

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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of Massachusetts						1	File with	City or Town Cler	k or Electic	on Commission
Fill in Repor	ting Period dates:	Beginnii	ng Date:	01/01	/2024	Ending I		12/31/2024		
Type of Rep	ort: (Check one)									
☐ 8th day pre	ceding preliminary	8th day pred	ceding elect	tion [30 day at	ter election	☑ ye	ar-end report	diss	solution
Richard J.	Rosa				Rich Ro	sa Commi	ittee			·
Candidate Full Name (if applicable)				Committee Name						
Haverniii, i	/IA School Comm Office Sought at				Anne Marie Rosa Name of Committee Treasurer					
139 Kenoz	a Street, Haverhil)		139 Kenoza Street, Haverhill, MA 01830					
- wich@s	Residential A	Address						Mailing Address		
	voterichrosa.com					ne@voterio				
Phone #: 978-8	335-5906				Phone # : 9	78-771-148	30		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		SUMMA	RY BAL	ANCE	INFOR	MATION:			1	
	Line 1: Ending Balar	saa fram mussias	ug wan aut		14	328.86			-	
	•	**	•		[<u>]</u>		·			
	Line 2: Total receipts	s this period (pa	ge 3, line 12	2)	L	50.00				
	Line 3: Subtotal (line	1 plus line 2)			[1,	378.86				
	Line 4: Total expend	itures this perio	d (page 5, li	ine 15)		120.00			_	
	Line 5: Ending Balar	ice (line 3 minu	s line 4)		1	,258.86				
	Line 6: Total in-kind	contributions th	nis period (p	oage 6, li	ne 18) 0	.00				
	Line 7: Total (all) out	tstanding liabilit	ties (page 7	, line 19)	1	9,875.37				
	Line 8: Total out-of-p	ocket expenses	this period	(page 8,	line 22) 2	254.40				
	Line 9: Name of bank	x(s) used:	averhill E	Bank						
activity, including a finance activity of a	nittee Treasurer: examined this report including all contributions, loans, receivall persons acting under the appearance of perjury:	pts/expenditures, d	sbursements,	in-kind co	htributions and	l liabilities for this	s reporting of M.G.L.	period and represe c. 55.	all campaignts the can	npaign
	ATE FILINGS ONL	V: Affidavit of C	andidate: (ch	eck I hov	omby)	(110420101				
Candidate wi I certify that I activity, of all incurred any Ii	th Committee have examined this report in persons acting under the aut iabilities nor made any exper	cluding attached schority or on behalf of	hedules and it	is, to the b	est of my know	e requirements of	M.G.L. c.	55. I have not rec	nt of all car eived any o	npaign finance contributions,
I certify that I finance activit	thout Committee have examined this report in y, including contributions, lo nce activity of all persons ac	ans, receipts, expen	iditures, disbu	rsements, i	n-kind contrib	utions and liabilit	ies for this	reporting period a ents of M.G.L. c. 5	nd represer 5.	nts the
 Signed under the	penalties of perjury:	Liloun	1	A	<u> </u>	(Candidate	's signature	Date: <u>(</u>	01/20/2	2025

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	name and a page number on each additional page. Occupation & Employer (for contributions of \$200 or more)
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SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
Lagran			
Line 10: Total Rece	ipts over \$50 (or listed above)	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11	
Line 11: Total Receipts \$50 and under (not listed above) 50.00			should include only those receipts not itemized above.
ine 12: TOTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

D-4-D-11	To Whom Paid		D 077 111	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Various Dates	Haverhill Bank	180 Merrimack Street Haverhill, MA 01830	Bank Charges	120.00

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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				2 2 3 4 4 4
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.		Line 13: Expenditures over \$50	120.00	
		Line 14: Expenditures \$50 and t		
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	120.00

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

Date Received	From Whom Received*	Decidential Address	Description of Contribution	Value	
Jate Received	From whom Received.	Residential Address	Description of Contribution	Value	
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* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above. Enter on page 1, line 6 →		Line 16: In-Kind Contributions over \$50 (or listed above)			
		Line 17: In-Kind Contributions \$50 and under (not listed above)			
		Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD			

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Various Dates	Richard J. Rosa	139 Kenoza Street Haverhill, MA 01830	Campaign Loans & Campaign Expenditures	19,875.37
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANL	DING LIABILITIES (ALL)	19,875.37

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
04/30/2024	Doteasy Technology, Inc.	254.40	Web Hosting
Line 20: Total Itemize (or listed above)	ed Out-Of-Pocket Expenditures Over \$50	254.40	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Uniter under (not listed abov	nized Out-Of-Pocket Expenditures \$50 and e)		should include only those expenditures not itemized above.
Line 22: TOTAL OUT-0	OF-POCKET EXPENDITURES IN THE PERIOD	254.40	← Enter on page 1, line 8