

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Date of Reimbursement: 10/16/21 - 12/31/21

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.

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Name of Indivi	dual Being Reimbursed: Tim Jordan	1		
Committee Nar	me: Committee	e to Elect Time Jordan		
CPF ID Numbe	er (if applicable):	Telephon	e Number (optional):	
	ITEM	IZE EXPENDITURES IN EXCE	ESS OF \$50	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/21/21	Connolly Printing	17B Gill Street Woburn, MA 01801	Mailed Post Cards	4319.91
10/26/21	Aristotle International, Inc	205 Pennslyvania Ave, SE Washington, DC 20003	Voter Database	700.00
10/28/21	Krueger Flatbread	142 ESSEX STREET, HAVERHILL, MA 01832	Food for Volunteers	109.14
11/1/21	Haverhill House of Pizza and Subs	249 Lincoln Ave Haverhill, MA 01830	Food for Volunteers	93.22
12/31/21	United States Postal Service	135 S Main Street Haverhill, MA 01835	Stamps	69.60
	(Include items listed on Page 2)	Line 1: Expenditures in excess	of \$50 (itemized above):	5802.87
		Line 2: Expenditures \$50 or under (not itemized):		72.01
		Line 3: TOTAL AMOUNT REIMBURSED:		5874.88
Signed under t	he penalties of perjury			

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/05/21	NationBuilder	PO Box 811428 Los Angeles, California 90081	Campaign Software	511.00
		Page 2 Total (add to Line 1 on Page 2 Total (add to Line 1)	age 1):	511.00