

# Campaign Finance Tracking Form for Local Election Officials

Call OCPF with campaign finance questions at 617-979-8300

Candidate or Committee \_\_\_\_\_ Year \_\_\_\_\_  
Report: \_\_\_ Pre-Preliminary  Pre-Election \_\_\_ 30-Day \_\_\_ Year-End

## Organization / Providing Materials / Notification \*

\_\_\_\_\_ Organizational form provided to candidate or committee (M101, M101BQ, M101PC)  
\_\_\_\_\_ Campaign finance report form provided to candidate or committee (M102)  
\_\_\_\_\_ Summary of the campaign finance law provided (OCPF guide booklet)  
\_\_\_\_\_ Filing notice (includes reporting dates, due dates and language concerning late fines)  
\_\_\_\_\_ Pre-Preliminary \_\_\_ Pre-Election \_\_\_ 30-Day \_\_\_ Year-end

\*All forms, guides and notices can be delivered by e-mail

## Inspecting Reports

The campaign finance law requires local election officials to "inspect" M102 and M102-0 campaign finance reports within 30 days of a due date.

Correct dates for the relevant reporting period  
 Signatures  
\_\_\_\_\_ Positive ending balance  
\_\_\_\_\_ If the M102-0 form is filed, the candidate does not have a committees and has not received any contributions, made any expenditures or incurred any obligations during the reporting period, and does not have a campaign fund in existence.

### Contributions (Monetary receipts and in-kind contributions)

Names and Addresses for contributions of more than \$50  
 Occupation and Employer for contributions of \$200 or more  
 No contributions from corporations, business partnerships, LLCs or LLPs  
 No contributions from individuals or PACs for more than \$500 (see OCPF's limits chart for other limits)

### Expenditures

Vendor Names and Addresses for expenditures of more than \$50  
 Purpose information is disclosed  
\_\_\_\_\_ Reimbursements form (R-1s) filed for reimbursements

Date of Inspection 10/26/15



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/15 Ending Date: Oct. 26 2015

Type of Report: (Check one)  
 8th day preceding preliminary     8th day preceding election     30 day after election     year-end report     dissolution

Gail Marie Sullivan  
Candidate Full Name (if applicable)

Haverhill School Committee  
Office Sought and District

18 Hawthorne St.  
Residential Address

Telephones Number (optional): \_\_\_\_\_

Committee to elect Gail Sullivan  
Committee Name

Caroline LeBlanc  
Name of Committee Treasurer

16 Blossom St. Haverhill, Ma.  
Committee Mailing Address

Telephone Number (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2,627.81</u>
Line 2: Total receipts this period (page 3, line 11)	<u>5,670.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>8,297.81</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2,034.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>6,263.81</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>5,643.70</u>
Line 8: Name of bank(s) used:	<u>Haverhill Bank</u>

**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: C. LeBlanc (Treasurer's signature) Date: 10/25/15

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

Candidate with Committee and no activity independent of the committee  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report  
 I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and 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: Gail M. Sullivan (Candidate's signature) Date: 10/25/15

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/6	Elaine Barker 93 Broadway Haverhill, Ma	70	
8/6	Ralph Basiliere 44 B Taylor St Haverhill, Ma.	100,	
7/28	Atty. William Cox 145 S. Main St. Haverhill, Ma.	100/	
9/16	Susan Danahy 8 Massasoit Ln. Bradford, Ma.	75	
9/16	Brian Dempsey Committee 15 Oxford St. Haverhill, Ma.	100/	
7/28	Patricia Driscoll 125 8th Ave. Haverhill, Ma.	100/	
9/10	Charles Flaherty 25 Homer Ave. Cambridge, Ma.	100/	
7/28	Joel Gagnon 8 Richmond St. Haverhill, Ma.	100/	
7/28	Ann Goddard 9 Brockton Ave. Haverhill, Ma.	70	
7/28 8/16	Jeff Gressie 1153 W. Lowell Ave. Haverhill, Ma.	100/ 70	
10/8	John Guerin Jr. 26 Leroy Ave. Haverhill, Ma.	100/	
10/8	Laura Henry 3 Coagswell Ave. Haverhill, Ma.	60	
9/16	Lindsay Jordan 167 Kingsbury Ave. Bradford, Ma	100.	

Line 9: Total Receipts over \$50 (or listed above)	3,530
Line 10: Total Receipts \$50 and under* (not listed above)	2,140
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	<b>5,670</b>

← 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.

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)
9/16	Tim Jordan 167 Kingsbury Ave. Haverhill, Ma.	100	
7/28	Richard Katsiane 26 Casablanca Ct. Haverhill, Ma.	100	
7/28	Danielle Kravetz-Smida 17 Lexington Ave. Bradford, Ma	100	
7/28	Francis Leary 16 Lakeview Rd. Middleton, Ma. 01443	100	
9/16	Gary LeBlanc 16 Blossom St. Haverhill, Ma	100	
8/5	Joe LeBlanc 18 Hawthorne St. Bradford, Ma.	100	
8/16	Tom LeBlanc 31 Meadow Brook Rd. Sudbury, Ma.	100	
8/16	Deb Maddox 122 Lakeview Ave. Haverhill, Ma	250.	Health Tufts Medical Center
8/16	Elizabeth Milligan 34 Lakeview Ave. Haverhill, Ma.	70	
8/16	Rebecca O'Connell York 10 Magnolia Ave. Haverhill, Ma.	70	
8/16	O'Connorius Committee P.O. Box 121 Newburyport, Ma.	100	
8/16	Patricia Schade 3 Birch Lane Byfield, Ma	70	

line 9: Total Receipts over \$50 (or listed above)

line 10: Total Receipts \$50 and under\* (not listed above)

line 11: **TOTAL RECEIPTS IN THE PERIOD**

*Continued*

← 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 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
8/26/13	Gail M. Sullivan (loan)	18 Hawthorne St. Haverhill, Ma 01835	Campaign loan	3,000
9/9/13	Gail M. Sullivan (loan)	18 Hawthorne St. Haverhill, Ma 01835	Campaign loan	2,000
8/27/13	Gail M. Sullivan (loan)	18 Hawthorne St. Haverhill, Ma 01835	repay cost of domain registration	21.16
10/29/13	Gail M. Sullivan	" "	Advertising	283.20
9/26/13	Gail M. Sullivan	" "	Printing	76.99
10/24/13 10/21/13	Gail M. Sullivan	" "	mailing	138.00
10/29/13	Gail M. Sullivan	" "	fund raiser food costs	124.35
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	<b>5,643.70</b>