

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OCT 27 Px3:54 HAVGITYGLERK

File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: **Ending Date:** 111/2025 Type of Report: (Check one) ☐ 8th day preceding preliminary X 8th day preceding election 30 day after election year-end report dissolution Committee to Elect Amanda Basilie Committee Ward ianna Office Sought and District Residential Address iliere.amanda@gmail. SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 12) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 15) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6, line 18) Line 7: Total (all) outstanding liabilities (page 7, line 19) Line 8: Total out-of-pocket expenses this period (page 8, line 22) Line 9: Name of bank(s) used: 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: (Treasurer's signature) 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.

(Candidate's signature)

SCHEDULE A: RECEIPTS

1.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 ear. 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 excords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions exceived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Ittach 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	Occupation & Employer (for contributions of \$200 or more)
9/15/25	Brianna Baster 51 High St Epping NH 03042	\$50	
9/15/25	Nicholas Baster 386 Middle Rd. Hoverhill, MA 01830	\$50	
9/15/25	Ralph Basiliere 137 primrose st. Haverhill, MA 01830	\$500	Disabled Veteran
9115/25	Justin Bird 84 center st. Goveland MA 01834	\$60	
9/15/25	Madison Currier 1 River court Apt 208 Ameslary, MA 01913	\$50	
9/17/25	Shannon Hewey Howerhill, 1534 E. Broadway Howerhill, MA 01830	160	
9/15/25	Brooke McCourthy 7 Brickett Eve Havernill, MA 01830	\$50	
9/15/25	Jeremian McCarthy 1Brickett Ave. Howernin, MA 01830	\$56	
9/15/25	Dean Page 72 coffin ave Howerhill, MA 01830	#50	
9/15/25	Mary Ryan 7 Silver Birch the Havernill, MA 01832	\$50	
9/15/25	Richard Rosa 139 Kenozast. Haverkilli,MA 01830	\$25	
9/15/25	Todd Smith 35 Gary Ave Havernillima 01830	\$50	
9/15/25	Susan stanley 160 water st Haveshill, MA 01830	#50	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
915/25	shawn Toolbey 1096 Grystalst Haverhill, MIA 01832	#100	
9115/25	Joseph Tucker 107 Wingate St. Hawerhill, MA 101832	\$50	
9/15/25	Kevin Waddington 229 Waterst Apt 501 Haverhill MA 01830	#500	Electrician-self employed Kevin Waddington Flectric
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- 4			
Line 10: Total Receipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not	
	Line 11: Total Receipts \$50 and under (not listed above) Line 12: TOTAL RECEIPTS IN THE PERIOD Should include only those receipts not itemized above. 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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9/15/25	AZUI MEXICAN REStaurant	316 Groveland St Havernill, MA01830	Meet and Greet Fundraisex.	442,95
9/15/zs	Pollar Tree	237 lincoln owe Haverhill, MA 01830	supplies for fundraiser	\$4b.75
10/11/2025	Justin Signs	17 Newton Rd. soite C. Plaiston, NH 03865	Campaign Banners	\$375,00
9/28/2025	Signs on the Cheap	11525A Staveholdow Dr. Ste 120 Austin, TX 78758	Wire staked compaign signs.	\$538.37
9/12/202	Staples	58 Paiston of witchs Plaiston NH 63865	Campaign Banners	206.85
912/25	Staples	Se Plaistowrd suite Als Plaistow INH 03869	Easle Stand	\$1 2 .9 8
9/14/25	staples	58 Plaistow (d sitetls Plaistow, 144 03865	Campaign Postcards	\$35.99
9/16/25	VFO Santa Parade Committee	PO BOX 5346 Bradford, MA01835	sign Exposure	\$175.60
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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not		Line 13: Expenditures over \$5	0 (or listed above)	1,738.17
		Line 14: Expenditures \$50 and	l under (not listed above)	A95,73
	itemized above. Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDI		1832 90

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

A.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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please nclude the candidate or committee name and a-page number on each additional page.

Date 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.		Line 16: In-Kind Contributions over \$50 (or listed above)		
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
Enter on page 1, line 6 →		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
7/14/25	Amanda Basiliene 386 middlerd Havemill MA 01830	386 Middle rd. Havernill MA01830	Account opening	1300
6/03/25	Amanda Basiliere	386 Middle rd. Havernill MA 01830	Campaign signs	#271.4S
				1 147
			4	
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAN	DING LIABILITIES (ALL)	521.45

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.

		T	
Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
6/3/2025	Sighs on the Cheap Austin, Texas	#221.45	cumpaigh lawn signs
7/14/25	Amanda Basiliere 384 middle od Havernilli, HA 3850	\$300	Account Opening
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Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above) Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		521.45	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.