

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

HAU CITY CLRK JAN 4'22 am 10'18

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	10/15/21 Ending Date: 12/31/21
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	on 30 day after election year-end report dissolution
Melissa Lewandowski Candidate Full Name (if applicable)	Committee to Elect Melissa Lewandowski
City Council Haverhill Office Sought and District	Glen Lewzindowski Name of Committee Treasurer
61 Whittier St Haverbill MA 018. Residential Address	30 55 Whither St Haverhill MA 01830 Committee Mailing Address
B-mail: milewlaw @ gmail.com	E-mail: Havma @ 301, com
Phone # (optional): 978 - 771 - 1209	Phone # (optional): 978-374-9447
SUMMARY RALA	ANCE INFORMATION:
Line 1: Ending Balance from previous report	
Estate 1. Estating Batanee from provious report	4 1,318.30
Line 2: Total receipts this period (page 3, line	e 11) O
Line 3: Subtotal (line 1 plus line 2)	\$ 1,318.30
Line 4: Total expenditures this period (page 5	5, line 14) \$ 673.65
Line 5: Ending Balance (line 3 minus line 4)	\$ 644.65
Line 6: Total in-kind contributions this period	1 (page 6) O
Line 7: Total (all) outstanding liabilities (page	e 7) O
Line 8: Name of bank(s) used: Haver	hill Bank
activity, including all contributions, loans, receipts, expenditures, disbursements, infinance activity of all persons acting under the authority or on behalf of this committed. Signed under the penalties of perjury:	e best of my knowledge and belief, a true and complete statement of all campaign finance kind contributions and liabilities for this reporting period and represents the campaign tee in accordance with the requirements of M.G.L. c. 55. William (Treasurer's signature) Date: 1/4/22
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	t 1 bex only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, 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 repo	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, orting 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 finance activity, including contributions, loans, receipts, expenditures, disburser campaign finance activity of all persons and guarder the authority or on behalf	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:	(Candidate's signature) Date: 1/4/22
- B	

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.)

ince 9: Total Receipts over \$50 (or listed above)	loyer	Occupation & Employer		Name and Residential Address	
ine 9: Total Receipts over \$50 (or listed above)	d or more)	(for contributions of \$200 or mor	Amount	(alphabetical listing required)	Date Received
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			6	s over \$50 (or listed above)	ine 9: Total Receip
ne 10: Total Receipts \$50 and under* (not listed above)		' 		's \$50 and under* (not listed above)	ne 10: Total Recei
ne 11: TOTAL RECEIPTS IN THE PERIOD ← Enter on page 1, line 2		← Enter on page 1, line 2	0	CEIPTS IN THE PERIOD	ne 11: TOTAL R

^{*} 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 AND CITY CLRK JAN 4'22 AM 10/20

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.)

	To Whom Paid	nittee name and a page number on	F9- -/	1
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
16/11/21	Eagle Tribune	Eagle Tribune 100 Turnpike St. North Andover MA 018	Political Ad	\$270
16/22/21	Veteran's Alliance	VFW Post 29 576 Primrose st Havehill MA 61830	Donation	\$250
10/27/21	Ruth's House	Ruth's House 111 Latayette Sq. Haverhill MA 01832	Donation	\$100
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		Line 12: Total Expenditures ove	r \$50 (or listed above)	\$620
Line 13: Total Expenditures \$50 and under* (not listed above)			\$ 53,65	
	· L	Line 14: TOTAL EXPENDITU		\$673.65

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS LRK JAN 4'22 am 10'20

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)	O
	; 	Line 16: In-Kind Contributions \$	550 & under (not listed above)	O
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

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