



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

HAU CITY CLERK DEC 17 21 AM 3:41
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/21/21 Ending Date: 11/29/21

Type of Report: (Check one)
 8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

William Taylor
Candidate Full Name (if applicable)
City Councilor
Office Sought and District
51 Sheridan Street Haverhill MA 01830
Residential Address
E-mail: blttr45@gmail.com
Phone # (optional): 508-451-2512

Bill Taylor for Haverhill Committee
Committee Name
Shana Taylor
Name of Committee Treasurer
51 Sheridan Street Haverhill MA 01830
Committee Mailing Address
E-mail: blttr45@gmail.com
Phone # (optional): 508-451-2512

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>732.94</u>
Line 2: Total receipts this period (page 3, line 11)	<u>200.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>932.94</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>933.19</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$0</u>
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	<u>0 \$1.42</u>
Line 8: Name of bank(s) used:	<u>TD Bank North</u>

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: [Signature] (Treasurer's signature) Date: 11/30/21

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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 11/30/21

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/21/21	William and Shona Taylor 51 Sheridan St Haverhill MA 01830	\$200.00	Newfolds Digital/data center tech Salem Hospital/radiologic technologist
Line 9: Total Receipts over \$50 (or listed above)		\$200.00	
Line 10: Total Receipts \$50 and under* (not listed above)		—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$200.00	← Enter on page 1, line 2

* 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 committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/29/21	Facebook	1 Hacker Way Menlo Park, CA 94025	advertising	\$134.36
11/9/21	1260 North of Boston Media Group	100 Turnpike St North Andover MA 01845	advertising	\$445.00
10/31/21	Veterans Alliance of Greater Haverhill, Inc.	576 Primrose St. Haverhill MA 01830	advertising	\$55.00
10/29/21	William Taylor	51 Sheridan St Haverhill MA 01830	loan	\$300

Line 12: Total Expenditures over \$50 (or listed above)	634.36
Line 13: Total Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	634.36

Enter on page 1, line 4 →

* 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 D: LIABILITIES HAU CITY CLERK DEC 1 '21 PM 3:43

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
03/26/21	William + Shana Taylor (loan)	51 Sheridan Street Haverhill MA 01830	Campaign expenses	\$100
10/21/21	William + Shana Taylor (loan)	51 Sheridan Street Haverhill MA 01830	Campaign expenses	\$200
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$300.00



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

HAV CITY CLERK DEC 1'21 PM 3:43

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.

	Date of Reimbursement: 11/29/21
Name of Individual Being Reimbursed:	William + Shana Taylor
Committee Name:	Bill Taylor for Haverhill Committee
CPF ID Number (if applicable):	 Telephone Number (optional): 508-451-2512

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/29/21			Campaign (loan) expenses	\$300

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	\$300.00
	Line 2: Expenditures \$50 or under (not itemized):	
	Line 3: TOTAL AMOUNT REIMBURSED:	\$298.58

Signed under the penalties of perjury:

 Signature of Candidate / Treasurer

Date: 11/29/21

Please prepare a separate report for each reimbursement check issued by the committee.