

Form CPF M 102: Campaign Finance Report

Municipal Form

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File with: City or Town Clerk or Election Commission

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 1/1/2	Ending Date: 10/17/25
Type of Report: (Check one)	Total Control Control
☐ 8th day preceding preliminary	□ 30 day after election □ year-end report □ dissolution
Jill Taylor Story	Committee to Elect Jill Story
Candidate Full Name (if applicable) Haverhill School Committee - Ward 5	Committee Name Brian Story
Office Sought and District 22 Colonial Farm Rd., Haverhill, MA 01832	Name of Committee Treasurer 22 Colonial Farm Rd., Haverhill, MA 01832
Residential Address E-mail: jstory308@gmail.com	Committee Mailing Address E-mail: bjstory71@gmail.com
Phone #: (978) 994-5896	Phone # : (978) 361-7280
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	\$759.55
Line 2: Total receipts this period (page 3, line 12)	\$396.00
Line 3: Subtotal (line 1 plus line 2)	\$1155.55
Line 4: Total expenditures this period (page 5, line 15)	\$336
Line 5: Ending Balance (line 3 minus line 4)	\$819.55
Line 6: Total in-kind contributions this period (page 6, 1	line 18)
Line 7: Total (all) outstanding liabilities (page 7, line 19	
Line 8: Total out-of-pocket expenses this period (page 8) Line 9: Name of bank(s) used: Haverhill Bank	, line 22) \$246
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity of all persons acting under the authority or on behalf of this committee in accordance.	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 10/27/25
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties of perjury:	period that are not otherwise disclosed in this report. best of my knowledge and belief, a true and complete statement of all campaign, in-kind contributions and liabilities for this reporting period and represents the

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.

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
10/1/25	Bill Taylor 51 Sheridan Street Haverhill, MA 01830	\$150.00	
3/30/25	Jill Story 22 Colonial Farm Rd. Haverhill, MA 01832	\$246.00	Principal, Town of Reading

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Reco	eipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Reco	eipts \$50 and under (not listed above)	\$396	should include only those receipts not itemized above.
Line 12: TOTAL	RECEIPTS IN THE PERIOD	\$396	← 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
3/30/25	Wix.com domain name	Wix.com	website hosting	\$29.25
4/1/25	Wix.com website (premium plan)	Wix.com	website	\$216.75
1/31/25	Haverhill Bank	180 Merrimack Street Haverhill, MA 01830	monthly fee	\$10
2/28/25	Haverhill Bank	180 Merrimack Street Haverhill, MA 01830	monthly fee	\$10
8/31/25	Haverhill Bank	180 Merrimack Street Haverhill, MA 01830	monthly fee	\$10
4/30/25	Haverhill Bank	180 Merrimack Street Haverhill, MA 01830	monthly fee	\$10
5/31/25	Haverhill Bank	180 Merrimack Street Haverhill, MA 01830	monthly fee	\$10
6/30/25	Haverhill Bank	180 Merrimack Street Haverhill, MA 01830	monthly fee	\$10
7/31/25	Haverhill Bank	180 Merrimack Street Haverhill, MA 01830	monthly fee	\$10
8/31/25	Haverhill Bank	180 Merrimack Street Haverhill, MA 01830	monthly fee	\$10
9/30/25	Haverhill Bank	180 Merrimack Street Haverhill, MA 01830	monthly fee	\$10

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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				<u> </u>
* If you have itemized expanditures of \$50		(or listed shows)	\$226	
and under, include them in line 13. Line 14		ine 13: Expenditures over \$50 (or listed above)		\$336
should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above)				
ntemized above.				
	Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD \$336			\$336

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

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
3/30/25	Jill Story	22 Colonial Farm Rd. Haverhill, MA 01832	loan	\$246.00
	Enter on page 1, line 7	→ Line 19: TOTAL OUTSTA	NDING LIABILITIES (ALL)	\$246.00

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
8/30/25	Wix.com	\$29.25	website domain name
4/1/25	Wix.com	\$216.75	website
and the same of th			
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)		\$246	* 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.
under (not listed above) Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		\$246	← Enter on page 1, line 8