

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

JAN 19 PH1:56 HAVCITYCLERK

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 10/	21/23 Ending Date: 12/31/23
Type of Report: (Check one) 8th day preceding preliminary Sth day preceding election	☐ 30 day after election
Candidate Full Name (if applicable) School committee word? Office Sought and District 1136 Bosten Rd Hunerhill MA Residential Address E-mail: Hern roges & Gran Com Phone # (optional):	Hunter Rogess for school committee Committee Name Deborah Rogers - Thornton Name of Committee Treasurer 1136 Boster Rd Haverhill MA Committee Mailing Address E-mail: Uther ogers @ Growl - Com Phone # (optional):
SUMMARY BALANC	TE INFORMATION:
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 7: Total (all) outstanding liabilities (page 7: Line 8: Name of bank(s) used:	1777 1165.23 2773 1165.23 ne 14) 2774 948.54 2977 216.69
activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report Candidate without Committee	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period that are not otherwise disclosed in this report. The best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period that are not otherwise disclosed in this report.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
		AGO			
Line 9: Total Rec	eipts over \$50 (or listed above)	0			
Line 10: Total Red	ceipts \$50 and under* (not listed above)	5			
	RECEIPTS IN THE PERIOD	も	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)

SCHEDULE B. EXI ENDITORES (COntinued)						
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
11/9/23	Jimmy Pizza	1595 Osgood st Northandover P	Examt	138.96		
11/7/23		110 Lavell Are Housh'll	event	45.50		
11/27	Part Market	P.D. Bargoo	7000	98940		
12/31/23	Rolm Printy	P.O. Box 400 east hampsted NN	malers	593.48		
12/31/23	Ran Printy	17	males	170.80		
		Line 12: Expenditures over \$50 (or listed above)		1757.89		
	Line 13: Expenditures \$50 and under* (not listed above)					
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD The page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD The page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD						

^{*} 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		
				·		
	·					
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)					