

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

VI 11480401400410	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 1/	1/2025 Ending Date: 3/21/2025			
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution			
Khristy Thompson	Khristy Thompson for Needham Board of Health			
Candidate Full Name (if applicable) Board of Health	Committee Name Sara Habermas			
Office Sought and District 50 Windsor Rd, Needham MA 02492	Name of Committee Treasurer 50 Windsor Rd, Needham, MA 02492			
Residential Address E-mail: khristy17078@yahoo.com	Committee Mailing Address E-mail: kthompson4needhamhealth@gmail.com			
Phone #: 617-312-5118	Phone # : 617-312-5118			
SUMMARY BALAN	NCE INFORMATION:			
Line 1: Ending Balance from previous report	0.00			
Line 2: Total receipts this period (page 3, line 12)	0.00			
Line 3: Subtotal (line 1 plus line 2)	0.00			
Line 4: Total expenditures this period (page 5, line	0.00			
Line 5: Ending Balance (line 3 minus line 4)	0.00			
Line 6: Total in-kind contributions this period (page	6, line 18) 0.00			
Line 7: Total (all) outstanding liabilities (page 7, lin	e 19) 0.00			
Line 8: Total out-of-pocket expenses this period (page	ge 8, line 22) 436.75			
Line 9: Name of bank(s) used:				
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: 3/30/2025				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	l box only)			
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee is incurred any liabilities nor made any expenditures on my behalf during this report	the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, tring period that are not otherwise disclosed in this report.			
finance activity, including contributions, loans, receipts, expenditures, disbursem campaign finance activity of all persons acting under the authority or on behalf o	to the best of my knowledge and belief, a true and complete statement of all campaign lents, in-kind contributions and liabilities for this reporting period and represents the f this candidate in accordance with the requirements of M.G.L. c. 55. Date: 2/20/2625			
Signed under the penalties of perjury:	(Candidate's signature)			

SCHEDULE A: RECEIPTS

A.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 ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Ittach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1			
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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Reco	eipts over \$50 (or listed above)		* If you have itemized receipts of \$50 and
Line 11: Total Reco	eipts \$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	0	← 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.

D (D)	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	1			
				Sauces

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		Line 13: Expenditures over \$50	(or listed above)	
should include only those expenditures not itemized above. Line 14: Expenditures \$50 and under (not listed above)				
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	0

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
* If you have \$50 and under	itemized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions ove	r \$50 (or listed above)	
should inc! only those expenditures not ized above. Line 17 Line 17 Line 17 Line 17 Line 17: In-Kind Contributions \$50 and under (not listed above)				
Enter on page 1, line 6 → Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD			0	

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
	Enter on page 1 line 7	Line 19: TOTAL OUTSTAND	NIC HADII PRIES (ALL)	0

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
02/25/2025	JustYardSigns.com 2235 Mercator Dr., Orlando,FL 32807	\$308.32	yard signs
02/20/2025	Squarespace 225 Varick St., 12th Floor New York, NY 10014	\$49.00	Domain name
02/20/2025	Squarespace 225 Varick St., 12th Floor New York, NY 10014	\$21.25	Website basic plan - month 1
03/21/2025	Squarespace 225 Varick St., 12th Floor New York, NY 10014	\$26.56	Website basic plan - month 2
03/06/2025	Staples 163 Highland Ave. Needham, MA 02494	\$18.89	Flyers
03/08/2025	Staples 163 Highland Ave. Needham, MA 02494	\$12.73	Office supplies
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above) Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and		\$436.75	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
under (not listed above) Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		\$436.75	should include only those expenditures not itemized above. ← Enter on page 1, line 8