



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**WEST NEWBURY DEMOCRATIC TOWN COMMITTEE**

Report Covering the Period: From: <sup>M M</sup> 10 <sup>D D</sup> 22 <sup>Y Y Y Y</sup> 2008 To: <sup>M M</sup> 11 <sup>D D</sup> 24 <sup>Y Y Y Y</sup> 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <sup>Y Y Y Y</sup> 2008		920.21
(b) Cash on Hand at Beginning of Reporting Period.....	2,137.81	
(c) Total Receipts (from Line 19).....	247.00	2,029.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2,384.81	2,950.09
7. Total Disbursements (from Line 31).....	2,000.00	2,565.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	384.81	384.81
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

28039940490

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**WEST NEWBURY DEMOCRATIC TOWN COMMITTEE**

Report Covering the Period: From: <sup>M M / D D / Y Y Y Y</sup> 10 / 22 / 2008 To: <sup>M M / D D / Y Y Y Y</sup> 11 / 24 / 2008

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees <sup>(A)</sup>.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees..... <sup>A (MMA)</sup>

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

	0	0
	35.00	960.00
	35.00	960.00
	212.00	212.00
	0	0
	247.00	1,172.00
	0	857.88
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	247.00	2,029.88
	247.00	2,029.88

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share .....	0	0
(b) Other Federal Operating Expenditures .....	0	80.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0	80.28
22. Transfers to Affiliated/Other Party Committees .....	0	485.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1,250.00	1,250.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0	0
29. Other Disbursements .....	750.00	750.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share .....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2,000.00	2,565.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	2,000.00	2,565.28

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	247.00	1,172.00
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	247.00	1,172.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	80.28
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	80.28

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**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1 OF 1
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WEST NEWBURY DEMOCRATIC TOWN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. NEWBURY DEMOCRATIC TOWN COMMITTEE</b>		Date of Receipt M M / D D / Y Y . Y Y <b>11 / 02 / 2008</b>
Mailing Address <b>5 HANOVER DRIVE</b>		Amount of Each Receipt this Period <b>212.00</b>
City <b>NEWBURY</b>	State Zip Code <b>MA 01951</b>	
FEC ID number of contributing federal political committee. <b>C00456731</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>212.00</b>	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt M M / D D / Y Y . Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y . Y Y
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	<b>212.00</b>
TOTAL This Period (last page this line number only).....▶	<b>212.00</b>

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**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 2 OF 2	
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WEST NEWBURY DEMOCRATIC TOWN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial) **CHARLES TONTAR,**  
**3 TOWNS + 2 CITIES, DESIGNATED JOINT FUND- RAISING AGENT**

Mailing Address **29 JEFFERSON STREET**

City **NEWBURYPORT,** State **MA** Zip Code **01950**

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **857.88**

Date of Receipt **08 / 05 / 2008**

Amount of Each Receipt this Period

**HISTORICAL DETAIL - MEMO: COMMITTEE'S SHARE OF FUNDRAISING BREAKFAST PROCEEDS (PRIOR PERIOD)**

**B.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ \_\_\_\_\_

Date of Receipt \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

**C.** Full Name (Last, First, Middle Initial) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ \_\_\_\_\_

Date of Receipt \_\_\_\_\_

Amount of Each Receipt this Period \_\_\_\_\_

**SUBTOTAL** of Receipts This Page (optional) ..... **857.88**

**TOTAL** This Period (last page this line number only) ..... **857.88**

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE / OF /

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**WEST NEWBURY DEMOCRATIC TOWN COMMITTEE**

Full Name (Last, First, Middle Initial)

A. MASSACHUSETTS DEMOCRATIC PARTY  
DEMOCRATIC STATE COMMITTEE

Date of Disbursement

05 / 19 / 2008

Mailing Address

56 ROLAND STREET, NORTH LOBBY - SUITE 203

City

BOSTON, MA

State

Zip Code

02129

Purpose of Disbursement

TRANSFER - Historical Detail For

Candidate Name

2008. Purchase of Lightbulbs For Fundraiser.

Category/  
Type

Amount of Each Disbursement this Period

PRIOR PERIOD

370.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▾

State:

District:

Full Name (Last, First, Middle Initial)

B. MASSACHUSETTS DEMOCRATIC PARTY  
DEMOCRATIC STATE COMMITTEE

Date of Disbursement

09 / 23 / 2008

Mailing Address

56 ROLAND STREET, NORTH LOBBY - SUITE 203

City

BOSTON MA

State

Zip Code

02129

Purpose of Disbursement

TRANSFER - HISTORICAL DETAIL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

PRIOR PERIOD

115.00

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▾

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▾

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ▷

485.00

TOTAL This Period (last page this line number only)..... ▷

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE <u>2</u> OF <u>2</u>				
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**WEST NEWBURY DEMOCRATIC TOWN COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. CAMPAIGN FOR CHANGE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 22 2008</b>
Mailing Address <b>202 BONHAM ROAD</b>		Amount of Each Disbursement this Period <b>, 250.00</b>
City <b>DEDHAM</b>	State <b>MA</b>	
Zip Code <b>02026</b>		
Purpose of Disbursement <b>MEDIA EXPENSES</b>	Category/ Type <b>011</b>	
Candidate Name <b>BARACK OBAMA</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		
Purpose of Disbursement	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>, 250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>, 1,250.00</b>

28039940498

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)								PAGE / OF /		
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**WEST NEWBURY DEMOCRATIC TOWN COMMITTEE**

**A.** Full Name (Last, First, Middle Initial) **COALITION FOR OUR COMMITTEES / VOTE NO QUESTION 1**

Mailing Address **150 MT. VERNON STREET / SUITE 200**

City **DORCHESTER** State **MA** Zip Code **02125**

Purpose of Disbursement **MEDIA EXPENSES**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2008

Amount of Each Disbursement this Period: **500.00**

Category/Type: **011**

**B.** Full Name (Last, First, Middle Initial) **COMMITTEE TO RE-ELECT BARBARA L'ITALIEN**

Mailing Address **P.O. BOX 1936**

City **ANDOVER** State **MA** Zip Code **01810**

Purpose of Disbursement **MEDIA EXPENSES**

Candidate Name **BARBARA L'ITALIEN**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2008

Amount of Each Disbursement this Period: **250.00**

Category/Type: **011**

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... **750.00**

**TOTAL** This Period (last page this line number only)..... **750.00**

28039940499

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked  
12/3/08

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*ED* 12/4/08  
**PREPARER** **DATE PREPARED**

28039940500