

Office of Campaign and Political Finance

RECEIVED 07 APR 30 AM 10: 54

File with:

y or Town Clerk or Election Commission Please print or type all informat	ion, except signatures	. ME WBUR	Y TOWN CLERK
Fill in dates: Reporting Period Beginning Apic i Date Year 700 7	Ending Apr	i / 30	Year -200 ¹ 7
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election [☐30 day after election	□year-end repor	t dissolution
Frank A. Chi ARAVAlloti Full Name of Candidate (if applicable) TRiton Regional School Commettee	Commi	ttee Name	
Office Sought and District 87 Scotland Rund	Name of Com	mittee Treasurer	
Residential Address Newburzy, MA 01951	Committee M	Tailing Address	
Tel. No. (optional)		Tel. No.	(optional)
Line 1: Ending balance from previous Line 2: Total receipts this period (page Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used	2, line 11) I (page 3, line 14) Deriod (page 4)	\$ 1,900.40 \$ 1,900.40 \$ 1,900.40 \$ -0- \$ -0-	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the b finance activity, including all contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this considerate the penalties of the contributions.	, in-kind contributions and list committee in accordance with	abilities for this reporting p	period and represents the
Treasurer's signature (in ink)		Date	
FOR CANDIDATE FILINGS ONL	Y: (CANDIDATE MUST	SIGN BELOW)	
Affidavit of Candidate: (check 1 box only)			

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.

X Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Cardidate signature (in ink)



Form CPF M 102: Campaign Finance Report

Municipal Form

RECEIVED

Office of Campaign and Political Finance

07 JUN -4 PM 12: 10

NEWBURY TOWN CLERK File with: City or Town Clerk or Election Commission Please print or type all information, except signatures. Fill in dates: Reporting Period Beginning Juge Ma 2007 Type of report: (Check one) ☐30 day after election ☐year-end report ☐8th day preceding preliminary ☐8th day preceding election **dissolution** Full Name of Candidate (if applicable) Committee Name TRITON Recional School Committee Office Sought and District Name of Committee Treasurer Scetland Road Committee Mailing Address Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line I plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) 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 (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any
contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign
finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the

campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:



	IVIUNICIPAL FORM Office of Campaign and Political Finance	To the second
Commonwealth of Massachusetts	•	
File with: City or Town Clerk or Election Commission Plan	ease print or type all information, except signatures	Date Yearly
Fill in dates: Month Reporting Period Beginning MARC	Date Year Month 25 20/0 Ending App	Date Year 4
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th	h day preceding election 30 day after election	☐year-end report ☐dissolution
Full Name of Candidate (if ap Selection of Candidate) Office Sought and Distribution of Scotland & Residential Address	Name of Con CACL 87 Scotlan	Elecatrank Chiaravalloti ittee Name Chiaravalloti mittee Treasurer A Roacl Mailing Address MA 01951 Tel. No. (optional)
Line 1: Ending bath Line 2: Total recent Line 3: Subtotal (Line 4: Total expending bath Line 5: Ending bath Line 6: Total in-ki	enditures this period (page 3, line 14) alance (line 3 minus line 4) nd contributions this period (page 4) outstanding liabilities (page 4)	\$ -0- \$ 1,275.00 \$ 1,275.00 \$ 1,172.14 \$ 102.86 \$ 0 \$ 0
campaign finance activity, including all contribu and represents the campaign finance activity of	ing attached schedules and it is, to the best of my knowledge tions, loans, receipts, expenditures, disbursements, in-kind con all persons acting under the authority or on behalf of this co Signed under the penalties of perjury:	tributions and liabilities for this reporting period
FOR CAND	IDATE FILINGS ONLY: (CANDIDATE MUST SIG	IN BELOW)
campaign finance activity, of all persons acting have not received any contributions, incurred any Candidate without Committee OR Candidate I certify that I have examined this report include campaign finance activity, including contribution and represents the campaign finance activity of M.G.L. c. 55.	independent of the committee ing attached schedules and it is, to the best of my knowledge g under the authority or on behalf of this committee in accord y liabilities nor made any expenditures on my behalf during this ate with independent activity filing separate report ing attached schedules and it is, to the best of my knowledge ms, loans, receipts, expenditures, disbursements, in-kind contr all persons acting under the authority or on behalf of this con Signed under the penalties of perjury:	dance with the requirements of M.G.L. c. 55. Its reporting period. and belief, a true and complete statement of all librations and liabilities for this reporting period.



ommonwealth Massachusetts	
ile with: City or Town Clerk or Election Commission Please print or type all infe	ormation, except signatures.
Fill in dates: Month Date Year Reporting Period Beginning NAY / 20/	
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	n □30 day after election □year-end report □dissolution
Full Name of Candidate (if applicable) Selectman, Newburg Office Sought and District 87 Scotland Koad Residential Address Newhy, M4 01951 Tel. No. (optional)	Committee to Elect Frank (higher loti Committee Name Deborgh B. Chiaravalloti Name of Committee Treasurer 87 Scotland Road Committee Mailing Address New homy, MA 01951 Tel. No. (optional)
Line 1: Ending balance from precline 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabit Line 8: Name of bank(s) used	(page 2, line 11) \$ \(\sum_{50.00} \) \$ \(\sum_{50.86} \) \$ \(\sum_{50.86} \) \$ \(\sum_{50.86} \) \$ \(\sum_{50.86} \) \$ \(\sum_{50.96} \) \$ \(\sum_{5
campaign finance activity, including all contributions, loans, receipts, expend	is, to the best of my knowledge and belief, a true and complete statement of all itures, disbursements, in-kind contributions and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of perjury: 6-22-10 Date
FOR CANDIDATE FILINGS ON	LY: (CANDIDATE MUST SIGN BELOW)
campaign finance activity, of all persons acting under the authority or on behave not received any contributions, incurred any liabilities nor made any expandidate without Committee OR Candidate with independent activity. I certify that I have examined this report including attached schedules and i campaign finance activity, including contributions, loans, receipts, expendit	t is, to the best of my knowledge and belief, a true and complete statement of all chalf of this committee in accordance with the requirements of M.G.L. c. 55. I benditures on my behalf during this reporting period. If the separate report is, to the best of my knowledge and belief, a true and complete statement of all cures, disbursements, in-kind contributions-and liabilities for this reporting period authority or on behalf of this committee in accordance with the requirements of
Candidate signature (in ink)	Date



Type of report: (Check one) Sth day preceding election 30 day after election Syear-end report Italian It	
Reporting Period Beginning C6 O1 2010 Ending O1 19 2011 Type of report: (Check one) Bth day preceding preliminary Bth day preceding election 30 day after election Syear-end report Edissolution A Chiarana Ilati Cammittee To Elect Trank (Unorativalle)	Section 1
■8th day preceding preliminary ■8th day preceding election ■30 day after election ■year-end report dissolution FRANK A Chiarana //cti Committee To Elect TRANK (Light Stralle)	
	ation
Full Name of Candidate (if applicable) Defectional, Aleubury Office Sought and District Strand Residential Address Newbury, MA 01951 Tel. No. (optional) Committee Name Deberah B Chuaravalloti Name of Committee Treasurer 87 Scatland Road Committee Mailing Address Newbury, MA 01951 Tel. No. (optional)	
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used TO Bank	
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 staten campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this report and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements. M.G.L. c. 55. Signed under the penalties of perjury: Date	ng period
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	
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 statem 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. 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 statem campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the require Signed under the penalties of perjury: Candidate signature (in ink)	c. 55. I



Form CPF M 102: Campaign Finance Report

Municipa Office of Campaign ar Omnonwealth Massachusetts	
ile with: NEW BO, Y lity or Town Clerk or Election Commission Please print or type all inform	nation, except signatures.
Fill in dates: Month Date Year Reporting Period Beginning A	Month Date Year 74-
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	□30 day after election □year-end report ☑dissolution
Full Name of Candidate (if applicable) $Se/ee7711641$	Committee Name JOSETTE WALKER
Office Sought and District 173 H/GH RCHD	Name of Committee Treasurer
Residential Address N. F. G. G. C. C. G.	Committee Mailing Address NOLL LOVE, NA POL95/
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BALANC Line 1: Ending balance from previ Line 2: Total receipts this period (p Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per	ous report \$ 1193.05 age 2, line 11) \$ 4
Line 5: Ending halance (line 3 minus lin	

Affidavit of Committee Treasurer:

Treasurer's signature (in ink)

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:

Line 6: Total in-kind contributions this period (page 4)

Line 8: Name of bank(s) used The Provident

Line 7: Total (all) outstanding liabilities (page 4)

FOR ('ANDIDATE	FILINGS	ONLY	CANDIDATE	MUST SIGN BELOW)

I certify that I have examined this campaign finance activity, of all phave not received any contributions	d no activity independent of the committee report including attached schedules and it is, to the best persons acting under the authority or on behalf of this c is, incurred any liabilities nor made any expenditures on m	ommittee in accorda y behalf during this i	ince with the requirements of N	
I certify that I have examined this campaign finance activity, including and represents the campaign finan-	OR Candidate with independent activity filing separal report including attached schedules and it is, to the best ag contributions, loans, receipts, expenditures, disbursement activity of all persons acting under the authority or on	of my knowledge an ents, in-kind contrit	outions and liabilities for this re	porting period
M.G.L. c. 55.	Signed under the penalties of perjury:	-	1.70.00	
Candidate signature (in ink)	4		Date	



Office of Campaign and Political Finance

ommonwealth Massachusetts
ile with: City or Town Clerk or Election Commission
Please print or type all information, except signatures.
Fill in dates: Reporting Period Beginning 5 / 2009 Ending 6 / 2009
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election ☐30 day after election ☐year-end report ☐dissolution
Full Name of Candidate (if applicable) Selectman Office Sought and District 173 High Road Residential Address Newbury, MA 01951 Tel. No. (optional) Committee E/sct Geoffrey Walker Committee Name Tosstte Walker Name of Committee Treasurer 173 High Road Committee Mailing Address Newbury, MA 01951 Tel. No. (optional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used The Provident Bank
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 (in ink) Date FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)
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

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

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



Massachusetts	
le with: ity or Town Clerk or Election Commission Please print or type all information, except signatures.	
Fill in dates: Reporting Period Beginning 3 9 2009 Ending 5	Year
Type of report: (Check one) □8th day preceding preliminary ⊠8th day preceding election □30 day after election □year-end report	dissolution
Office Sought and District Name of Committee Treasurer	Walker
Selectman Josette Walker	<u> </u>
Residential Address 01957 Committee Mailing Address 173 H16H ROAD NEWBUTY, MA Tel. No. (optional) Tel. No.	<u>A 0/95/</u> o. (optional)
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used The Provident BANK Affidavit of Committee Treasurer: 1 certify that 1 have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and contributions this period (page 4).	2 3 2 0
campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature (in ink)	for this reporting period
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	
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 comparing finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirem 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 comparing finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions-and liabilities of and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the first period of the committee of the period of this committee in accordance of the period of the period of this committee in accordance of the period of the period of the period of the period of this committee in accordance of the period of t	ents of M.G.L. c. 55, I complete statement of all for this reporting period
Candidate signature (in ink)	



Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report Municipal Form

	Office of Campaig	n and Political Finance		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Commonwealth f Massachusetis	•		4	
File with: City or Town Clerk or Election Commission	Please print or type all in	formation, except signat	ures.	
The state of the s	onth Date Y		Month Date 31	Year S. S.
Type of report: (Check one) ☐ 8th day preceding preliminary	☐8th day preceding election	on 30 day after elec	tion Ayear-end repor	t dissolution
Full Name of Candidate	Lectman District St	SUE P Name of 3-10t Commi	to Elect Mile committee Name Committee Treasurer Street ttee Mailing Address Tel. N	chael Bulg
Line 2: Total Line 3: Subto Line 4: Total Line 5: Endin Line 6: Total in Line 7: Total (SUMMARY BALA g balance from pro receipts this period tal (line 1 plus line 2) expenditures this p g balance (line 3 minus n-kind contributions all) outstanding liab of bank(s) used \(\in\)	evious report I (page 2, line 11) eriod (page 3, line 14) s line 4) s this period (page 4)	\$ 674. \$ 00.6 \$ 674. \$ 309. \$ 365.	78 20 78 77 21 0 20 30 30
Affidavit of Committee Treasurer: I certify that I have examined this report campaign finance activity, including all countries and represents the campaign finance activity. M.G.L. c. 55. Treasurer's signature (in ink)	ontributions, loans, receipts, expen	ditures, disbursements, in-kine authority or on behalf of the	d contributions and liabilities	for this reporting period
FOR C	ANDIDATE FILINGS OF	NLY: (CANDIDATE MUST	r sign below)	
Affidavit of Candidate: (check 1 box of Candidate with Committee and no as I certify that I have examined this report campaign finance activity, of all persons have not received any contributions, incur Candidate without Committee OR C I certify that I have examined this report campaign finance activity, including contributions.	ctivity independent of the commi- including attached schedules and s acting under the authority or on red any liabilities nor made any ex- andidate with independent activ- including attached schedules and	it is, to the best of my knowlebehalf of this committee in a penditures on my behalf durin ity filing separate report it is, to the best of my knowle	accordance with the requirent of this reporting period.	omplete statement of all

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

Signed under the penalties of perjury:



Office of Campaign and Political Finance

File	wit	h:

or Town Clerk or Election Commission Please print or type all in	formation, except signatures.
Fill in dates: Reporting Period Beginning May 5 20	ar Date Year Year Year Year Year Year
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election	on
Full Name of Candidate (if applicable) Newbury Selectman Office Sought and District 1770 chard St Residential Address Byfield, MH 01922 Tel. No. (optional)	Committee to Eloct Michael Bulgar Committee Name Sue A. McLeroth Name of Committee Treasurer 3-10th Street Committee Mailing Address Newbury, MH 01951 Tel. No. (optional)
SUMMARY BALAI Line 1: Ending balance from prediction in the Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus)	(page 2, line 11) \$ 350,00 \$ 1113.78 eriod (page 3, line 14) \$ 439,00
Line 6: Total in-kind contributions to Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used New	ities (page 4) \$ 1,000 000
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, inance activity, including all contributions, loans, receipts, expenditures, disburampaign finance activity of all persons acting under the authority or on behalf of Signed under the persons activity of all persons acting under the authority or on behalf of the persons acting under the p	
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only)	

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Candidate signature (in ink)



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Clopy Se

05-04-2009 Date

File with:

City or Town Clerk or Election Commission

Candidate signature (in ink)

Please print or type all information, except signatures.								
Fill in dates: Reporting Period Beginning Month Date Year Month Date Year ACO 9 Ending May 4 ACO 9								
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding election ☐30 day after election ☐year-end report ☐dissolution								
Michael A. Bulgaris Full Name of Candidate (if applicable) Newbury Selectman Office Sought and District 177 Orchard St Residential Address By Field MA 01922 Tel. No. (optional) Committee to Elect Michael Bulga Committee Name Sue A. McLeroth Name of Committee Treasurer 3 10th Street Committee Mailing Address Newboury MA 01957 Tel. No. (optional)								
SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Line 8: Name of bank(s) used Newburyport Five Cents Savings								
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Treasurer's signature (in ink) Date								
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)								
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period. Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:								



Office of Campaign and Political Finance

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File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Month

Date

Year

Month

Month

Date

Year

Month

Month

Date

Year

Month

Mo

2004

Type of report: (Check one)

□8th day preceding preliminary □8th day preceding election □30 day after election ☑year-end report □dissolution

Ending

Full Name of Candidate (if applicable)
SELECTMAN

Office Sought and District
N SW BURY

Residential Address
60 High Coad

978 462 6766 Tel. No. (optional)

Reporting Period Beginning JUNG

Committee to Elect Hugo ONSN

Committee Name

SALLY W. OWEN

Name of Committee Treasurer

60 High Road

Committee Mailing Address

NEUBLY MA 01951

Tel. No. (optional)

Dec

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report

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

Line 3: Subtotal (line 1 plus line 2)

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

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

Line 6: Total in-kind contributions this period (page 4)

Line 7: Total (all) outstanding liabilities (page 4)

Line 8: Name of bank(s) used Newburgeart Five Cent Strings

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:

Sally W. Owen

<u>JA- 8 20-5</u>

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

AM	davit	of (andi	date:	(check	1 box	only)		
L		_		_					

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 annulumnate of MCI.

finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Candidate signature (in ink)

Thy 8, 2005

Date