

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	HAU FILL With Cay of Town Clenzor Election Commission		
Fill in Reporting Period dates: Beginning Date: /:	1/3//22 Ending Date: _/3/31/23		
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution		
Canil M. Sullivan Candidate Full Name (if applicable) Haverhill School Committee Office Sought and District 18 Hawthorne Street Residential Address E-mail: GMS62345@gmail.com Phone #:	CATE CHAIL Sullivan Committee Name Cavaline LeBlane Name of Committee Treasurer 14 Blossom St., Haverhill Committee Mailing Address E-mail: Lggr 950 verizon, net Phone #:		
SUMMARY BALAN	NCE INFORMATION:		
Line 1: Ending Balance from previous report	1,498.16		
Line 2: Total receipts this period (page 3, line 12)	2890		
Line 3: Subtotal (line 1 plus line 2)	4208		
Line 4: Total expenditures this period (page 5, line	15) 2722		
Line 5: Ending Balance (line 3 minus line 4)	1487.		
Line 6: Total in-kind contributions this period (page	6, line 18) Ø		
Line 7: Total (all) outstanding liabilities (page 7, lin	e 19) 7 3 5		
Line 8: Total out-of-pocket expenses this period (page	ge 8, line 22)		
Line 9: Name of bank(s) used:	evernill Bank		
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) Date: 1//8/24			
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 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, rting period that are not otherwise disclosed in this report.		
finance activity, including contributions, loans, receipts, expenditures, disbursen campaign finance activity of all persons acting under the authority or on behalf of			
Signed under the penalties of perjury: Mau M. Sull	(Candidate's signature) Date: 1/19/2+24		

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 E Liabilities.

ach 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)	
12/28	Ermine Haksever 10 Rosewood Dr.	50 _N		
11/23	Dan Hoyt 31 Crolden st.	50 1		
11/23	Ann Jacobson 14 Fernwood	110		
11/23	Tim Jordan 167 Kings bury Ave.	150		
11/23	Paula Joy 4 hilac Lane	25		
11/23	Este Karlstad 11 Lakeview Ave.	50		
11/25	Catherine Latourelle 772 E Broadway	20		
11/23	Deb Maddor 122 Lakeview Ave.	100		
11/83	Josiah Morrow	30		
11/23	Vickie Popowski 2 pcademy Ave:	50		
11/23	Bathleen Potter 468 S. Main St.	30		
11/23	Pat Randall 22 Regent Ave	100		
11/23	Rich Rosa 139 Kunoza St.	300	Duyer Brokers Only Retires	
Illas	Jean Sullivan 3 Christoper sf. 3 Christoper sf. Stone na	500	Retires	
Enter receipt totals on Page 3				

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
11/23	Sven American 48 Talmouth Ave	50	
11/23	Louise Berilacqua 84 Winona Auc.	50.	
11/23	Kevin Burke	50.	
11/23	Deanna Clarence 31 Meadow Brook Rd. Sud Dury	250:	Retireb
11/23	margaret Connelly 55 Monroe St.	100	
11/23	William Cox Le Richmond St.	250.	
11/23	Maureen Ferris 25 Forest Acres	100	
11/23	Sheryl Folk	200.	
11/23	Joel Gagnon 8 Richmond St.	150.	
illas	Stephen gordon 1/37 main st.	50,	
11/23	Steve Greeke 125 Seven Sisters Rd.	25	
(1/23	Tom Gramamam 8 Conanche Circle	50.	
11 /23	153 W. Lowell Due	100	
Line 10: Total Receipts over \$50 (or listed above)		2890	* 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)		P	should include only those receipts not itemized above.
Line 12: TOTAL	RECEIPTS IN THE PERIOD	2890	← 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 D. 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
10/23	Connolly		Print material	635
10/23	(/ /		Print materia	1525
11/23	Peddler's Bacanter		fundraiser	562
				2722
				2722

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				. f
			Concession and the Concession an	
		NA		
and under, in	clude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	
		Line 14: Expenditures \$50 and	under (not listed above)	
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD				

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 include the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		ND		
			and the second s	
* If you have itemized in-kind contributions of		Line 16: In-Kind Contributions over \$50 (or listed above)		
ъзо and under, should inclu	include them in line 16. Line 17 ude only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50 and under (not listed above)		
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONT	RIBUTIONS 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
10/21/19	Gail Sullivan	18 Hawthorne St.	Ad	310
8/19/21	(4 1)	[[]]	(1	50
4/21/19	/1 /1	11) /	ч	300
10/31/19	1 1	ν' '''	Rental Fee For Eunbraise	76
	·	,		
	Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL) 735			

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.

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D-4- D-43	Name and Address of Vendor	Amount	Durnaga of Evnanditura
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
	1.		
		[
	ll N/B		
	[V ['		
		<i>Y</i>	
. 3			the state of the s
Line 20: Total Itamiz	red Out-Of-Pocket Expenditures Over \$50		+ TC
(or listed above)	wa Out-OI-1 oewet Exhemmings Over 430		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
	mized Out-Of-Pocket Expenditures \$50 and		should include only those expenditures not
under (not listed above			itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8