

Form CPF M22: REPORT OF BALLOT QUESTION EXPENDITURES BY CORPORATION, ORGANIZATION OR INDIVIDUAL MUNICIPAL FORM

Office of Campaign and Political Finance

of Massachusetts						
File with: Local E	lection Official		Filing Date:	8th day pr	eceding ele	ection
				30 th day a	after electio	n
				January 2	23	
	Plea	ise print or type, except signatu	ires.	3	CO 35=	20
					5 3	m
1 37	60			_	≺ ස	
1. Name of Corporation/Organization or Individual: Robert Connors						
or indiv	iduai:				Ž Ľ	m
2. Address	•	39 Annapolis Way, New	bury MA 0195	1 ř		
	•	04 17 22		05-1-23	7 -	
3. Reportin	ng Period:	04-17-23	to	05-1-25		
•		Month Day Year		fonth	Day	Year
		XXX	v		·	
4. The expen	ditures below were made to (ch	eck one) support	/ oppose	-		27
		Debt exclusion ques	tion for new to	wn hall		
question		to				
	(if applicable)	Describe qu bury	uestion briefly)	05	00.22	
submitted	to the voters in	7Dury	on	05	-09-23	
		(Name of City/Town)		(Elec	ction Date)	
<i>E</i>	2 2 2 2 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1	•6				
5. Expendi	ture(s) (attach additional pages	if necessary):				
				=	A	4
Date Paid	To Whom Paid	Address	Purpos		Amou Valı	
4-17-23	signs on the cheap	11525A Stonehollow Dr.	vote yes yar			
		Suite 100, Austin, TX 78758.	vote yes yur	a orgino	\$833.	.74
	4				000.5	4
		To	otal expenditures on	this report	833.74	ŧ
			•		00.00)
		Total exp	penditures previously	/ reported	30.00	
			Total expenditur	es to date	\$833.7	4
			-			

6. Liabilities and promises to pay:

Date Made or Incurred*	To Whom Due	Address	Purpose	Amount**
		To	otal liabilities on this report	00.00
	Total lia	bilities previously reporte	ed and currently outstanding	00.00
		Tot	al outstanding liabilities	00.00

- * A promise to pay exists and must be reported if the corporation, organization or individual has (1) made an express or implied promise to give, pay, expend or contribute money or anything of value, or (2) knows or reasonably should know that they will be responsible for paying for a good or service. A liability exists and must be reported if the corporation, organization or individual has received a good or service which has not been paid for even if the corporation, organization or individual has not received a bill or invoice.
- ** If the amount of the liability has not been determined or is in dispute, the liability should be estimated or reported as "to be determined" or "in dispute."

I certify that this report is a true statement of the amount or value of every gift, payment, expenditure or contribution or promise to give, pay, expend or contribute in order to influence or affect the vote on the question referenced on the front of this report, together with the date, purpose, and full name and address of the person to whom it was made. I make this report in accordance with the requirements of Massachusetts General Laws, Chapter 55, Section 22, as amended.

Signed under the penalties of perjury:

Robert D. Connors

Robert Connors

05-01-23

Signature of corporation/organization Treasurer or Individual

Print Name

Date

M.G.L. Chapter 55, Section 22 states in part:

Any person or the treasurer of a corporation, association, organization or other group of persons, other than a political committee organized under section 5, which has given, paid, expended or contributed, or promised to give, pay, expend or contribute, any money or other thing of value in order to influence or affect the vote on any question submitted to the voters shall file reports setting forth the amount or value of every gift, payment, expenditure or contribution or promise to give, pay, expend or contribute, together with the date, purpose and full name and address of the person to whom it was made.

Any person who makes an expenditure of \$250 or more other than a contribution to a ballot question committee or incurs a liability of \$250 or more to influence or affect the vote on any question submitted to the voters shall file reports setting forth the amount or value of the expenditure or liability, together with the date, purpose and full name of the person to whom the expenditure was made or the liability incurred.

If the question appears on ballots at a city or town election or appears on ballots for use in a city or town at a state election, such report shall be filed with the city or town clerk as follows: (1) the eighth day preceding a preliminary or primary, including a caucus, the eighth day preceding a city or town election and, if a city election, as a final report, the twentieth day of January in the following year, complete as of the thirty-first day of December of the prior year and, if a town election, as a final report, the thirtieth day following such election; (2) the eighth day preceding a special primary, including a caucus, the eighth day preceding a special election and, as a final report, the thirtieth day following a special election; and (3) the twentieth day of January of each year, complete as of the thirty-first day of December of the prior year, until all declared liabilities of such person or corporation, association, organization or other group of persons have been discharged. [Except for the Jan. 20 report, all reports must be complete as of the preceding tenth day.]

Any person or corporation, association, organization or other group of persons, other than a political committee organized under said section 5, violating any provision of this section shall be punished by a fine of not more than \$50,000 and any officer, director or agent of any such person or corporation, association, organization or other group of persons violating any provision hereof or authorizing any such violation or any person who violates or in any way knowingly aids or abets the violation of any provision hereof shall be punished by a fine of not more than \$10,000 or by imprisonment for not more than one year or by both such fine and imprisonment.



Form CPF M22: REPORT OF BALLOT QUESTION EXPENDITURES BY CORPORATION, ORGANIZATION OR INDIVIDUAL MUNICIPAL FORM

Commonwealth of Massachusetts	0	office of Campaign and Po		NEW 23				
File with: Local E	ection Official		Filing Date: 8th day pre					
	Plea	ase print or type, except signat	ures.	TOWN OLL				
Name of Indiv	f Corporation/Organization idual:	MARSHALL ~	ESPERSEN	ERK 53				
2. Address	::	169 ELM	STREET,	BYFIED, M				
3. Reporti	ng Period:	Month Day Year	to	Day Year				
question	4. The expenditures below were made to (check one) support / oppose question number / relating to Building A NEW Town HALL, (if applicable) (Describe question briefly)							
	d to the voters in	(Name of City/Town)	on <u>9</u>	ction Date)				
Date Paid	To Whom Paid	Address	Purpose	Amount or Value*				
1 MAY 2023	BUSINUSS MARKUTING NOUATO	B9 PROSPECT ST. es AMESBURY, MA 01913	POST CARDS	3583,92				
			Total expenditures on this report	3583.92				
			Total expenditures on this report	3583.92 O 3583.92				

6. Liabilities and promises to pay:

Date Made or Incurred*	To Whom Due	Address	Purpose	Amount**
			*	
			Total liabilities on this report	0
	Total li	abilities previously repo	rted and currently outstanding	C
		Т	otal outstanding liabilities	0

- A promise to pay exists and must be reported if the corporation, organization or individual has (1) made an express or implied promise to give, pay, expend or contribute money or anything of value, or (2) knows or reasonably should know that they will be responsible for paying for a good or service. A liability exists and must be reported if the corporation, organization or individual has received a good or service which has not been paid for even if the corporation, organization or individual has not received a bill or invoice.
- If the amount of the liability has not been determined or is in dispute, the liability should be estimated or reported as "to be determined" or "in dispute."

I certify that this report is a true statement of the amount or value of every gift, payment, expenditure or contribution or promise to give, pay, expend or contribute in order to influence or affect the vote on the question referenced on the front of this report, together with the date, purpose, and full name and address of the person to whom it was made. I make this report in accordance with the requirements of Massachusetts General Laws, Chapter 55, Section 22, as amended.

Signed un	nder the	penalties	of	perjury:
-----------	----------	-----------	----	----------

M.G.L. Chapter 55, Section 22 states in part:

Any person or the treasurer of a corporation, association, organization or other group of persons, other than a political committee organized under section 5, which has given, paid, expended or contributed, or promised to give, pay, expend or contribute, any money or other thing of value in order to influence or affect the vote on any question submitted to the voters shall file reports setting forth the amount or value of every gift, payment, expenditure or contribution or promise to give, pay, expend or contribute, together with the date, purpose and full name and address of the person to whom it was made.

Any person who makes an expenditure of \$250 or more other than a contribution to a ballot question committee or incurs a liability of \$250 or more to influence or affect the vote on any question submitted to the voters shall file reports setting forth the amount or value of the expenditure or liability, together with the date, purpose and full name of the person to whom the expenditure was made or the liability incurred.

If the question appears on ballots at a city or town election or appears on ballots for use in a city or town at a state election, such report shall be filed with the city or town clerk as follows: (1) the eighth day preceding a preliminary or primary, including a caucus, the eighth day preceding a city or town election and, if a city election, as a final report, the twentieth day of January in the following year, complete as of the thirty-first day of December of the prior year and, if a town election, as a final report, the thirtieth day following such election; (2) the eighth day preceding a special primary, including a caucus, the eighth day preceding a special election and, as a final report, the thirtieth day following a special election; and (3) the twentieth day of January of each year, complete as of the thirty-first day of December of the prior year, until all declared liabilities of such person or corporation, association, organization or other group of persons have been discharged. [Except for the Jan. 20 report, all reports must be complete as of the preceding tenth day.]

Any person or corporation, association, organization or other group of persons, other than a political committee organized under said section 5, violating any provision of this section shall be punished by a fine of not more than \$50,000 and any officer, director or agent of any such person or corporation, association, organization or other group of persons violating any provision hereof or authorizing any such violation or any person who violates or in any way knowingly aids or abets the violation of any provision hereof shall be punished by a fine of not more than \$10,000 or by imprisonment for not more than one year or by both such fine and imprisonment.



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

Please print or type all information, except signatures	2023 (MM/DD/YYYY)		20th day of January (Year-End report)	uant 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.	OFFICE SOUGHT	Lobrary Trushe	Bonel of Weesth	TAR WARDEN	FISH COMMONISIONES	Le hary Trus Les	Town Clerk	1 h Conomits bu	L. berry mystee	Spell Fish Comission		
Pi	Ending: 12.31.5		30th day following election (town or special)	gations during this reporting period, at	RESIDENTIAL ADDRESS (Street and Number)	SY Elm S.	21 FOREST ST	13 SCHOOL ST.	32 Porest st	160 Elm St	34 Rolfe's herre	7 Mys long	160 Elm ST	12 Main ST.		
	01.01. 2023 (MM/DD/YYYY)		X 8th day preceding election	unicipal Office. sde any expenditures, or incurred any obli	Signed under the penalties of perjury	Lylan	Seven Hom	My hall	My Shi	Kahan Baspen	Sutcher Hiczel	Mary Mr	Silged Youri	Wyget on Cought		
NEWBURY	Beginning: 01. C	eck One)	3 8th day preceding preliminary/primary 🔀 8th day p	uant 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.	PRINT NAME	Patricia Oson	Steven PRAM	MODELY LAMPREY	Jekkery JanvRin	Richard Asseri	Gretchen Grand	Alexander Maxan	Michard TrASSER!	Sugustus Cangatelli		
City or Town of:	Reporting Period:	Type of Report: (Check One)	☐ 8th day precedir	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 hav	DATE	3/18/13	320/23	4 ay- 93	4/23/23	4/27/23	5/2/23	5-10 23	5/11/23	5/15/23		



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

Office of Campaign and Political Finance

riease print or бре all information, except signatures.		ans sumplementeronomonomonyphythythythyth vitte.	20th day of January (Year-End report)	not have a campaign fund in existence.	OFFICE SOUGHT	A Car Cas of Cas	St. de.
riedse p	Ending: 5/2/2023	men entermonente trans. Sandal :	30th day following election (town or special)	usant 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.	RESIDENTIAL ADDRESS (Street and Number)	HE SECTION BLANE B	E PROPERTY AND ADDRESS OF THE PROPERTY OF THE
The state of the s	2.50, 3 Mariborrexs	. Ar . The . The . The . Adding a service of the service of the service of the . The . The . The . The . The .	Weth day preceding election 30th day follo	funicipal Office. nade any expenditures, or incurred any ob	SIGNATURE Signed under the penaltics of perjury		THE RESERVE OF THE PARTY OF THE
いたいろいれて	Beginning:	e e	Bth day preceding preliminary/primary [48th day	uant 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.	PRINT NAME		THE PROPERTY OF THE PROPERTY O
City or Town of:	Reporting Period:	Type of Report: (Check One)	8th day precedin	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a cand 2. I certify that I have not n 3. I certify that I do not hav	DATE		the special case were secured in



Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE OR CANDIDATE'S COMMITTEE **MUNICIPAL FORM**

Office of Campaign and Political Finance

SIGNED UNDER THE PENALTIES OF PERJURY:

File with: City / Town	Clerk or Election Commission						
NOTICE IS HERE candidate's commi	BY GIVEN in accordance wittee as follows:	th the provisions of G	eneral Laws, Chap	ter 55, as amen	ded, organizat	ion of a candidate	or
CANDIDATE:	Full Name:	IZI Tolon A	1 0+10				
	Residential Address:	33 Mains	Sigerie				
	City / State / Zip:	R field	114 (2	1921			
	E-Mail Address:	Dim ald	2000	con	Phone #: 61	7 912 = 39	
	Party Affiliation:	PJMY CT	1/A	, (0/1	: 100.00 m. 1 <u>01</u>		olicable
OFFICE SOUG			771			(II app	nicabic
	Title:	wall Com. H	41		District:	12. 16.15 -	5
	Candidate without committee date and file with clerk or lo	ee (check if applicable).	If checked, do not co	mplete committe		ions: sign Candid	late,
COMMITTEE:	Name of Committee:	Committee	to Elect	Paul My	ette		
	Committee Mailing Address:	(The name of the comm	_	andidate's last nam	e)		
	City / State / Zip:	133 May	15t.	01921	Phone #. / 17	0113011	-
OFFICERS:	City / State / Zip.	DYMEIA		01400	rnone #.	911 3949	7
Chairperson:	Paul Mustle		Treasurer*:	Tan C	· / × 4	Me	
Residential Address:	137 11 5		Residential Address:	Jennifer 133 NY	1411	yette	
City / State / Zip:	R Roll	MA OIGNA	City / State / Zip:	. / .	9.1	1922	
Phone #: 617 91	3945	PKF UPNA	Phone #: 97% 604	By heigh	,		A
V17 13	<u> </u>		*A public employee m	ay not serve as tre		cal committee (see re	
Check applicable box	t before signing;	Additional officers ma	y be listed on page two				
or committee on their keeping detailed acco	committee: I hereby 1) consent to a rehalf; 3) am subject to certain dounts and records of all campaign 1 committee organized on my beh	uties and liabilities unde finance activity for a pe	er M.G.L. c. 55, inclu	ding the timely f	iling of campaig	en finance reports a	nd
account or committee subject to certain duti	at committee: I hereby 1) consent c on their behalf; 3) acknowledge ies and liabilities under M.G.L. c. activity for a period of six years f	if I become a public emp 55 including the timely	oloyee I must organiz filing of campaign fi	e a committee an	d may not serve	as treasurer; and 4) am
SIGNED UNDER TH	HE PENALTIES OF PERJURY:	Candidate's signate	ure T	>		Date: 4/24/	43
that: 1) I am subject to and records of all can	ffice of Treasurer of the above-name of certain duties and liabilities und impaign finance activity for a periouloyee, I must resign this position on their behalf.	ned committee. I affirm er M.G.L. c. 55, includi d of six years from the c	that I am not a publi ng the timely filing o late of the relevant el	f campaign finan ection; 2) if after	ce reports and k my acceptance	eeping detailed acc of this office I beco	ounts ome an
	HE PENALTIES OF PERJURY:	1/2	1			Date: 04/2	4/2
		reasurer's signature				-/-	
I hereby accept the of	ffice of Chairperson of the above-	name committee.	M			Date: 4/44)	(7 S
SIGNED UNDER TH	E PENALTIES OF PERIURY:		711	\sim		Date: 110-1/	ケン

Chairperson's signature



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

				File with: City	or Town Cler	rk or Election Commission	
Fill in Reporting Period dates:	Beginning Date:	1/24/25	Ending I	Date:	5/1/27	5	
Type of Report: (Check one)							
8th day preceding preliminary	8th day preceding election	30 day	after election	year-ei	nd report	dissolution	
					7		
Capildate Full Name (if applicable) Capildate Full Name (if applicable)							
Office Sought a			Nau	me of Committe	t Trasurer	(
133 Main St. B. Field MA 01922 Residential Address Committee Mailing Address Committee Mailing Address							
E-mail: Pimyette	@ gmail, com	E-mail:		nierjennif	Y Y	tmail.com	
Phone # (optional):	U	Phone # (c	ptional):	· ·			
	CITI FILE A DATE OF A PARTY.						
	SUMMARY BALAN	CE INFO	RMATION:			-	
Line 1: Ending Ba	lance from previous report		- the t-				
Line 2: Total recei	pts this period (page 3, line 11	.)					
Line 3: Subtotal (li	ne 1 plus line 2)		C)			
Line 4: Total expen	nditures this period (page 5, lin	ne 14)	662.	77			
Line 5: Ending Bal	ance (line 3 minus line 4)		-662.	77			
Line 6: Total in-kir	nd contributions this period (p	age 6)	O]	
Line 7: Total (all)	outstanding liabilities (page 7)	,	0				
Line 8: Name of ba	ınk(s) used:	NIA	F				
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)							
FOR CANDIDATE FILINGS ONL.	Affidavit of Candidate: (check 1 b	ox only)					
Candidate with Committee Cardidate 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 in finance activity, including contributions, in campaign finance activity of all persons activity activity activity activity.	ans, receipts, expenditures, disbursement	s, in-kind contr	ibutions and liabilitie	es for this report	ing period an	d represents the	
Signed under the penalties of perjury:	The Contract of the Contract o		(Candidate's	signature)	Date:	4/24/23	

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.)

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	
4/1/23	Imprint, com	Imprintion Houston X 14550 Brednot St. 77083	Advotising	630.30	
4/1/23	Vista Print	9250 U. Red Rock Rd. Suite H Revo NV 8450B	Advortisal	32,47	
		Line 12: Total Expenditures over	er \$50 (or listed above)	662,77	
		Line 13: Total Expenditures \$50	and under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	662,77	

^{*} 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

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	023 Ending Date: 5/1/2123
Type of Report: (Check one)	0 day after election year-end report dissolution
Phone # (optional):	Committee Name Name of Committee Treasurer Committee Mailing Address mail: one # (optional):
SUMMARY BALANCE II	NFORMATION:
Line 1: Ending Balance from previous report	Ó
Line 2: Total receipts this period (page 3, line 11)	\$149.18
Line 3: Subtotal (line 1 plus line 2)	A149.18
Line 4: Total expenditures this period (page 5, line 14	9149.18
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6	5) 0
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 m activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in account Signed under the penalties of perjury:	ordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box on Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best activity, 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 per	t of my knowledge and belief, a true and complete statement of all campaign finance
Candidate without Committee To certify that I have examined this report including attached schedules and it is, to the best finance activity, including contributions, loans, receipts, expenditures, disbursements, incampaign finance activity of all persons acting under the authority or on behalf of this campaign	st of my knowledge and belief, a true and complete statement of all campaign

37.43





MARRIOTT

04/17

Date of Transaction Merchant Name or Transaction Description \$ Amount **PAYMENTS AND OTHER CREDITS** 04/13 Payment Thank You Specialist Assisted -817.17 **PURCHASE** 03/17 MARKET BASKET 00000497 ROWLEY MA 59.56 03/19 CVS/PHARMACY #01184 ROWLEY MA 7.75 03/19 MARKET BASKET 00000497 ROWLEY MA 26.26 MARKET BASKET 00000406 NEWBURYPORT MA 03/20 27.45 03/21 MARKET BASKET 00000497 ROWLEY MA 33.47 WASHVILLE CARWASH - MA NEWBURYPORT MA 03/27 10.00 03/29 A.L PRIME BYFIELD BYFIELD MA 29.95 04/01 MASS GENERAL BRIGHAM 857-282-0515 MA 15.00 04/01 YWCA GRTR NEWBURYPORT YWCANEWBURYPO MA 49.00 03/31 ROWLEY PHARMACY ROWLEY MA 101.78 04/01 ROWLEY PHARMACY ROWLEY MA 51.99 04/01 MARKET BASKET 00000497 ROWLEY MA 74.84 04/02 Amazon.com*HS60A3J80 Amzn.com/bill WA 52.88 Kindle Svcs*HS4X244X2 888-802-3080 WA 04/05 13.99 MARKET BASKET 00000497 ROWLEY MA 04/07 114.11 04/10 Audible*HJ7VX9CN1 Amzn.com/bill NJ 14.95 PAYPAL *SIGNSOCHEAP 402-935-7733 TX 04/12 134.19 THE BUTCHERY NEWBURY INC NEWBURY MA 04/12 87.43 04/12 ROWLEY PHARMACY ROWLEY MA 25.53 04/15 KELLY'S ACE HARDWARE NEWBURYPORT MA 23,36

2023	Totals Year-to-Date	
Total fees charged in . Total interest charged		\$0.00 \$0.00

MARKET BASKET 00000406 NEWBURYPORT MA

SIGNS ON THE CHEAP

SignsOnTheCheap.com Packing List

SignsOnTheCheap.com 11550 Stonehollow Dr. Suite 160 Austin, TX 78758 1-866-661-9239

Thanks for your Order!

SignsontheCheap.com makes it easy to order more of the same signs any time in the future. Just go to

www.SignsontheCheap.com and login using your email address and password--give us a call if you did not receive an email with this information. As soon as you login, you will see a list of your past orders.



82231311

Packaged by 7564

Call 1-866-661-9239.

Thanks for your Order! At SignsontheCheap.com, we strive to be the best low-cost sign purchasing option for you on the web. We know you have a choice when deciding where to buy your signs and we are grateful that you chose us! If you have any questions, compliments, or concerns, please call the 1-800 number to the right and our customer service team will be happy to help.

If we can help in any way, please give us a call at 1-866-661-9239, or contact us on our website at SignsOnTheCheap.com. Please see your email Order Confirmation, sent from service@signsonthecheap.com for an invoice of your order complete with pricing information.

Order Information	2		Shipping		
Order Number: 79166542 Package Ref. Number: 79166-542 b Order Date: 4/11/2023 Shipping Method: Ground			jo antico 74 Caldwell Farm Byfield MA 01922 United States		
Contents of this Pa	ackage (box weight	: 5.7 lbs)			
IO ELECT ★★★ Jo Antico School Committee Custom Sign (88) Plastic			3902240) Single Sided 18" x 24" SingleSided, Corrugated	HVTable	
Shipping Separate	ly: (Note that you may hav	e already received	some or all of these items.)		
10	3= 98	24"h x 10"w Wire	: Stake		

Thank you for choosing SignsOnTheCheap.com! We are always working harder to deliver the highest quality signs at the lowest possible price!

Box: Personal Pizza (18x24x2)

79166542

134.19 attachel



Order Details

Order Number:

6936457227

Order Date:

Apr. 19, 2023

Delivery items ship to

Pickup products at

Seabrook Store

536 Lafayette Rd

Seabrook,

NH 03874

Payment Details

INVOICE TO

josephine antico

74 Caldwell Farm Road

Newbury, MA01922

Payment Method

PayOnine

Order Summary

ITEM	QTY	PRICE
Pickup Products		
Edu-fair	250	\$14.99
Subtotal		\$14.99
Total		\$14.99

603 474- 8541



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

Please print or type all information, except signatures	JUNE 9 2023	700t Jone F. T 77.	uant to M.G.L. Chapter 55: 1. 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.	S OFFICE SOUGHT	m Sthoul Cumm. Hee	
	Ending:	20th day following alaction (town as associal)	ations during this reporting period	RESIDENTIAL ADDRESS (Street and Number)	74 Gardwell Far	
4	OT 1029		nig election Sal Office. ny expenditures, or incurred any obligion	Signed under the penalties of perjury	Josephin Holen	
ewbory, "	Beginning: 0 01 01	//writnatu	uant 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.	PRINT NAME Si	Hartu III	
City or Town of:	Reporting Period: Begir	Type of Report: (Check One)	Pursuant to M.G.L. Chapter 55: 1. I certify that I am a candidate for or currently ho 2. I certify that I have not received any contribution 3. I certify that I do not have a political committee.	DATE	Josephi	

(For Office Use Only)



Form CPF 101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE

Office of Campaign and Political Finance

File with: Director

Office of Campaign and Political Finance One Ashburton Place, Room 411, Boston, MA 02108

candidate's committee as follows:

23 MAY 18 PM 1.

(617) 979-8300 / (800) 462-OCPF

ocpf@mass.gov www.mass.gov/ocpf

NEWBURY TOWN CLERK

www.mass.gov/

CANDIDATE:	First Name: Leslie			Middle Initial: D	Last Name: Matthews			
	Residential Address:	111 Ma	ain Street					
	City / State / Zip:	Byfield			MA	01922		
	Email Address:	I.leslie	I.lesliematthews@comcast.net					
	Party Affiliation: (if	applicable	e)	I	Phone #: 505-843-8136	6		
OFFICE SOUG	GHT/PURPOSE:							
	Title:	Select	Board					
	District:	Newbu	ry, MA					
COMMITTEE	Name of Committee:		Select Board					
	Committee Mailing A	Address:	(The name of the cor PO BOX 662	mmittee must include the	candidate's last name)			
) TELECOPOR	City / State / Zip:		Bfield	MA 01	922 Phone	e#: 508-84	3-8136	
OFFICERS:				1				
2	Leslie D. Matthews			Treasurer*:	Anthony J.Matthews,	, Jr		
Residential Address: 1	111 Main Street			Residential Address:	111 Main Street			
City / State / Zip:	Byfield		MA 01`922	City / State / Zip:	Byfield	MA	01922	
Email:	.lesliematthews@co	mcast.	net	Email:	amatt911@hotmail.c	com		
Phone #:	508-843-813	36		Phone #:	978-873-596	50		
	* A	public en	nployee may not serve as tr	easurer of any political c	ommittee (see reverse).			

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a

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

SIGNED UNDER THE PENALTIES OF PERJURY:

Les lie D. Walleyeur

Date: 4/3/23

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature Mulleur

Date: 4-3-23

I hereby accept the office of Chair of the above-named committee. SIGNED UNDER THE PENALTIES OF PERJURY:

Date:



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance CEIVED

Ending Date: 5-4/-2022 Fill in Reporting Period dates: **Beginning Date:** Type of Report: (Check one) 8th day preceding election 8th day preceding preliminary 30 day after election year-end report dissolution COMMITTEE TO EVELT LEGLIE MATTHEUS

Committee Name Candidate Full Name (if applicable) E-mail: Phone # (optional): Phone # (optional): 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: **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) 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.

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)
4-28	WILMA BUCKLEY SCOTLAND	100	
4-27	ROBERT COLBY	50	
3-30	JEANINE CUNNIGHAM 143 GOOTLAND	100	
4-12	LEGLIE DOYLE 6 MORGAN	100	
4-8	WENDY HALL 2 LVNT	70	
3-30	GERRY HEAVEY 43 MAIN	200	RETIRED
3-30	JAN HOLT 2 MOODY	100	
3-30	JM MORAN 104 ELM	100	
4-12	CLAIRE DIX 192 HIGH RD	50	
3-30	HAREN MORSE 119 MAIN	100	
4-11	EVELYN NOYES 5 DOWNFALL	100	
3-30	DOREEN PACKER 227 MIDDLE	100	
ine 9: Total Recei	pts over \$50 (or listed above)	1270	
ine 10: Total Rece	ipts \$50 and under* (not listed above)	100	
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	1370	← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3-30	BARBARA ROGERS 157 SCOTLAND	100	
3-30	JULIE WENDT 102 MAIN	100	
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Recei	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

, M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expen		mittee name and a page number on	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4-27	AMAZON		BAG9	29.99
4-19	MINTENAN		ADDRESS LABELS	122.20
4-28	PORT SIGNWORKS		BALLOT STICKERS	239.06
3-21	SIGNS ON THE CHEAP		YAND SIGNS	391.80
3-29	SALEM SUPTION COURT		EMERGENCY INJUNCTION	275,00
4-11	STAPLES		FLYERS, POSTCANDS	207,49
4-14	STAPLES		FLYERS	52,75
4-17	STAPLES		YARD SIGNS	413,60
4-26	STAPLES		POST CARDS	51.99
4/28	V5 PG		STAMP3	384.
		Line 12: Total Expenditures over	r \$50 (or listed above)	2137
		Line 13: Total Expenditures \$50	and under* (not listed above)	29.99
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDITU	URES IN THE PERIOD	2168



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 01/01	D1/2023 Ending Date: 05/01/2023
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
William F. DiMaio	Committee to Elect William DiMaio Committee Name
Candidate Full Name (if applicable)	Geraldine DiMaio
Select Board - Newbury, MA Office Sought and District	Name of Committee Treasurer
12 Orchard ST. Newbury, MA 01922	P.O. Box 654, Newbury, MA 01922
Residential Address	Committee Mailing Address
E-mail: micmac1@comcast.net	E-mail: micmac1@comcast.net
Phone # (optional): 978-462-3341	Phone # (optional): 978-462-3341
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$425.38
Line 2: Total receipts this period (page 3, line 11)	\$1125.00
Line 3: Subtotal (line 1 plus line 2)	\$1550.38
Line 4: Total expenditures this period (page 5, line	ne 14) \$1452.62
Line 5: Ending Balance (line 3 minus line 4)	\$97.76
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: Eastern Bank	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	I contributions and liabilities for this reporting period and represents the campaign n accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	ox only)
Candidate with Committee	ne 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,
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	ts, in-kind contributions and liabilities for this reporting period and represents the his candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: William X- DM	New (Candidate's signature) Date: 5/1/2023

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)
04/25/2023	William F. DiMaio 12 Orchard St. Byfield, MA 01922	\$600.00	Retired
03/27/2023	Fram, Steve 21 Forest St. Byfield, MA 01922	\$25.00	Retired
02/07/2023	Jespersen, Marshall 169 Elm St. Byfield, MA 01922	\$500.00	Owner Various car dealerships
Line 9: Total Rece	ipts over \$50 (or listed above)	\$1125.00	
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	\$1125.00	← 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.

FREE BUSINESS CKG

Current Balance

Available Balance

\$1,318.81

\$1,318.81

Date ▼	Description ▼	Notes	Amount ▼	Balance
Apr 25, 2023	Deposit	Add a note	+\$600.00	1,318.81
Mar 29, 2023	Debit Card Purchase Dnh*godaddy.com	Add a note	-\$18.05	718.81
Mar 27, 2023	Deposit	Add a note	+\$25.00	736.86
Mar 1, 2023	Debit Card Purchase Dnh*godaddy.com	Add a note	-\$18.05	711.86
Feb 16, 2023	Debit Card Purchase Dnh*godaddy.com	Add a note	-\$76.37	729.91
Feb 7, 2023	Deposit	Add a note	+\$500.00	806.28
Jan 31, 2023	Debit Card Purchase Dnh*godaddy.com	Add a note	-\$18.05	306.28





MEMBER FEDERAL DEPOSIT INSURANCE CORPORATION

ALL ITEMS ARE SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE AGREEMENT.
ALL DEPOSITS AND PAYMENTS ARE ACCEPTED SUBJECT TO VERIFICATION AND COLLECTION.
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL.

TR:36 320-32010

04/25/23 DES

保ちな \$400.00

Transfer to account: XXXXXX8763

Thank you for banking with us.

EBF-0105 (10/11)





MEMBER FEDERAL DEPOSIT INSURANCE CORPORATION

ALL ITEMS ARE SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE AGREEMENT.
ALL DEPOSITS AND PAYMENTS ARE ACCEPTED SUBJECT TO VERIFICATION AND COLLECTION.
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL.

102 20-320A

02/07/23 03:48 PM

XXXXXXX8763 CW Deposit

Thank you for banking with us.

EBF-0105 (10/11)

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		-	
ine 9: Total Receip	ts over \$50 (or listed above)		
	ots \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)			Amount
01/31/2023	Go Daddy.com	2155E GoDaddy Way Tempe, AZ 85284	Web Site payment	\$18.0
02/16/2023	Go Daddy.com	2155E GoDaddy Way Tempe, AZ 85284	Web Site payment	\$76.3
03/01/2023	Go Daddy.com	2155E GoDaddy Way Tempe, AZ 85284	Web Site payment	\$18.05
03/29/2023	Go Daddy.com	2155E GoDaddy Way Tempe, AZ 85284	Web Site payment	\$18.05
01/03/2023	Go Daddy.com	Tempe, AZ 85284	Web Site payment	\$18.05
		100 Namburga A Turnsila		
04/25/2023	MinuteMan Press	188 Newburyport Turnpike Newburyport, MA 01950	Mailer postcard printing and direct mail service	\$833.63
04/25/2023	United States Postal Service	12 Malcolm Hoyt Dr Newburyport, MA 01950	Postage for postcard Mailers	\$387.42
01/09/2023	United States Postal Service	Newburyport, MA 01950	postal box 654 rental	\$83.00
		Line 12: Total Expenditures	over \$50 (or listed above)	\$1452.62
		Line 13: Total Expenditures 5	\$50 and under* (not listed above)	
	Enter on page 1, line 4	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	\$1452.62

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
			1	
				<u> </u>
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1 line $A \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
			hould include only those expenditure	

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

GoDaddy <donotreply@godaddy.com>

Renewal receipt for order #2423303362.

To micmac1@comcast.net



Need help? Contact us.

Customer Number: 463331340

Renewal Success!

Sign in to see what's new.

Product	Quantity	Term	Price
Websites + Marketing Basic Renewal electwilliamdimaio.com	1 Plan	1 Month	\$16.99
	Subtotal:		\$16.99
	Tax:		\$1.06
	Total:		\$18.05



We have billed your MasterCard card ending with the last two digits: 21 for the amount of \$18.05.

GoDaddy <donotreply@godaddy.com>

Renewal receipt for order #2472713439.

To micmac1@comcast.net



Need help? Contact us.

Customer Number: 463331340

Renewal Success!

Sign in to see what's new.

Product	Quantity	Term	Price
Microsoft 365 Email Essentials From GoDaddy Renewal williamdimaio@electwillia	1 User	1 Year	\$71.88
	Subtotal:		\$71.88
	Tax:		\$4.49
	Total:		\$76.37



We have billed your MasterCard card ending with the last two digits: 21 for the amount of \$76.37.

Renewal receipt for order #2487127077.

To micmac1@comcast.net



Need help? Contact us.

Customer Number: 463331340

Renewal Success!

Sign in to see what's new.

Product	Quantity	Term	Price
Websites + Marketing Basic Renewal electwilliamdimaio.com	1 Plan	1 Month	\$16.99
	Subtotal:		\$16.99
	Tax:		\$1.06
	Total:		\$18.05



We have billed your MasterCard card ending with the last two digits: 21 for the amount of \$18.05.

GoDaddy <donotreply@godaddy.com>

Renewal receipt for order #2520029013.

To micmac1@comcast.net



Need help? Contact us.

Customer Number: 463331340

Renewal Success!

Sign in to see what's new.

Product	Quantity	Term	Price
Websites + Marketing Basic Renewal electwilliamdimaio.com	1 Plan	1 Month	\$16.99
	Subtotal:		\$16.99
	Tax:		\$1.06
	Total:		\$18.05



We have billed your MasterCard card ending with the last two digits: 21 for the amount of \$18.05.

GoDaddy <donotreply@godaddy.com>

Renewal receipt for order #2555855415.

To micmac1@comcast.net



Need help? Contact us.

Customer Number: 463331340

Renewal Success!

Sign in to see what's new.

Product	Quantity	Term	Price
Websites + Marketing Basic Renewal electwilliamdimaio.com	1 Plan	1 Month	\$16.99
	Subtotal:		\$16.99
	Tax:		\$1.06
	Total:		\$18.05



We have billed your MasterCard card ending with the last two digits: 21 for the amount of \$18.05.



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

111428

Invoice Date

4/24/2023

P.O. Number

Bill

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

1,310 4/4 Postcards- 6x9 + Graphic Design - 1110 are mail merged and 200 will be no indicia and goes to Bill WILLIAM F DI MAIO <micmac1@comcast.net> (Job 165580)</micmac1@comcast.net>	\$614.59
1 Mailing Services- Mail Merge, Bundling, Drop of to Post Office WILLIAM F DI MAIO <micmac1@comcast.net> (Job 165581)</micmac1@comcast.net>	\$170.00
Invoice Subtotal:	\$784.59

\$49.04 Tax: Invoice Total: \$833.63 **Balance Due:** \$833.63

PAID 4/25/2023 \$ 833.63

Salesperson: Kimberly	
Please pay by this invoice. RECEIVED:	_DATE:
Thank You for doing business with us.	





M

Phone: 978-465-2242 Fax: 978-465-8 clientservices@minutemanpress.c

PROJECT ESTIMATE

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

Thank you for your inquiry and supporting local businesses. 1,310 4/4 Postcards- 6x9 + Graphic Design - 1110 are mail merged and

200 will be no indicia and goes to Bill WILLIAM FDI MAIO <micmacl@comcast.net> (Job ID 165580)

Total:

\$614.59

4/18/20,

Graphic Design

Printing

1,310 Finished Pieces

2 sides

Duplex Top/Top

100# Gloss Coated Cover • White Side 1 and 2 Ink(s): FULL COLOR

Finishing

Cut to 6.13x9

1 Mailing Services- Mail Merge, Bundling, Drop of to Post Office WILLIAM F DI MAIO <micmacl@comcast.net> (Job ID 165581)

Process List, Mail Merge, Bundling and Drop off to Post Office - 1 Pieces. Total: \$170.00

1 First Class Postage WILLIAM F DI MAIO <micmacl@comcast.net> (Job ID 165598)

First Class Postage - 1 Pieces.

\$387.42

Heek 101 \$387.42



BYFIELD 2 CENTRAL ST BYFIELD, MA 01922-9998 (800)275-8777

01/09/2023

11:24 AM

Product

Qty

Unit Price

Price

Box Renewal

\$83,00

Renewal ZIP Code": 01922 Box #: 654 Rental Start Date: 02/01/2023 Next Renewal Date: 07/31/2023 Customer Name: WILLIAM DIMAIO

Grand Total:

\$83.00 \$83.00

Debit Card Remit

Card Name: MasterCard Account #: XXXXXXXXXXXXX1921 Approval #: 002355 Transaction #: 601

Receipt #: 026815 Debit Card Purchase: \$83.00

AID: A0000000042203

Chip

AL: Debit PIN: Verified

Preview your Mail Track your Packages
Sign up for FREE ®
https://informeddelivery.usps.com

All sales final on stamps and postage. Refunds for guaranteed services only. Thank you for your business.

Tell us about your experience. Go to: https://postalexperience.com/Pos or scan this code with your mobile device,



or call 1-800-410-7420.

UFN: 241054-0922

Receipt #: 840-50180165-2-4723936-1

Clerk: 2

//3409 Checking *8763

FREE BUSINESS CKG

Sign out (https://www.easternbank.com)

Current Balance

Available Balance

\$718.81

\$718.81

Balance	718.81	736.86	711.86	729.91	806.28	306.28	324.33
Amount •	-\$18.05	+\$25.00	-\$18.05	-\$76.37	+\$500.00	-\$18.05	-\$83.00
Notes	Add a note	Add a note	Add a note	Add a note	Add a note	Add a note	Add a note
Description ▼	Debit Card Purchase Dnh*godaddy.com	Deposit	Debit Card Purchase Dnh*godaddy.com	Debit Card Purchase Dnh*godaddy.com	Deposit	Debit Card Purchase Dnh*godaddy.com	Pos Purchase Usps Po 2410540922
Date 🔻	Mar 29, 2023	Mar 27, 2023	Mar 1, 2023	Feb 16, 2023	Feb 7, 2023	Jan 31, 2023	Jan 9, 2023

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

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

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
L	Enter on page 1. line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

Page 7