

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Of Islassaciuracitz	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Jan	wary 1,2020 Ending Date: December 31 2021
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Toni Saplenza - Donais Candidate Pull Name (if applicable) Haverhill School Committee Office Sought and District 100 South Park St Haverhill MA Residential Address B-mail: Loni donais @ Wahaa.com	Name of Committee Treasurer
E-mail: <u>fonidonais@yahoo,com</u> Phone # (optional): 978 228 0643	Phone # (artisant) ATR 32 8 4 (1/2)
From # (optional). 778 228 0693	Phone # (optional): 4/17 223 08 4
SUMMADV BALAN	CE INFORMATION:
SUMMANI BALAN	CE IN ORMATION.
Line 1: Ending Balance from previous report	77.21
Line 2: Total receipts this period (page 3, line 1	1)
Line 3: Subtotal (line 1 plus line 2)	77.21
Line 4: Total expenditures this period (page 5, 1)	ine 14) /20—
Line 5: Ending Balance (line 3 minus line 4)	=42,79
Line 6: Total in-kind contributions this period (p	page 6) — O —
Line 7: Total (all) outstanding liabilities (page 7	3,016.89
Line 8: Name of bank(s) used: Haver	VIII Bank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee. Signed under the penalties of perjury:	d contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	bex only)
	the best of my knowledge and betief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ang 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 t finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the company of the contributions.	nts, in-kind contributions and liabilities for this reporting period and represents the this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the paraties of parity of harings	Turas (Cardidatala signatura) Date: 1-15-2022

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)	
	1//1			
4				
		:		
ne 9: Total Receip	ots over \$50 (or listed above)			
ne 10: Total Recei	pts \$50 and under* (not listed above)			
ne 11: TOTAL R	ECEIPTS IN THE PERIOD		← 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)

Name and Residential Address Occupation & Employer					
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
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		<u> </u>			
	L V				
			1		
1					
1					
	.				
ne 9: Total Receip	ots over \$50 (or listed above)				
ine 10: Total Recei	pts \$50 and under* (not listed above)				
ne 11: TOTAL D	ECEIPTS IN THE PERIOD	<i>γ</i>)			
			Enter on page 1, line 2 d include only those receipts not itemized above.		

^{*} 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.)

report all expenditures. Please include your committee name and a page number on each page.) To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
1/20/4	Haverhill Book		57 monthly fixed		
2/20/21	Haverhill Bank			10-	
3/20/21	Haverhill Bank			10-	
L	Haverhill Bank			10-	
5/20/21	Haverhit Bunk			10-	
6/20/21	Haverhill Bunk			10-	
7/20/1	Haverhill Baine			10-	
8/20/4	Haverhill Bank			10-	
9/20/2	Hoverhill Bank			10_	
10/20/	Haverlill Bank			10-	
11/20/2/	Haverhill Bank	· ·		10-	
12/20/	Haverhill Bonn			10-	
		Line 12: Total Expenditures ove	er \$50 (or listed above)		
Line 13: Total Expenditures \$50 and under* (not listed above)					
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD					
		<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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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1				<u> </u>
The state of the s				
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	nder* (not listed above)	
	į	Line 14: TOTAL EXPENDITU		120-

^{*} 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
	4			
	////			

		Line 15: In-Kind Contributions	over \$50 (or listed above)	international control of the second control
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.

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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
10/25/19	Donars, Toni	100 Soisth Part Is Howarhill, 1914	Trivia Night Front Front	1, 000 -
11/5/19	Donal's, Toni	100 South Park St Haverhill, MA	Electron Might Timethan Proport Found	<u> </u>
8/21/19	Donais, Toni	100 South Pak Sir	ICE cream Flyer lopies	124,30
8/7/19	Donais, Toni	IN South Parks	Door Hangers	956 de 9
	Donals, Toni	100 Smern Pan 21	Web Rye	190.11
9/1/19	Donais, Tom	181 Street Enfant 21 Magnistant y 1981	Trivia Flyer	115170
9/21/19	Donald The	100 Sounds in	Time Bother	34.96
1/20/19	Denote, the	1983 59899 12153 1982 1111 1111 112	Blue 14035	5730
9/30/4.	Danay Toni	100 Sith Park St Howerfull MA	Anvolvill Bank Monthly fre	10 50
10/30/21	Dinais, Ton	Howard, may	Atoverhil Bint Munchy fre	102
11/30/21	Donato, brui	1	Monthly fice	10-00
12/3/21	Dones, Tri	Hoverill, MA	Horthlyfe	10 20

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

Page 7 3,016.85