



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: 12/31/2020 Ending Date: 10/15/2021

Type of Report: (Check one)

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

Paul A Magliocchetti

Candidate Full Name (if applicable)

Haverhill School Committee

Office Sought and District

15 Kimball Hill Drive

Residential Address

E-mail: pmagliocchetti@ssjmattorneys.com

Phone # (optional):

Magliocchetti Committee

Committee Name

Julie Magliocchetti

Name of Committee Treasurer

15 Kimball Hill Drive

Committee Mailing Address

E-mail: jmagliocchetti@ssjmattorneys.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

744.92

Line 2: Total receipts this period (page 3, line 11)

1865.61

Line 3: Subtotal (line 1 plus line 2)

2610.53

Line 4: Total expenditures this period (page 5, line 14)

2107.71

Line 5: Ending Balance (line 3 minus line 4)

502.82

Line 6: Total in-kind contributions this period (page 6)

0.00

Line 7: Total (all) outstanding liabilities (page 7)

20,231.54

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: 1/31/2022

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: 1/31/2022

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)
10-05-21	Jeffrey Martineau 46 Russett Hill Road, Haverhill, MA	100.00	Globel IT Manager OneZero Financial
9-20-21	Steve Pauquette PO Box 1037 Pelham, NH 03076	500.00	Developer self
9-15-21	Paul Magliocchetti (Candidate) 15 Kimball Hill Drive, Haverhill, MA	1265.61	Candidate loan (used personal credit card for campaign expenditures)
Line 9: Total Receipts over \$50 (or listed above)		1865.61	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1865.61	

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

* 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
8-30-21	Asperger Works, Inc.	346 Broadway, Haverhill MA	donation	75.00
9-15-21	Signs on the cheap	11525-B Stonehollow Drive, #220 Austin, TX 78758	campaign signs	1265.61
9-26-21	ActBlue	366 Summer Street Somerville, MA 02144	Contribution processing fee	3.95
10-10-21	ActBlue	366 Summer Street Somerville, MA 02144	Contribution processing fee	19.75
10-15-21	Paul Magliocchetti	15 Kimball Hill Drive Haverhill, MA	reimbursement for expenditures	725.03
Line 12: Total Expenditures over \$50 (or listed above)				2089.34
Line 13: Total Expenditures \$50 and under* (not listed above)				18.37
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2107.71

Enter on page 1, line 4 →

* 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)[illegible]

* 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				0.00

* 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
12/31/2017	Magliocchetti, Paul A.	15 Kimball Hill Drive Haverhill, MA 01830		18965.93
9-15-2021	Magliocchetti, Paul A	15 Kimball Hill Drive Haverhill, MA 01830	campaign signs	1265.61
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				20231.54



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		10/15/2021
Name of Individual Being Reimbursed:	Paul A Magliocchetti	
Committee Name:		
CPF ID Number (if applicable):	15528	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
8/05/2021	Square Space Inc	Eight Clarkson Street 12th Floor New York, NY 10014	website	229.50
10/1/2021	Facebook	1 Hacker Way Menlo Park, CA 94025	Advertising	220.5
8/31/2021	Vista Print	275 Wyman Street Waltham, MA 02451	Campaign material	237.03

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	687.03
Line 2: Expenditures \$50 or under (not itemized):	38.00
Line 3: TOTAL AMOUNT REIMBURSED:	725.03

Signed under the penalties of perjury:

Paul A Magliocchetti
Signature of Candidate / Treasurer

Date: 10/15/2021

Please prepare a separate report for each reimbursement check issued by the committee.