



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: 7/7/23 Ending Date: 8/31/23

Type of Report: (Check one)

☒ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Mikaela D. Lalumiere

Candidate Full Name (if applicable)

School Committee ward 4

Office Sought and District

88 Gary Ave, Haverhill, MA, 01830

Residential Address

E-mail: Mdlalumiere@gmail.com

Phone # (optional):

Lalumiere for School Committee

Committee Name

Michael Lalumiere

Name of Committee Treasurer

88 Gary Ave, Haverhill MA, 01830

Committee Mailing Address

E-mail: Mike@falw.org

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	NA- \$0
Line 2: Total receipts this period (page 3, line 11)	\$3240.90
Line 3: Subtotal (line 1 plus line 2)	\$3240.90
Line 4: Total expenditures this period (page 5, line 14)	\$2240.73
Line 5: Ending Balance (line 3 minus line 4)	\$1000.17
Line 6: Total in-kind contributions this period (page 6)	\$20
Line 7: Total (all) outstanding liabilities (page 7)	\$1000
Line 8: Name of bank(s) used:	Haverhill 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: Michael Lalumiere (Treasurer's signature)

Date: 8/31/22

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

Candidate with 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 that are not otherwise disclosed in this report.

Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Mikaela Lalumiere (Candidate's signature)

Date: 8/30/23

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)
8/4/23	Barrett, Melinda 18 Salem St. Haverhill, MA	\$100	
8/22/23	Blanchet, Eric 56 Lakewood Terrace, Haverhill, MA	\$100	
7/26/23	Golden, Nicholas 9 Richardson Terrace, Somerville, MA	\$50	
7/25/23	Lalumiere, Bonnie & John 2 Ringgold St. Haverhill, MA	\$500	Retired- both
7/23/23	Lalumiere, Mikaela 88 Gary ave, Haverhill, MA	\$54.99	
7/11/23	Lalumiere, Mikaela 88 Gary ave, Haverhill, MA	\$347.97	not employed
8/17/23	Lalumiere, Mikaela 88 Gary ave, Haverhill, MA	\$268.79	not employed
8/25/23	Lalumiere, Mikaela 88 Gary ave, Haverhill, MA	\$1000(LOAN)	not employed
8/25/23	Lalumiere, Mikaela 88 Gary ave, Haverhill, MA	\$434.15	not employed
8/4/23	Lalumiere, Mikaela 88 Gary ave, Haverhill, MA	\$110	
8/4/23	Rogers, Katherine 161 Neck Rd, Haverhill, MA	\$50	
7/29/23	Rosen, Shaw 5 Field Rd. Derry, NH	\$100	
Line 9: Total Receipts over \$50 (or listed above)		\$3115.90	
Line 10: Total Receipts \$50 and under* (not listed above)		25	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$3240.90	← 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	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/1/23	Rosa, Richard 139 Kenoza st. Haverhill, MA	\$50	
8/10/23	Story, Jill 22 Colonial Farm Rd, Haverhill, MA	\$50	
Line 9: Total Receipts over \$50 (or listed above)		\$100	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$3240.90	← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
8/4/23	Biggart's Ice cream	506 Amesbury Rd, Haverhill, MA	Ice cream social supplies	\$110
8/25/23	Connolly Printing	17B Gill st, Woburn, MA	Cost of Mailers and postage	\$1434.15
7/11/23	Signs on the Cheap	11525-B Stonehollow Dr # 220 Austin, TX	Yard signs	\$347.97
7/23/23	Staples	500 Staples Drive Framingham, MA	Printing of literature	\$54.99
8/17/23	Vista Print	95 Hayden Ave, Lexington, MA 02421	Printing of literature	\$268.79
Line 12: Total Expenditures over \$50 (or listed above)				\$2215.90
Line 13: Total Expenditures \$50 and under* (not listed above)				\$24.83
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2240.73

Enter on page 1, line 4 →

* 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 B: EXPENDITURES (continued)[illegible]

* 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 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
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				\$20
Line 17: TOTAL IN-KIND CONTRIBUTIONS				\$20

Enter on page 1, line 6 →

* 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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