

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

HAU CITY CLRK JAN19/23 AMI 10/16

| of Massachusetts | File with: City or Town Clerk or Election Commission |
|---|--|
| Fill in Reporting Period dates: Beginning Date: | 1/1/22 Ending Date: 12/31/22 |
| Type of Report: (Check one) | |
| 8th day preceding preliminary 8th day preceding election | n 30 day after election vear-end report dissolution |
| CTail M. Sullivan Candidate Full Name (if applicable) Haverhill School Committee Office Sought and District 18 Howthorne St Residential Address E-mail: GMS62345@qmail: Com Phone # (optional): | CTE Gail Sullivan Committee Name Caroline Lublanc Name of Committee Treasurer 16 Blossom St. Committee Mailing Address E-mail: Cggr 95 Qvev. Zon. net Phone # (optional): |
| SUMMARY BALA | NCE INFORMATION: |
| Line 1: Ending Balance from previous report | 1,498.16 |
| Line 2: Total receipts this period (page 3, line | |
| Line 3: Subtotal (line 1 plus line 2) | 1,498.16 |
| Line 4: Total expenditures this period (page 5. | , line 14) |
| Line 5: Ending Balance (line 3 minus line 4) | 1,498.16 |
| Line 6: Total in-kind contributions this period | (page 6) |
| Line 7: Total (all) outstanding liabilities (page | 14, 927 |
| Line 8: Name of bank(s) used: Have | erhill Bank |
| | (Treasurer's signature) Date: 1/8/23 |
| Candidate with Committee I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report | to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, |
| | to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M.G.L. c. 55. |
| Signed under the penalties of perjury: Hall M. Sull | Candidate's signature) Date: 1/16/23 |

SCHEDULE A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
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| 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 (continued)

| | To Whom Paid | | | |
|-----------|--|--|------------------------|-------------|
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount |
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| | | Line 12: Expenditures over \$50 | (or listed above) | (A) |
| | | Line 12. Expenditures over \$50 | o (or risien anove) | <u> </u> |
| | | Line 13: Expenditures \$50 and under* (not listed above) | | |
| | Enter on page 1 line 4 -> | Line 14: TOTAL EXPENDIT | TIRES IN THE PERIOD | M |
| | | r. include them in line 12. Line 13 s | | L. <i>Y</i> |

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures 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 | |
|---------------|--|--------------|--------------------------------|--------|--|
| 10/21/19 | gail Sullivan | 18 Howthorne | Ads | 310 | |
| 8/19/19 | gail Sullivan | 1(,, | Placemat Ad | 50 | |
| 6/21/19 | gail Sullivan (100n) | 1/ /- | Campaign Ad | 300 | |
| 10/21/19 | lr t-c | <i>(,</i> | Rental Fee For Fund raising | 75 | |
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| | Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | | | | |