

Form CPF M 102: Campaign Finance Report

IVIUNICIPAL FORM

RECEIVED

Office of Campaign and Political Finance NEWBURYPORT, MA

Commonwealth of Massachusetts	File With SERY of Fown Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 9/	Ending Date: $9/(z/23)$				
Type of Report: (Check one)	~				
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution				
Breanna R. Higgious Candidate Full Name (if applicable) School Committee Office Sought and District	Committee to Elect Brewne Higgins Committee Name Mark Holland Name of Committee Treasurer				
Residential Address	Committee Mailing Address				
E-mail: breanna-higgins 22@ gmail.com	E-mail: ATThe POTT & Concast, net				
Phone # (optional): 978 - 270 - 3295	Phone # (optional): <u>978 - 518 - 7334</u>				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report	O				
Line 2: Total receipts this period (page 3, line 11)	* 700.00				
Line 3: Subtotal (line 1 plus line 2)	\$700.00				
Line 4: Total expenditures this period (page 5, line	e 14) O				
Line 5: Ending Balance (line 3 minus line 4)	\$ 700.00				
Line 6: Total in-kind contributions this period (page	ge 6) O				
Line 7: Total (all) outstanding liabilities (page 7)	0				
Line 8: Name of bank(s) used: TD Bank					
Affidavit of Committee Treasurer: It 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: 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 finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the				
igned under the penalties of perjury: Breanna Higging	(Candidate's signature) Date: 9/13/23				

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 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 at the second of the report of the required to remark all resceipts.

← Enter on page 1, line 2	00.00/4	Line 11: TOTAL RECEIPTS IN THE PERIOD			
	0	Line 10: Total Receipts \$50 and under* (not listed above)			
	00.00Px	eipts over \$50 (or listed above)	Line 9: Total Rec		
	7000E \$	Brechne & TOM Higgins 17 STOTE BEOOKE DEIVE MA CIEDO	80/3/b		
Retired	20.006	Mark Holland 9 Moseley Ave Newburypor MA 01950	Ec/3/6		
Retired	0.00¢	Robert Miller 25 Mas Ibora ST Acu buryport MA 01950	50/8/6		
Occupation & Employer (for contributions of \$200 or more)	JanomA	Name and Residential Address (alphabetical listing required)	Date Received		
report all receipts. Please include your committee name and a page number on each page.)					

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

D 4 D 11	To Whom Paid	A	Dunnage of Evnanditure	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
11				
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
				^
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0

^{*} 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 A: RECEIPTS (continued)

d include only those receipts not itemized above.	9. Line 10 shoul	receipts of \$50 and under, include them in line	* If you have itemized		
← Enter on page 1, line 2	0	Line 11: TOTAL RECEIPTS IN THE PERIOD			
		Line 10: Total Receipts \$50 and under* (not listed above)			
		Line 9: Total Receipts over \$50 (or listed above)			
(for contributions of \$200 or more)	JanomA	(alphabetical listing required)	Davie Necelved		
Occupation & Employer	, and w	Name and Residential Address	Date Received		

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	
		Line 15: In-Kind Contributions over \$50 (or listed above)			
		Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line $6 \rightarrow$	→ 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 B: EXPENDITURES (continued)

O bearing ton 8	URES IN THE PERIOD	Line 14: TOTAL EXPENDITU	1	məti əvad nov 11 *
	inder* (not listed above)	Line 13: Expenditures \$50 and u		
	(or listed above)	Line 12: Expenditures over \$50		
JanomA	Purpose of Expenditure	Address	To Whom Paid (alphabetical listing)	Date Paid

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