

# Form CPF M 102: Campaign Finance Report

Municipal Form RECEIVED
Office of Campaign and Political Figure URY PORT, MA

of Massachusetts	2024 HANNAL CIP or Fown Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 10/	/31/2023 Ending Date: 12/31/2023				
Type of Report: (Check one)					
■ 8th day preceding preliminary ■ 8th day preceding election	☐ 30 day after election				
Panjamin I Harman	Committee to Elect Ben Harman				
Benjamin J. Harman  Candidate Full Name (if applicable)	Committee to Elect Bell Hallian  Committee Name				
City Council, Ward 4	Ellen Smith				
Office Sought and District	Name of Committee Treasurer				
298 High Street, Newburyport, MA 01950	298 High Street, Newburyport, MA 01950				
Residential Address E-mail: bjharman@gmail.com	Committee Mailing Address E-mail: ellenmsmith04@gmail.com				
Phone #: 617-959-4612	Phone # : 617-530-0088				
There w	Thomas Services				
SUMMARY BALANC	CE INFORMATION:				
500 State of					
Line 1: Ending Balance from previous report	1650.98				
Line 2: Total receipts this period (page 3, line 12)	160.03				
Line 3: Subtotal (line 1 plus line 2)	1811.01				
Line 4: Total expenditures this period (page 5, line 15	81.30				
Line 5: Ending Balance (line 3 minus line 4)	1729.71				
<b>Line 6:</b> Total in-kind contributions this period (page 6	, line 18) D				
Line 7: Total (all) outstanding liabilities (page 7, line	19) 2901.04				
Line 8: Total out-of-pocket expenses this period (page	8, line 22) 0				
Line 9: Name of bank(s) used: Institution for S	Savings				
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:					
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, to am 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 of on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.  Date:   22/24					

#### SCHEDULE A: RECEIPTS

4.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 accords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions accived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. It ach 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		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
10/31/2023	Gordon Seeley 8 Adams Street Newburyport, MA 01950	100.00	
11/2/2023	Jan Smith 296 Elm Street Noank, CT 06340	50.00	
12/31/2023	Interest Income Institution for Savings	10.03	

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ie -			
Line 10: Total Receipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and	
Line 11: Total Receipts \$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 RECEIPTS IN THE PERIOD 160.03		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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/5/2023	Act Blue	Act Blue PO Box 441146 Somerville, MA 02144	Donation processing fees (total for 2023)	81.30

# **SCHEDULE B: EXPENDITURES (continued)**

D . D . I	To Whom Paid		D 47	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
100				
		L		
and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		
		Line 14: Expenditures \$50 and	under (not listed above)	
		Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	81.30

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

A.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 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 md 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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eceived. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please nelude the candidate or committee name and a-page number on each additional page.

	or committee name and a-page number or			
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Prince		
		Emergency or control of the control		
97-70-1011 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		With the second		
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 16: In-Kind Contributions over \$50 (or listed above)		
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
		Line 18: TOTAL IN-KIND CONT	RIBUTIONS 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
10/31/2023	Ben Harman (candidate)	298 High Street Newburyport, MA 01950	Candidate loan (previously reported)	1209.27
10/31/2023	Mark Ferrandini	298 High Street Newburyport, MA 01950	Out of pocket exp. loan (previously reported)	1691.77
				Protections
		Line 19: TOTAL OUTSTANI		2901.04

### 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
-			
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50
	nized Out-Of-Pocket Expenditures \$50 and ve)		and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8