

Form CPF M 102: Campaign Finance Report Municipal Form

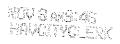
Office of Campaign and Political Finance

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Fill in Reporting Period dates: Beginning Date: 1/1/20	Pile with: City or Town Clerk or Election Commission 25 Ending Date: /0/17/2025
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30	day after election year-end report dissolution
Thomas W. Grannemann Candidate Full Name (if applicable) Haverw II School Committee Ward? Office Sought and District 8 Companeme Crebe 01933 Residential Address	Committee Name Plice Man Name of Committee Treasurer B Comanghe Cyrell 01835
E-mail: thomas. grameman a net	ail: am 1/11 6 concost net
Phone #: 978 241 2044 Phon	1e#: 617-8343592
SUMMARY BALANCE IN	FORMATION:
Line 1: Ending Balance from previous report	4133.64
Line 2: Total receipts this period (page 3, line 12)	1.70
Line 3: Subtotal (line 1 plus line 2)	4135.34
Line 4: Total expenditures this period (page 5, line 15)	2644-08
Line 5: Ending Balance (line 3 minus line 4)	1491-26
Line 6: Total in-kind contributions this period (page 6, line 18	3) 0
Line 7: Total (all) outstanding liabilities (page 7, line 19)	5000.00
Line 8: Total out-of-pocket expenses this period (page 8, line 2	22) 6.
Line 9: 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 k activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions activity of all persons acting under the authority or on behalf of this committee in accordance of the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee	tions and liabilities for this reporting period and represents the campaign nee with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 11 2 2025
I certify that I have examined this report including attached schedules and it is, to the best of a activity, of all persons acting under the authority or on behalf of this committee in accordance incurred any liabilities nor made any expenditures on my behalf during this reporting period to Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind campaign finance activity of all persons acting under the authority or on behalf of this candidate.	with the requirements of M.G.L. c. 55. I have not received any contributions, that are not otherwise disclosed in this report. my knowledge and belief, a true and complete statement of all campaign I contributions and liabilities for this reporting period and represents the ate in accordance with the requirements of M.G.L. c. 55.

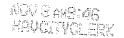
SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
100			
		4	
Line 10: Total Recei	pts over \$50 (or listed above)		* If you have itemized receipts of \$50 and
Line 11: Total Recei	pts \$50 and under (not listed above)	1:70	under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS IN THE PERIOD	1.70	← Enter on page 1, line 2



SCHEDULE B: EXPENDITURES (continued)

D-4- D-41	To Whom Paid		_	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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			`	
	Section and the second section and the sectio			
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1				
			transfer and the second	
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		2644.08		
should include only these expenditures not		Line 14: Expenditures \$50 and under (not listed above)		
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD		2 644-09		



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	
10/21/	Tromas Grannemann	8 Comarche CIV Haverhill 01835	General Compagn Expense lan	5000-00	
		·			
	Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				