

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

Office of Campaign and Political Finance

JAN 21 AHB:05 HAVGITYGLERK

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/1	24 Ending Date:   12 31 24
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Jill Taylor Ston	Committee to Elect Jill Story
Havernii School Committee - ward 5	Brian Story
22 Colonial Farm Rd., Havernill, MA	22 Colonial Farm Rd., Haverhill, MA 01832
Residential Address 01832 E-mail: 1Story 308 Equal - com	Committee Mailing Address  E-mail: DISTON FI @ GMAIL COM
Phone #: (978) 994-5896	Phone #: (978) 341 - 7280
SUMMARY BALANC	TE INFORMATION:
Sommand British	SE III. ORGANIZATION
Line 1: Ending Balance from previous report	# 779.55
Line 2: Total receipts this period (page 3, line 12)	#344-
Line 3: Subtotal (line 1 plus line 2)	\$1,123.55
Line 4: Total expenditures this period (page 5, line 15)	#344-
Line 5: Ending Balance (line 3 minus line 4)	\$ 759.55
Line 6: Total in-kind contributions this period (page 6,	line 18)
Line 7: Total (all) outstanding liabilities (page 7, line l	9) \$3,025.99
Line 8: Total out-of-pocket expenses this period (page	8, line 22) Ø
Line 9: Name of bank(s) used: Haverni	11 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	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 Signed under the penalties of perjury:	(Treasurer's signature) Date: 1/20/25
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox only)
Candidate with Committee  Candidate with Committee  Cartify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	he best of my knowledge and belief, a true and complete statement of all campaign finance coordance with the requirements of M.G.L. c. 55. I have not received any contributions, g 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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the ais candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the negalties of perjury:	(Candidate's signature) Date: 1/20/25

### SCHEDULE A: RECEIPTS

i.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 ear. 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 scords 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. ttach 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	Amount	Occupation & Employer (for contributions of \$200 or more)
Michael Veves 4 Cliffe Ave Haverhill, MA 01832	\$100.00	
JIII Stony Farm Rd 22 Colomby Farm Rd Haver Mill, MA 01832	\$244- (loan)	Assistant Principal Town of Reading
	Name and Residential Address (alphabetical listing required)  Michael Veves 4 Cliffe AVE Haverhill, MA 01832  Jill Story Farm Rd Haverhill, MA 01832  Haverhill, MA 01832	(alphabetical listing required) Amount  Michael Veves 4 Cliffe AVE. HAVENDII, MA 01832

### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Rece	eipts over \$50 (or listed above)	\$ 344-	* If you have itemized receipts of \$50 and
Line 11: Total Rece	eipts \$50 and under (not listed above)		under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL I	RECEIPTS IN THE PERIOD	\$344-	← 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 (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Paid		180 Merrimack St. Havernill, MA 01830	Monthly Fixed Charge	#10-
429   24	Havernill Bank	180 Memmackst. HavernIII, Ma 01830	Monthly fixed charge	\$ 10-
3/29/24	Havernill Bank	180 MerriMack St. Havernill, MA 01830	monthly fixed charge	\$10-
3/30/24	Wif.com domain	100 Gansevoort St. New York, NY 10014	domain	#27.25
4/15/24	Wix com	New York, NY 10014	website subscription	\$216.75
430/24	Havernill Bank	180 Merrimackst. Haverhill, MA 01830	monthly fixed charge	\$10-
5/31/24	Havernill Bank	180 Merrimack St Havernill, MA 01830	moniny fixed charge	\$10-
6/28/24	Havernill Bank	180 Merrimaekst. Haverhill, MA 01830	monthly fixed charge	\$10-
7/31/24	Havernill Bank	180 Merri Mack St. Haverhill, MA 01830	Monmy fixed charge	#10-
8/30/24	Havernill Bank	180 Merrimackst Havernill, MA 01836	monmiy fixed charge	\$ 10-
9/30/24	Havernill Bank	180 Merrimaekst. Haverhill, MA 0183t	Monmiy fixed charge	\$10-
10/31/24	Haverhill Bank	180 Mcrri Mackst. Haverhill, MA0183	Monthly Axed charge	\$10-
11/29/24	Havernill Bunk	180 Merrimackst. Haverhill, MA 01836	monthly fixed charge	#10-

### SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
12/31/24	Havernill Bank	180 Memmackst. Havernill, MA 01830	monthly fixed charge	\$10-
	·			
			·	
and under, in	e itemized expenditures of \$50 clude them in line 13. Line 14 de only those expenditures not	Line 13: Expenditures over \$50 (or listed above)  Line 14: Expenditures \$50 and under (not listed above)		
itemized above.  Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD  #364-			#364-	

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

vI.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 iddition, 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 neclude the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	i i i i i i i i i i i i i i i i i i i			
		·		
				-
	·			
* If you have	itemized in-kind contributions of ; include them in line 16. Line 17	Line 16: In-Kind Contributions ov	er \$50 (or listed above)	
should incl	ude only those expenditures not itemized above.	Line 17: In-Kind Contributions \$5	0 and under (not listed above)	
Enter on page 1, line 6 -> Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD				

#### 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
61123	Jill Story	22 Colonial Farm Pot HaverMill, MA 01832	Campaign loan	\$1000-
10/21/23	JIII Story		loan	#1006-
11/1/23	Jill Story		lan	13781.99
3/30/24	Jill story	*	loan	\$244-
				·
	Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL) \$3025.90			\$ 3025.99

# 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
3/30/24	WIX com 100 bansevoort St. New York, NY 10014	\$27.25	website domain
415724	WIX.com 100 Ganseroortst. New YORKINY 10014	\$216.75	website subscription
(or listed above)	nized Out-Of-Pocket Expenditures Over \$50 itemized Out-Of-Pocket Expenditures \$50 and	4244-	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not
under (not listed a		D \$244-	itemized above.  ← Enter on page 1, line 8  Page