtotal (line 1 plus line 2)		-2,603.76
Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Institution for Savings Inst	Line 4: Total expenditures this period (page 5, line 14)			0
Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Institution for Savings Institution		Line 5: Ending Balance (line 3 minus line 4)		-2,603.76
Line 8: Name of bank(s) used: Institution for Savings 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 ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign mance 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. Igned under the penalties of perjury: (Treasurer's signature) 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. Detail 648/2021		Line 6: Total in-kind contributions this period (pa	ge 6)	0
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 clivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign nance 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. Cor Candidate with Committee Candidate: (check I box only)		Line 7: Total (all) outstanding liabilities (page 7)		0
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 ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign nance 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. Concentrate of perjury:		Line 8: Name of bank(s) used: Institution for Savin	gs	
igned under the penalties of perjury: Date: 6/8/2021	I certify that I activity, inclustinance activity. Signed under FOR CAN Candida I certify to activity, incurred Candida I certify to finance a	have examined this report including attached schedules and it is, to the best ding all contributions, loans, receipts, expenditures, disbursements, in-kind of ty of all persons acting under the authority or on behalf of this committee in the penalties of perjury: [DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 boots with Committee that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in act any liabilities nor made any expenditures on my behalf during this reporting the without Committee that I have examined this report including attached schedules and it is, to the citivity, including contributions, loans, receipts, expenditures, disbursements	x only) best of my kicordance with period that an	and liabilities for this reporting period and represents the campaign with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 6/8/2021 nowledge and belief, a true and complete statement of all campaign finance in the requirements of M.G.L. c. 55. I have not received any contributions, are not otherwise disclosed in this report.
Granding 2 pignature)	Signed under	the penalties of perjury:		(Candidate's signature) Date: 6/8/2021



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 5/1/2	Ending Date: 7/28/2021									
Type of Report: (Check one) Bth day preceding preliminary Sth day preceding election	☐ 30 day after election ☐ year-end report ☒ dissolution									
Dana John Packer	Finance									
Candidate Full Name (if applicable) Select Board	Committee Name									
Office Sought and District 227 Middle Rd, Byfield MA 01922	Name of Committee Treasurer 227 Middle Rd, Byfield MA 01922									
Residential Address	Committee Mailing Address									
E-mail: ms757dp@gmall.com	E-mail: dmpacker@comcast.net									
Phone # (optional): (978) 828-3723	Phone # (optional): (978) 807-5311									
SUMMARY BALANC	CE 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, lin	ne 14) 280.93									
Line 5: Ending Balance (line 3 minus line 4)	-2,884.69									
Line 6: Total in-kind contributions this period (pa	age 6) 0									
Line 7: Total (all) outstanding liabilities (page 7)	0									
Line 8: Name of bank(s) used: Institution for Savin	ngs									
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: Date: 7/28/2021										
finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	is candidate in accordance with the requirements of M.G.L. c. 55.									
Signed under the penalties of perjury:	(Candidate's signature)									



Form CPF M 102: Campaign Finance Report Municipal Form RECEIVED Municipal Form RECEIVED Office of Campaign and Political Finance, 21 JUL 29 PH 12: 06

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 5/1/3	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) Select Board	Committee Name 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 BALANC	CE 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, lin	ne 14) 280.93
Line 5: Ending Balance (line 3 minus line 4)	-2,884.69
Line 6: Total in-kind contributions this period (pa	age 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Institution for Savin	ngs
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes 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:	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. [Treasurer's signature] Date: 7/28/2021
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be Candidate with 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 the committee of the commit	e best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to th finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penaltics of periury:	(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 Forristali 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 Rece	ipts over \$50 (or listed above)	1,528	
Line 10: Total Reco	eipts \$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 Byfleld 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 Recei	pts over \$50 (or listed above)	1,528	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	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	Mailers	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 Tumpike Rowley MA 01969	Beverages & Food PITA Hall	75				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	4,412.69				
Line 13: Total Expenditures \$50 and under* (not listed above)								
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	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.

Page 4

United States Postal Service

Postage Statement - USPS Marketing Mail

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

Mailer	d C 1. B m								Mail Owner (If Name, Address Dana Packer for Dana Packer 227 Middle Road Byfield, MA 0192	d
	_	PS Cust. Ref. No.		CRID 3656468	_ CRI				CRID	
	Nev 019	t Office of Mailing wburyport, MA 150-9998	Processing Categor	Mailer's Mailing Date Apr 02, 2021		eral Agency Cost Code	Statement Seq.		For Automation Pieces, Enter Date of Address Matching and Coding 04/01/2021	No. & Type of Containers
		e of Postage Permit Imprint	Letters	y ☐ Parcels-Machina ☐ Parcels-Irregular		al # of Pieces lailing 3,678	SSF Transac	tion #	For Carrier Route Pieces,	0 Sacks
		Precanceled Stamps	Flats	CMM		al Weight	Permit#		Enter Date of Address Matching and Coding	0 1 ft. Letter Trays
9	_	Metered	☐ Marketing Parce			5.7668	96		04/01/2021	0 2 ft.
Mailing		Mail Enclosed in Another Class	Move Update Metho	☐ Attentiative Metric	d Wei	ght of a Single Piece	☐ Mailpiece	e is a	For Carrier Route Price Pieces, Enter Date of	Letter Trays
2	_		Ancillary Service Endorsement	^{ce} ☐ Multiple	:=	0.0206 pounds	product s	sample Samples	Carrier Route Sequencing 10/09/2015	EMM 3 Letter Trays
	I [—]	Bound Printed Matter	□ NCOA Link	OneCode ACS		Letter-size or flat mai			For Pieces Bearing a	O Flat Trays
	I —	Library Mail	ACS	n/a Alternative Address Format		or other disk.			Simplified Address Enter Date of Delivery Statistics	
	-	Periodicals Media Mail	Combined Mai	iling	This	is a Political Campaign	Mailing Y	es 🛛 No	File or Alternative Method	O Pallets
		Media Mail	☐ Mixed Class ☐ Single Class This is Official Election Mail ☐ Yes ☒ No				09/04/2018	0 Other		
		ts Completed (Se	elect all that ap	ply): DAADA	ВПС				S (Add parts total	□ NSA
ø.	1	Price at Which Postage	e Affixed (Check one)	. Correct Lo	west 🗀	Neither	Suptota	l Postaç	ge (Add parts tota	als) \$953.63
Postage	2	Complete if mailing inc	ludes pieces bearing	metered/PC Postage or	precance		pcs. x \$		Postage Affix	
Pos	3					Ince	entive/Dis		lat Dollar Amou	
	4								lat Dollar Amou	
_	5	Permit # _				Net Po	4) \$953.63			
Only		ditional Postage postage affixed, add								
Use O	for p	permit imprint add add	ditional payment to	total postage.		Total Adjusted Pos				ed
USPS U	(Pei	tmaster: Report Total mit Imprint Only, Exc	luding Simplified A	ddressing (EDDM))		Tota	age Permit Impr	int		
ns		tmaster: Report Total oplified Addressing (E			Total .	Adjusted Post	ddressing (EDD	M)		
_	_	centive/Discount Clair		Time Orny/						
	ager be li truth does requ	nt certifies that he or sh able for any deficiencie Iful, and complete; that s not contain any matte	e is authorized to si is resulting from mai the mail and the su r prohibited by law o be subject to crimin	gn on behalf of the mai tters within their respor opporting documentation or postal regulation. I un nal and/or civil penaltie	iler and the sibility, ke comply nderstands, including	hat the mailer is bound in mowledge, or control. Ti with all postal standard d that anyone who furni- ng fines and imprisonme	by the certificat he mailer heret s and the maili shes false or m	tion and agre by certifies thing qualifies fo	, subject to appeal. If an a es to pay any deficiencies at all information furnishe or the prices and fees clai ormation on this form or w	s. In addition, agents may d on this form is accurate, med; and that the mailing
		nature of Mailer or Ag				Printed Name of		nt Signing Fo	orm T	elephone
_		Weight of a Single Pi	ece Tota	ll Weight		Cindy L. Mi Are postage figures a	-	from mailer	s entries?	978-358-7524 tound Stamp (Required)
	sites		inds				o If yes, reas			ayment Date
	Juel	Total Pieces	Tota	l Postage			3			
	stal(
Use Only	completed in non-PostalOnel	Presort Verification Performed? (If required) Yes			No	Date Mailer Notified	10	Contact		
Use	d in n	I CERTIFY that this ma	ailing has been inspec	ted for each item below						
USPS	plete	(1) eligibility for pos								
Э	com	(2) proper preparati(3) proper completion				By (Initials)		Time	AM PM	
	To be	(4) payment of annu (5) sufficient funds of		red)					PIVI	
		USPS Employee's Si		(54)		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	A9 Part A Total (add lines A1-A8) 946									
Full S	Service Intelligent Mail Opt	ion								
A10	DISPLAY ONLY	Letters—Number of Pieces that Comply	x \$ 0.003 =							

USPS Marketing Mail

Part B—Nonautomation letters

	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					
В3	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					
В7	None	3-Digit	0.640					
В8	None	ADC	0.691					
В9	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 Date Dave 2/16/2021 Office Cell 6 Harrison Ave. Salisbury, MA 01952 978-465-7446 978-677-1081 newburyportsigns@yahoo.com **Business** Phone 978-828-3723 Dana Packer Address Contacts City Dana Zip State 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 Customer: X NPS: xPayment 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** Balance **Total Cost** \$300.00 \$1090.00 \$1390.00

Invoice 302

Deposit

\$620.00

Worksheet		Newburyport Signs				
Salesman Dave		•				Date 4/20/2021
Office 978-465-7446		6 Harrison Av Salisbury, MA newburyports	01952	noo.com	978-	Cell -677-1081
Business Dana Packe	er			Phone	Cell 978-	828-3723
Contacts Dana		Address			City	
State	Zip	Fax		Email Ms	s757dp@gma	il.com
	Aluminum	n Prints Banne	r Tru	ck Letteri	ng lexar	1
	 24 Coroplast 	: Double Sided Signs - \$1 each - totaling \$20	2 each -	totaling \$600		
Layout						
NPS: X			Custor	ner: x		
is in a 1	\$75.00 per 0% of order	payment 50% dowr hour. Failure to pay fee. Missed appoin without 24 hour noti	Balanc tments	e upon del (installatio	ivery will re on, artwork	esult review,
Color			Materi Coro	al plast with Sta	kes	

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: 978465-8593

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:

<u>Design</u>

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 OneTraffic Circle Newburyport, MA 01950

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

clientservices@minutemanpress.com

INVOICE * INVOICE

Invoice Number Invoice Date P.O. Number

102844 5/7/2021 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: 978465-8593

Email: Clientservices@minutemanpress.com

particular particular de la particular de la		
	After Material Association Control	*
150 4/K Note Cards w/ blank envelopes - Dore -5311 (Job 150274)	ne Packer dmpacker@comcast.net 978-807	\$95.37
	Invoice Subtotal:	\$95.37
	Tax:	\$5.96
	Invoice Total:	\$101.33
	Balance Due:	\$101.33

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 Seg No: 6260912

Cashier: Maria E.

*****SALE****

1	25 Munchkins	5. 79
2	Bx Joe Orig Blnd	37. 98
	Sub. Total:	\$43.77
	Tax:	\$3.06
	Total:	\$46.83
	Discount Total:	\$0.00
	Change	\$0.00
	Visa:	\$46.83

VISA

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.

S	ìi	gnature	: :	

Donut forget to tell us about today's visit! Talk to us at 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

Survey Code: 91201-36030-1004-2416

Thank You Have a Great Day!

Connect.

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

SALE

1480319 14 005 82542 1124 05/01/21 09:11

QTY SKU

PRICE

Card Balance: 0.00

US DEBIT

USD\$45.99

Card No.: XXXXXXXXXXXXX9964 [C]

Chip Read

Auth No.: 604520 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 FUR SHUPPING AT STAPLES!





Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

Of Managamanasers.	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	28/2021 Ending Date: 12/830/12012LENA
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Candidate Full Name (if applicable) Sclect Don Red Office Sought and District 227 M.DOLE Red Dyfielch MA 01922 Residential Address	Committee Name POR ENE M PACKER Name of Committee Treasurer 227 M. DDL & B. B. F. Eld MA 6; 922 Committee Mailing Address E-mail: San Macken & Comenst, Net
Residential Address	Committee Mailing Address
E-mail: M5 757 DP & GMAIL. (OM) Phone # (optional): 978-828-3723	Phone # (optional): 978. 807-53//
Priorie # (optional): 77 8 0 2 6 0 7 7 2 3	Prione # (optional): //E · OO /-) }
SUMMARY BALANCE	INFORMATION.
SUMMARI BALANCE	INFORVIATION;
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	٥
Line 3: Subtotal (line 1 plus line 2)	8
Line 4: Total expenditures this period (page 5, line	14)
Line 5: Ending Balance (line 3 minus line 4)	d
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	IN TON JAU. NS S (ACOUNT closed)
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in acc Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box o	tributions and liabilities for this reporting period and represents the campaign ordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 12 30 21
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the beactivity, of all persons acting under the authority or on behalf of this committee in according under the analysis on my behalf during this reporting personal candidate without Committee	st of my knowledge and belief, a true and complete statement of all campaign finance dance with the requirements of M.G.L. c. 55. I have not received any contributions, riod that are not otherwise disclosed in this report.
I certify that I have examined this report including attached schedules and it is, to the best finance activity, including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this ca	-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature)



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:	Ending Date: 17 31 21
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election year-end report dissolution
muchael G Dave	
Candidate Full Name (if applicable)	Committee Name
Neutany Sebamoan Office Sought and District	Commente to Flad Mydrad Date Selection Name of Committee Treasurer
6 Magan Ale Noulong MA Residential Address	Leglie Day le C. Mangar Ayr NBy Committee Mailing Address
Telephone Number (optional): 978 -873 -SOLO	Telephone Number (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	400
Line 2: Total receipts this period (page 2, line 11)	
Line 3: Subtotal (line 1 plus line 2)	(LGO WEURY 79.10 79.10 PT OF VE CLE 2: Ge 4) -6-
Line 4: Total expenditures this period (page 3, line	79.10
Line 5: Ending Balance (line 3 minus line 4)	- 0 - 0WN PA
Line 6: Total in-kind contributions this period (page	ge 4)6 - CL ?: 5
Line 7: Total (all) outstanding liabilities (page 4)	
Line 8: Name of bank(s) used: Troth when	Saury
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best cactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind cofinance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign
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 bactivity, of all persons acting under the authority or on behalf of this committee in according incurred any liabilities nor made any expenditures on my behalf during this reporting p	ordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature)

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	Durnoso of E and it	
	Minu Eman Poess	108 Rt ope Traffic Cink Newbourpoint 100 A	Purpose of Expenditure Bussian Condo	Amount 33.39
10/17/21	Mirotzma Pram	122 Rd 1 Neuburgant mo	Bussian Carlo	47.51
		Line 12: Total Expenditures over Line 13: Total Expenditures \$50 ar		7
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITUR		79.10

* 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 3