

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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of Massachusetts File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 10/18/25 Ending Date: 11/24/25
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Amanda Basiliere Candidate Full Name (if applicable) Haverhill School Committee Word4 Office Sought and District 3810 Middle Rd Haverhill MA 01830 Residential Address E-mail: hasiliera amanda Egmail. Com Phone #: (603-819-1581) The Committee to Elect Amanda Busilier Committee Name Brianna Basler 3810 Middle Rd Haverhill MA 01830 Committee Mailing Address E-mail: hasiliere amanda Egmail. Com Phone #: 978-994-0138
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) — 108.89 — 108.89
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) Date: Date:
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 Level of the Library expensived 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 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

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 Date Received (alphabetical listing required)		Candidate or committee name and a page number on each additional page. Occupation & Employer Amount (for contributions of \$200 or more	
Date Received	(arphabettear listing required)	TAMOUNT	(xor contributions or ozor or more)
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SCHEDULE A: RECEIPTS (continued)

D-4- D ' '	Name and Residential Address	A 4	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
a manual de la companya de la compan			
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
Line 11: Total Receipts \$50 and under (not listed above)		\bigcirc	should include only those receipts not itemized above.
Line 12: TOTAL RECEIPTS IN THE PERIOD		0	← 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.

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
· [
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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
100 100 100 100 100 100 100 100 100 100				
* If you have	*10 / 1: 1 / 1: 0000			
and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		
эноши тели	itemized above.	Line 14: Expenditures \$50 and under (not listed above)		0
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	O

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 arrange number on each additional pages.

ruae ine canaidate o	r committee name and a-page number on	each additional page.		
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
<u> </u>				
	<u>L.</u>			
* 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)		0
		Line 17: In-Kind Contributions \$50 and under (not listed above)		0
Enter on page 1, line 6 →		Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD		0

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 Basiliere	380 middle Rd Haverhill MA 01830	Account Opening	300,00
6/3/25	Amanda Basiliere	3820 middlerd Havernill MA 01830	Compaign Signs	21,45
	Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL) 571, 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.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
613125	Signs on the cheap Austin TX	221.45	campaign lawn signs
7/425	Amarda Pasitiere 381e middle Rd Hayerill	30.00	Account Opening
Line 20: Total Itemize (or listed above)	ed Out-Of-Pocket Expenditures Over \$50	521.45	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Uniten under (not listed abov	nized Out-Of-Pocket Expenditures \$50 and re)	0	should include only those expenditures not itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD	← Enter on page 1, line 8 Page 8	