Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

HAV CITY CLRK OCT22'25 11:08

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 08/01/2025 Ending Date: 10/17/2025

Type of Report: (Check one)

☐ 8th day preceding preliminary ☑ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

DAVIS V. NGUYEN
Candidate Full Name (if applicable)

HAVERHILL, MA
Office Sought and District

440 NORTH AVE APT 197 HAVERHILL, MA 01830
Residential Address

E-mail: DAVIS@CARRSTAPLESACCARDI.COM

Phone # (optional): 781-632-6281

COMMITEE TO ELECT DAVIS V. NGUYEN
Committee Name

PAUL M. ACCARDI
Name of Committee Treasurer

2 SARAH J CIRCLE HAVERHILL, MA 01832
Committee Mailing Address

E-mail: PAUL@CARRSTAPLESACCARDI.COM

Phone # (optional): 978-372-8910

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 11)	1,195.00
Line 3: Subtotal (line 1 plus line 2)	1,195.00
Line 4: Total expenditures this period (page 5, line 14)	1,873.80
Line 5: Ending Balance (line 3 minus line 4)	(678.80)
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	1,397.05
Line 8: 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 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: 10/20/2025

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.

Signed under the penalties of perjury: _____ (Candidate's signature) Date: 10/20/2025

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
09/19/2025	AMBRA, SAM & MICHELLE 108 NEWTON RD HAVERHILL, MA 01830	100.00	
10/08/2025	DECELLE, KATHLEEN A. 92 PERKINS COURT HAVERHILL, MA 01832	50.00	
09/19/2025	GRANNERMANN, THOMAS 8 COMANCHE CIRCLE HAVERHILL, MA 01835	50.00	
09/03/2025	MATSUBARA, HEATHER 489 MAIN ST HAVERHILL, MA 01830	20.00	
09/10/2025 09/19/2025	ROSA, RICHARD J & ANNE 139 KENOZA ST HAVERHILL, MA 01830	75.00	
09/11/2025	ACCARDI, PAUL & DEBRA 2 SARAH J. CICLE HAVERHILL, MA 01832	200.00	ACCOUNTANT
09/03/2025	COSTELLO, WILLIAM J P.O. BOX 5248 HAVERHILL, MA 01835	250.00	INSURANCE BROKER
09/16/2025	DELANEY, FAITH E. 50 WOODLAND PARK DRIVE HAVERHILL, MA 01830	250.00	ATTORNEY
09/16/2025	EARLY, RICHARD & MARY ROSE 50 S. MAIN ST HAVERHILL, MA 01835	200.00	CONTRACTOR

Line 9: Total Receipts over $50 (or listed above)	295.00	
Line 10: Total Receipts $50 and under* (not listed above)	900.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD	1,195.00	← Enter on page 1, line 2

* 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 9: Total Receipts over $50 (or listed above)	Ø	
Line 10: Total Receipts $50 and under* (not listed above)	Ø	
Line 11: TOTAL RECEIPTS IN THE PERIOD	Ø	← Enter on page 1, line 2

* 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

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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/08/2025	ACT BLUE	P.O. Box 441146 Somerville, MA 02144	CREDIT CARD FEE	1.75
08/13/2025	AMAZON	410 Terry Ave N, Seattle, WA 98109-5210	SIGN HOLDER	30.27
08/13/2025	HEAVNLY DONUTS	55 S Main St, Haverhill, MA 01835	DONUTS FOR SENIORS	18.99
08/21/2025	LOWES	1500 Broadway, Saugus, MA 01906	WOOD FOR FRAME	27.63
09/10/2025	ACADEMY LANE	725 S Main St, Haverhill, MA 01835	FUNDRAISING	224.19
08/21/2025	LAPLUME & SON PRINTING CO	1 Farley St, Lawrence, MA 01843	YARD SIGNS	718.78
09/03/2025	LAPLUME & SON PRINTING CO	1 Farley St, Lawrence, MA 01843	DOOR HANGERS	377.19
10/17/2025	NORTH OF BOSTON MEDIA	100 Turnpike St., North Andover, MA 01845	NEWSPAPER	300.00
09/16/2025	VFW SANTA PARADE	64 Kenoza Ave, Haverhill, MA 01830	ADVERTISING	175.00

Line 12: Total Expenditures over $50 (or listed above)	1,795.16
Line 13: Total Expenditures $50 and under* (not listed above)	78.64
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	1,873.80

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over $50 (or listed above)		
		Line 13: Expenditures $50 and under* (not listed above)		
Enter on page 1, line 4 →		**Line 14: TOTAL EXPENDITURES IN THE PERIOD**		

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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)	
	Line 16: In-Kind Contributions $50 & under (not listed above)	
Enter on page 1, line 6 →	**Line 17: TOTAL IN-KIND CONTRIBUTIONS**	

* 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.

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
09/03/2025	DAVIS V. NGUYEN	440 NORTH AVE APT 197 HAVERHILL, MA 01830	LOAN TO CAMPAIGN	1,397.05

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 1,397.05