

### Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 10	16-21 Ending Date: 12-31-21
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
our day preceding premintary our day preceding election	30 day after election year-end report dissolution
Joseph J. Bevilacqua  Candidate Full Name (if applicable)  Haverhill City Council  Office Sough and District  46 Lambert Ave. Haverhill	Committee to Elect Joe Bevilacqua  Committee Name  Toni Ann Bevilacqua  Name of Committee Treasurer  46 Lambert Ave. Haverhill
Residential Address	Committee Mailing Address
E-mail:	E-mail:
Phone # (optional): 978 373 - 4807	Phone # (optional): 978 373-4807
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	1,659.68
Line 2: Total receipts this period (page 3, line 11	1,000100
Line 3: Subtotal (line 1 plus line 2)	2,659,68
Line 4: Total expenditures this period (page 5, li	ne 14) — O —
Line 5: Ending Balance (line 3 minus line 4)	2,659,68
Line 6: Total in-kind contributions this period (p	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	777 000 100
Line 8: Name of bank(s) used: Haver	hill Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the besactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:  Touc Gin Buulde	l contributions and liabilities for this reporting period and represents the campaign n accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate; (check 1 b	ox only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the	he best of my knowledge and belief, a true and complete statement of all campaign finance occordance with the requirements of M.G.L. c. 55. I have not received any contributions.
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, disbursement campaign finance activity of all persons acting finder the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature)  Date: 1-14-22

# Comm. to Elect Joe Bevilacqua 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
8-8-97	Joseph J. Bevilagua	46 Lambert Ave.	Campaign Loan	9 3,500.00
2-6-98	Ν		''	500.00
4-4-01	u		1/	500.00
8-1-01	I(	11	! (	500,00
8-25-01	11	, , , , ,	11	500.00
8-28-01	11	11	10	500.00
9-7-01	1(	((	11	500,00
8-20-15	11	1(	10	1,000,00
10-31-19	, ,	1(	I(	1,500,60
4-16-21	11	1(	1(	1,000.00
10-16-21	'\	į.	,	(,000 -
				11,000.00
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			

## Comm. to Elect Joe Bevilacqua

#### 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 poce number

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)	
10-16-21	Bevilacqua, Joseph 462 ambert Ave.	1,000 -	candidate- campaign	
		; t		
Line 9: Total Receipt	ts over \$50 (or listed above)	,		
5 .	ts \$50 and under* (not listed above)			
	CEIPTS IN THE PERIOD	1,000 €	Enter on page 1, line 2	
If you have itemized re	eceipts of \$50 and under, include them in line 9	. Line 10 should i	include only those receipts not itemized above.	

## Comm. to Elect Joe Bevilacqua

#### 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.)

report all expenditures. Please include your committee name and a page number on each page.)				
Dote Date	To Whom Paid	4.33		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Total Expenditures ove	er \$50 (or listed above)	
į.	-	-		
4.3		Line 13: Total Expenditures \$50	and under* (not listed above)	
	-	•		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	-0-
7	L. L			<u> </u>

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

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## Comm. to Elect Toe Bevilacqua

#### 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
				PARAMA
:				
	:-			
				;
	10.400	Line 15: In-Kind Contribution	s over \$50 (or listed above)	
	* * * * * * * * * * * * * * * * * * *	Line 16: In-Kind Contribution	s \$50 & under (not listed above)	
	·	Line 17: TOTAL IN-KIND (		-0-

<sup>\*</sup> 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.

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