

City or Town of:	Newbury		Pied.	se print or type all information, except signatures.
Reporting Period	d: Beginning: 01/01/2022	•	Ending: 05/02/2022	
		(MM/DD/YYYY)		(MM/DD/YYYY)
Type of Report: (0	Check One)			
8th day preced	ling preliminary/primary 📝 8th day p	preceding election 30th day follow	wing election (town or special)	20th day of January (Year-End report)
I certify that	at I am a candidate for or currently hold M	Iunicipal Office. nade any expenditures, or incurred any obl	igations during this reporting period, and	do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
	Ginny lung	Surgedia	155 Scotland 10	Board of Hearth
	BRUCE ILSTEY	Bruce Maley	246 HIGH RD.	TRUSTEE OF FS CENTE
	Linda McCamic	Sur Man	2 Longview Ln	ASSESSOR
	Charles Colby J		SGR lentral St	Constable
	my_	LAMERCET MUTH	30 SCHOUL SO	PLANNING BURRO
	Charles Colby	Charle Coly	142 High Rd	Fish Commissioner
	Alba L Gould Horpe	2 7 2	7 PI Blvd.	BOH



Please print or type all information, except signatures.

City or Town of:	Newbury				o prim or type and nigormanors, except organisa es
Reporting Period	d: Beginning: 01/01/2022	11.20201	Ending:	06/09/2022	
		(MM/DD/YYYY)			(MM/DD/YYYY)
Type of Report: (0					
8th day preced	ling preliminary/primary 8th day p	receding election 30th day follow	ing election (tov	vn or special)	20th day of January (Year-End report)
I certify that	at I am a candidate for or currently hold M	unicipal Office. ade any expenditures, or incurred any obli	gations during th	nis reporting period, and	do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury		NTIAL ADDRESS et and Number)	OFFICE SOUGHT
	Mary Beth Cennani	Menuann	11 Cert	valst unit	LIbrary Trustee
	Girmyung	Burghung	155 Sco	tland nd	Board of Health
	BRUCE ELSLEY	Rrice Maly	24641	SH RD.	FS CEMETERY TOUSTED
	Linta McCama	Lel Man	2 Longu	nea La	Assessor
	Chales Cally Ir	11	EGR Ca	to St	Constable
	LAWRENCE J. MMERIN	7/M2	3000	HAL ST.	PLANNING BUSIS
	Alba L Gouldthorpe	Q Y H	7 191	Blvd	Вон
		od . 4 22			



City or Town of: New	bury		Ple	ase print or type all information, except signatures.
Reporting Period:	Beginning: 01/01/2022	(MM/DD/YYYY)	Ending: 12/31/2022	(MM/DD/YYYY)
Type of Report: (Check	One)			
8th day preceding pr	eliminary/primary 🔲 8th day p	preceding election 30th day follow	wing election (town or special)	20th day of January (Year-End report)
2. I certify that I have	a candidate for or currently hold M		igations during this reporting period, and	d do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
	and Beth Emani		11 Central St. Unit 4	Library Truske
	nry king	Genrynling	155 Scotland and	Board of Health
	RUCE IZELY	Bryce Ilden	246HIGH RO	FSCEMETERY TRUST
	inta Mama	Sand Mila	2 Consulation	ASSESSO1
Cho	iles Colby Ir	90	San Cupal St	Constable
4	FINDERC J. MURDO	2 hours	30 SCHURL ST	RIANNIND BURNS
Al	ba L. Gould thorpe	B. F.	1 PI Blvd	BoH
		32	.,.	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 05/1	10/2022 Ending Date: 06/10/2022
Type of Report: (Check one)	d o in
8th day preceding preliminary 8th day preceding election	⊠ 30 day after election
William F. DiMaio	Committee to Elect William DiMaio
Candidate Full Name (if applicable)	Committee Name
Select Board - Newbury, MA	Geraldine F. DiMaio
Office Sought and District	Name of Committee Treasurer
12 Orchard St., Newbury, MA 01922 Residential Address	P.O. Box 654, Newbury, MA 01922 Committee Mailing Address
E-mail: micmac1@comcast.net	E-mail: micmac1@comcast.net
Phone # (optional): 9784623341	Phone # (optional): 978462341
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	\$634.73
Line 2: Total receipts this period (page 3, line 11)) 0
Line 3: Subtotal (line 1 plus line 2)	\$634.73
Line 4: Total expenditures this period (page 5, lin	ne 14) \$18.05
Line 5: Ending Balance (line 3 minus line 4)	\$616.68
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	
	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: 6/9/2022 ox only) 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, g period that are not otherwise disclosed in this report. e best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	

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	Amanus	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
N/A			
"^		١	
		il.	
ine 9: Total Receipt	ts over \$50 (or listed above)		
inc 10: Total Receip	ots \$50 and under* (not listed above)		
ine 11: TOTAL RE	CCEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

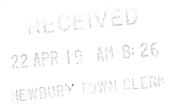
M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records,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

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

Da4- D-13	To Whom Paid	4 1 1	D 877	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
5/31/2022	GoDaddy.com	2155 E GoDaddy Way Tempe, AZ 85284	web Site payment	\$18.05
		Line 12: Total Expenditures ov	er \$50 (or listed above)	\$18.05
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	\$18.05

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

Page 4





Of Ministrutions				
City or Town of:	Newbury			rini or type all information, except signatures
Reporting Period:	Beginning: 04//	15 28 2 2 (MANDDAYYYY)	Ending: 05/10	2022 MODOYYYY
Type of Report: (Ch	eck One)			
☐ 8th day precedin	g preliminary/primary 🔯 8th day p	preceding election 30th day follow	ing election (town or special) 20t	h day of January (Year-End report)
2. I certify that I	am a candidate for or currently hold M		gations during this reporting period, and do	not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRESS (Street and Number)	OFFICE SOUGHT
1/15/2022	DANA PACKER	P. /-	227 middle hel Byfield	Seket Bonnel
			Ji	



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

Municipal Form Office of Campaign and Political Finance

Please print or type all information, except signatures.	AAAADDAXAAA		20th day of January (Year-End report)	and do not have a campaign fund in existence.	OFFICE SOUGHT	Library Trustec						
City or Town of Byheld Mewbury	Reporting Period: Beginning: Ending:	Tyne of Renort: (Check One)	mary/primary With day preceding election 30th day following election (town or special)	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.	DATE Signed under the penalties of perjury (Street and Number)	4/15/22 Mary Beth Cennauni Mosth Cenulaini 11 Central St Unit 4						

RECEIVED 22 APR 25 PH 12: 03 NEWBURY TOWN CLERK



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

City or Town of	Newbury			I touse prime or type an injuration, except signatures.
Reporting Perio	od: Beginning: 01/01/2022		Ending: 04/22/2022	
		(MM/DD/YYYY)		(MM/DD/YYYY)
Type of Report:	(Check One)			
8th day prece	ding preliminary/primary 🔀 8th d	lay preceding election 30th day follo	wing election (town or special)	20th day of January (Year-End report)
2. I certify th	nat I am a candidate for or currently hol		igations during this reporting period	d, and do not have a campaign fund in existence.
DATE	PRINT NAME	SIGNATURE Signed under the penalties of perjury	RESIDENTIAL ADDRES (Street and Number)	S OFFICE SOUGHT
	Larry Murphy	signed under the penalties of perjury	30 School Street	Planning Board
4/25/22		Z9 MM	J.V.	
			<u> </u>	
] [
	<u></u>		<u> </u>	



Form CPF M 102: Campaign Finance Report Municipal Form RECEIVED

Office of Campaign and Political Finance

-22 MAY -2 AN ID: 22

Ot 14tg33g4ng5ctg	File with: City of Town Clerk on Election Commission
Fill in Reporting Period dates: Beginning Date: 1/24/	2022 Ending Date: May 2, 2022
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
Candidate Full Name (if applicable) Select Board - Newbury, MA	Committee Name Geraldine DiMaio
Office Sought and District	Name of Committee Treasurer
12 Orchard St. Byfield, 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): 9784623341	Phone # (optional): 9784623341
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	\$0.0
Line 2: Total receipts this period (page 3, line 11)	\$3200.00
Line 3: Subtotal (line 1 plus line 2)	\$3200.00
Line 4: Total expenditures this period (page 5, line	\$2565.27
Line 5: Ending Balance (line 3 minus line 4)	\$634.73
Line 6: Total in-kind contributions this period (page	ge 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 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 a Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. Date: 5/2/2022 conly) 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.
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: William Y. DN	(Candidate's signature) Date: 5/2/2022

//3409 Checking *8763

FREE BUSINESS CKG

Current Balance

Available Balance \$634.73

\$634.73

Date 💌	Description ▼	Notes •	Amount •	Balance
In Process	Check Tlr32001 Br 320		-\$83.00	634.73
Apr 29, 2022	Check #151	Add a note	-\$592.36	717.73
Apr 29, 2022	Deposit	☑ Add a note	+\$100.00	1,310.09
Apr 28, 2022	Check #152	☑ Add a note	-\$966.13	1,210.09
Apr 25, 2022	Deposit	☑ Add a note	+\$2,000.00	2,176.22
Apr 4, 2022	Debit Card Purchase Dnh*godaddy.com	☑ Add a note	-\$18.05	176,22
Mar 21, 2022	Debit Card Purchase Etsy.com - Gigraff	Add a note	-\$27.23	194.27
Mar 9, 2022	Debit Card Purchase Vistago Print Llc	☑ Add a note	-\$810.81	221.50
Mar 2, 2022	Deposit	Add a note	+\$500.00	1,032.31
Feb 16, 2022	Debit Card Purchase Dnh*godaddy.com	Add a note	-\$67.69	532.31
Feb 3, 2022	Deposit	Add a note	+\$500.00	600.00

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.)

D-4- D 1 1	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
1/27/2022	DiMaio, William F. 12 Orchard St. Byfield, MA 01922	\$100.00	
4/25/2022	DiMaio, William F. 12 Orchard St. Byfield, MA 01922	\$2000.00	Retired
3/2/2022	Greco, Alicia 3 Courtney Dr. Byfield, MA 01922	\$500.00	Animal Welfare Coordinator Charles River Labs Cambridge, MA
2/3/2022	Jespersen, Marshall 169 Elm St. Byfield, MA 01922	\$500.00	Owner Various car dealerships
4/29/2022	Joyce Machiros 5 Sunset Dr. Newbury, MA 01951	\$100.00	
ine 9: Total Rece	ipts over \$50 (or listed above)	\$3200.00	
ine 10: Total Rece	eipts \$50 and under* (not listed above)	\$0.00	
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	\$3200.00	← Enter on page 1, line 2

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

SCHEDULE A: RECEIPTS (continued)

Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
i			
ne 9: Total Receir	ots over \$50 (or listed above)		
ne 10: Total Recei	pts \$50 and under* (not listed above)		
ne 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2

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





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:64 320-32010 01/27/22 03:11 PM

\$100.00

XXXXXX8763 Ck Deposit

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.

TR: 128 320-32004

04/25/22 10:44 AM

Chk to Chk

\$2,000.00

Transfer to account: XXXXXX8961

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.

TR:70 320-32003

03/02/22 02:19 PM

XXXXXX8763 Ck Deposit

\$500.00

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.

TR:29 320-32007

02/03/22 02:32 PM

XXXXXX8763 Ck Deposit

\$500.00

Thank you for banking with us.





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:51 320-32009 04/29/22 計算部 AN

\$100.00

EBF-0105 (10/11)

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	
3/9/2022	Dirt Cheap Signs	6706 Lohman Ford Rd. Lago Vista, TX 78645	Political yard signs, stakes and shipping	\$810.8	
3/21/2022	GigraffeDesignStudio	10960 E Crystal Falls Pky. Leander, TX 78641	Campaign logo tee shirt	\$27.23	
2/16/2022	GoDaddy	2155 E GoDaddy Way Tempe, AZ 85284	Purchase web site and support	\$67.69	
4/4/2022	GoDaddy	2155 E GoDaddy Way Tempe, AZ 85284	Web site monthly charge	\$18.05	
4/25/2022	Minuteman Press	188 Newburyport Turnpike Newburyport, MA 01950	Mailer postcard printing and direct mail service	\$966.13	
4/25/2022	United States Postal Service	12 Malcolm Hoyt Dr. Newburyport, MA 01950	Postage for postcard mailers	\$592.36	
1/24/2022	United States Postal Service	9 Central St. Byfield, MA 01922	PO Box rental for Election Committee	\$83.00	
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	\$2565.27	
Line 13: Total Expenditures \$50 and under* (not listed above)		0 and under* (not listed above)	\$0.00		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	\$2565.27	

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid	Address	Dumage of Ermanditure	A
Date Faig	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD f you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

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



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: Cir. or Town	Clark or Election Commission
Fill in Reporting Period dates: Beginning Date:	/30/2021 Ending Date: 1/5/	2023
Type of Report: (Check one)		The state of the s
8th day preceding preliminary 8th day preceding election	30 day after election year-end repor	nt dissolution
DANA JOHN PACKER	FINANCE	
Select Born (if applicable)	Pokene M PACKER	
227 MiDDL & Red Byfield MA 51922	Name of Committee Treasur Let Micole Rd Byfield Mi Committee Mailing Address	er 1 01922
Office Sought and District 227 MIDDLE Red Byfield MA 51922 Residential Address E-mail: APA <ker &="" newborky,="" of="" org<="" td="" town=""><td>Committee Mailing Address E-mail: Compacken & Comcas</td><td>s t. Net</td></ker>	Committee Mailing Address E-mail: Compacken & Comcas	s t. Net
Phone # (optional): 978 828 3723	Phone # (optional): 918 807 53 11	
SUMMARY BALAN	E INFORMATION:	1
Line 1: Ending Balance from previous report	0	
Line 2: Total receipts this period (page 3, line 1)	٥	
Line 3: Subtotal (line 1 plus line 2)	Ø	
Line 4: Total expenditures this period (page 5, li	14)	
Line 5: Ending Balance (line 3 minus line 4)	0	
Line 6: Total in-kind contributions this period (p	ge 6) Ø	First Annual Control
Line 7: Total (all) outstanding liabilities (page 7)	0	
Line 8: Name of bank(s) used: Zustitution	for savings (Acount close	4)
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the beactivity, 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:	ntributions and liabilities for this reporting period and repr	resents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	only)	
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 a incurred any liabilities nor made any expenditures on my behalf during this reporting	ordance with the requirements of M.G.L. c. 55. I have not a	nent of all campaign finance 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, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	n-kind contributions and liabilities for this reporting period	d and represents the
Signed under the penalties of perjury:	(Candidate's signature)	1/5/2023



Form CPF M 102: Campaign Finance Report Municipal Form RECEIVED

Office of Campaign and Political Finance EC 21 PM 3: 20

NE WELL GIR OF Down Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 06/1	1/2022 Ending Date: 12/31/2022
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
Candidate Full Name (if applicable)	Committee Name
Select Board - Newbury, MA Office Sought and District	Geraldine F. DiMaio 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	\$661.68
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	\$616.68
Line 4: Total expenditures this period (page 5, lin	ne 14) \$191.30
Line 5: Ending Balance (line 3 minus line 4)	\$425.38
Line 6: Total in-kind contributions this period (pa	
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Eastern Bank	
activity, of all persons acting under the authority or on behalf of this committee in actine incurred any liabilities nor made any expenditures on my behalf during this reporting 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	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: 12/21/2022 ox only) The 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, as period that are not otherwise disclosed in this report. The best of my knowledge and belief, a true and complete statement of all campaign in this report. The 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
campaign finance activity of all persons acting under the authority or on behalf of this	

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)
I/A		0	
ine 9: Total Receip	pts over \$50 (or listed above)		
ine 10: Total Recei	ipts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

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

SCHEDULE B: EXPENDITURES

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

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

D. (. D. (.	To Whom Paid	4.23	D	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
07/01/2022	Go Daddy.com	2155E GoDaddy Way Tempe, AZ 85284	Web Site payment	\$18.0
08/01/2022	Go Daddy.com	2155E GoDaddy Way Tempe, AZ 85284	Web Site payment	\$18.0
08/31/2022	Go Daddy.com	2155E GoDaddy Way Tempe, AZ 85284	Web Site payment	\$18.0
10/03/2022	Go Daddy.com	2155E GoDaddy Way Tempe, AZ 85284	Web Site payment	\$18.05
10/31/2022	Go Daddy.com	2155E GoDaddy Way Tempe, AZ 85284	Web Site payment	\$18.05
12/01/2022	Go Daddy.com	2155E GoDaddy Way Tempe, AZ 85284	Web Site payment	\$18.05
07/22/2022	United States Post Office	9 Central St., Byfield, MA 01922	PO Box rental for Election Committee	\$83.00
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	\$83.00
		Line 13: Total Expenditures \$50		\$108.30
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		\$191.30

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

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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	
N/A				0	
		Line 15: In-Kind Contributions over \$50 (or listed above)			
•		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	o	

^{*} 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.

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