

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

Office of Campaign and Political Finance

2021JAN25ax09:50HAU~CTTYC

of Massachuseus	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	/1/2020 Ending Date: 12/31/2020
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
sin day preceding premimiary sin day preceding electron	
Thomas J. Sullivan	Committee to Elect Thomas Sullivan
Candidate Full Name (if applicable)	Committee Name
City Council	PAUL ACCARDI
Office Sought and District	Name of Committee Treasurer
77 Longview St. Haverhill MA	Committee Mailing Address
Residential Address	E-mail: Paul & Carrstaples Accarpi.com
E-mail: 9.0% 9.1% - 292.5	Phone # (optional): 978-372-8910
Phone # (optional): 978 - 314 - 2925	Thomas (optional).
SUMMARY BALANC	CE INEODMATION:
SUMMARY BALANC	E INFORMATION.
Line 1: Ending Balance from previous report	2096.54
Line 2: Total receipts this period (page 3, line 11	)
Line 3: Subtotal (line 1 plus line 2)	2096.54
Line 4: Total expenditures this period (page 5, line	ne 14) 1431.70
Line 5: Ending Balance (line 3 minus line 4)	664.84
Line 6: Total in-kind contributions this period (p	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	VERHILL 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-king	st of my knowledge and belief, a true and complete statement of all campaign finance denoted contributions and liabilities for this reporting period and represents the campaign
finance activity of all persons acting under the authority or or ochalf of this committee i	in actordance with the requirements of M.G.L. C. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1)	pox only)
Candidate with Committee	
I see if a that I have examined this report including attached schedules and it is, to t	he best of my knowledge and belief, 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, ng 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	he best of my knowledge and belief, a true and complete statement of all campaign 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.
Size of under the paralties of parings.	(Candidate's signature)  Date: 1/20/21

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.)

Name and Residential Address  Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
	( - product with the first term of the first ter	Amount	(101 Count ibutions of \$200 or more)	
			]	
.				
		].		
0.5				
ne 9: Total Receipts	over \$50 (or listed above)	Ô		
ine 10: Total Pagaint	g \$50 and under* (not listed -h)	0		
Total Receipt	s \$50 and under* (not listed above)			
ne 11: TOTAL RE	CEIPTS IN THE PERIOD	6	<b>4</b> . <b>5</b>	
	Seints of \$50 and under include them in line	L	← Enter on page 1, line 2	

<sup>\*</sup> 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 cor

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
1/2/2020	BRADford County Chb	585 Chadwick Rel Haverhill ma 01835	FUNOCAISER	679.45
	Committee to Elect Pitra Pizaglio		DONAhoN	100,00
1/28/2020	Paper Porpoveri	Brosping hill MA 01830	CARDS	552.25
	Pose		Donahon	100.00
			·	
Line 12: Total Expenditures over \$50 (or listed above)			143176	
Line 13: Total Expenditures \$50 and under* (not listed above)			0	
If you have it		nclude them in line 12. Line 13 sho		1431.70

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS NONE

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-Ki		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			O

<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. Page 6

## SCHEDULE D: LIABILITIES NONE

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