

Form CPF M101 BQ: STATEMENT OF ORGANIZATION

BALLOT QUESTION COMMITTEE

MUNICIPAL FORM



Commonwealth
of Massachusetts

Office of Campaign and Political Finance

RECEIVED

DEC 14 2023

TOWN CLERK
TOWN OF SALISBURY

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, of the organization of a ballot question committee as follows:

1. Name (See note 1):	<u>Yes for Whittier</u>		
2. Committee mailing address:	<u>C/O North Side Ventures, PO Box 9563</u>		
City/State/Zip:	<u>Lowell</u>	MA	<u>01853</u>
E-mail Address:	<u>yesforwhittiercomp@northsideventures.com</u>	Phone #:	<u>5088781857</u>
3. Purpose / specific issues and interests (See note 2):	<u>To support the building of a new Whittier Technical High School</u>		
4. Topic of question & question no., if known:	<u>The building of a new Whittier Technical High School</u>		
5. This committee is formed to (check one):	<input checked="" type="checkbox"/> support or <input type="checkbox"/> oppose the question.		

6. OFFICERS:

Chairman:	<u>Kristin Karampatsos</u>	Treasurer*:	<u>Joan Sweeney</u>
Residential Address:	<u>110 Appleton St</u>	Residential Address:	<u>219 Beach Rd, Unit 16</u>
City / State / Zip:	<u>Haverhill</u> MA <u>01832</u>	City / State / Zip:	<u>Salisbury</u> MA <u>01952</u>
Phone #:	<u>5086337117</u>	Phone #:	<u>9783874838</u> E-mail: <u>Joan0100@comcast.net</u>
Other Officer/Title:		Other Officer/Title:	
Residential Address:		Residential Address:	
City / State / Zip:		City / State / Zip:	
Phone #:		Phone #:	
(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)			

The chairman and treasurer of a political committee should be aware that provisions of M.G.L. c. 55 specify that each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts for a period of six years from the date of the relevant election. Chapter 55 also specifies that no expenditures shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents; and, that all funds of a political committee shall be kept separate from any personal funds of any officers, members or associates of such committee.

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

DocuSigned by:
Kristin Karampatsos
908BDD07A5A44AE
Chairman's signature

Date: 12/13/2023

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; and 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation.

SIGNED UNDER THE PENALTIES OF PERJURY:

DocuSigned by:
Joan Sweeney
9044252FF6D2401...
Treasurer's signature

Date: 12/13/2023

Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
TOWN OF SULLYBURY
2024 JAN 15 AM 11:54

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 12/14/2023 Ending Date: 01/06/2024

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☒ year-end report ☐ dissolution

Candidate Full Name (if applicable)
Office Sought and District
Residential Address
E-mail:
Phone #:

Yes for Whittier

Committee Name
Joan Sweeney
Name of Committee Treasurer
C/O North Side Ventures PO Box 9536, Lowell, MA
Committee Mailing Address
E-mail: <u>yesforwhittiercomp@northsideventures.com</u>
Phone #: <u>5088781857</u>

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$0.00
Line 2: Total receipts this period (page 3, line 12)	\$5,000.00
Line 3: Subtotal (line 1 plus line 2)	\$5,000.00
Line 4: Total expenditures this period (page 5, line 15)	\$0.00
Line 5: Ending Balance (line 3 minus line 4)	\$5,000.00
Line 6: Total in-kind contributions this period (page 6, line 18)	\$0.00
Line 7: Total (all) outstanding liabilities (page 7, line 19)	\$25,641.45
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	\$0.00
Line 9: Name of bank(s) used:	Amalgamated Bank

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: Joan Sweeney (Treasurer's signature)Date: 1/15/2024

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: _____ (Candidate's signature)

Date: _____

E A: RECEIPTS

M.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 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 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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. 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	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/5/2024	LIUNA - Local 175 55 Union St, Methuen, MA 01844	\$5,000.00	

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 Receipts over \$50 (or listed above)		\$5,000.00	<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>
Line 11: Total Receipts \$50 and under (not listed above)		\$0.00	
Line 12: TOTAL RECEIPTS IN THE PERIOD		\$5,000.00	

← 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 D. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

[illegible]

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
12/31/23	Shawmut Strategies Group	11 Beacon St Ste 1125 Boston, MA 02108	General Consulting	\$5,000.00
12/31/23	Shawmut Strategies Group	11 Beacon St Ste 1125 Boston, MA 02108	Digital advertising	\$5,000.00
12/31/23	Shawmut Strategies Group	11 Beacon St Ste 1125 Boston, MA 02108	Voter database	\$1,062.50
12/31/23	Shawmut Strategies Group	11 Beacon St Ste 1125 Boston, MA 02108	Mailing	\$9,199.03
12/31/23	Shawmut Strategies Group	11 Beacon St Ste 1125 Boston, MA 02108	General consulting	\$4,000.00
12/31/23	Shawmut Strategies Group	11 Beacon St Ste 1125 Boston, MA 02108	Palm cards printing and design	\$1,379.92
Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				\$25,641.45

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)		\$0.00	<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i> ← Enter on page 1, line 8
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		\$0.00	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		\$0.00	

Commonwealth
of Massachusetts

RECEIVED

FEB 22 2024

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:

01/07/2024

Ending Date: 02/12/2024

TOWN OF SALISBURY

Type of Report: (Check one)

☐ 8th day preceding preliminary
 ☐ 8th day preceding election
 ☒ 30 day after election
 ☐ year-end report
 ☐ dissolution

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

E-mail:

Phone #:

Yes for Whittier

Committee Name

Joan Sweeney

Name of Committee Treasurer

C/O North Side Ventures PO Box 9536, Lowell, MA

Committee Mailing Address

E-mail: yesforwhittiercomp@northsideventures.com

Phone #: 5088781857

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$5,000.00

Line 2: Total receipts this period (page 3, line 12)

\$85,000.00

Line 3: Subtotal (line 1 plus line 2)

\$90,000.00

Line 4: Total expenditures this period (page 5, line 15)

\$89,900.00

Line 5: Ending Balance (line 3 minus line 4)

\$100.00

Line 6: Total in-kind contributions this period (page 6, line 18)

\$0.00

Line 7: Total (all) outstanding liabilities (page 7, line 19)

\$1,153.00

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

\$0.00

Line 9: Name of bank(s) used:

Amalgamated Bank

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:

Joan Sweeney

(Treasurer's signature)

Date: 2/22/2024

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:

(Candidate's signature)

Date:

M.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 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 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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. 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	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/16/2024	Build New England Fund 410 S Main St, Providence, RI 02903	\$25,000.00	N/A
1/22/2024	Consigli Construction Co. Inc. 72 Sumner St., Milford, MA 01757	\$25,000.00	N/A
1/29/2024	North Atlantic Regional Council of Carpenters PAC	\$25,000.00	N/A - 750 Dorchester Ave, Ste 3100 Boston, MA 02125
1/18/2024	LeftField Project Management 101 Federal St, Boston, MA 02110	\$5,000.00	N/A
1/22/2024	Select Demo Services, LLC 40 Lowell Rd., Salem, NH 03079	\$2,500.00	N/A
1/22/2024	Select Paint Finishes, LLC 40 Lowell Rd., Salem, NH 03079	\$2,500.00	N/A

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 Receipts over \$50 (or listed above)		\$85,000.00	<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>
Line 11: Total Receipts \$50 and under (not listed above)		\$0.00	
Line 12: TOTAL RECEIPTS IN THE PERIOD		\$85,000.00	

← 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 D. 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
2/6/2024	North Side Ventures LLC	PO Box 9536 Lowell, MA 01853	Compliance Consulting (no subvendor used)	3,000.00
1/30/2024	Shamut Strategies Group	11 Beacon St Ste 1125 Boston, MA 02108	Consulting, advertising, mailing, printing	54,548.65
2/6/2024	Shawmut Strategies Group	11 Beacon St Ste 1125 Boston, MA 02108	Consulting, advertising, mailing, printing, texting	32,351.35

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
12/31/2023	Shawmut Strategies Group	11 Beacon St Ste 1125 Boston, MA 02108	Consulting, advertising, mailing, printing	25,641.45
1/30/2024	Shawmut Strategies Group	11 Beacon St Ste 1125 Boston, MA 02108	Consulting, advertising, mailing, printing	-25,641.45
2/12/2024	Shawmut Strategies Group	11 Beacon St Ste 1125 Boston, MA 02108	General consulting	1,153.00
Enter on page 1, line 7 →			Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)	\$1,153.00

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)		\$0.00	<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i> ← Enter on page 1, line 8
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		\$0.00	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		\$0.00	



Commonwealth
of Massachusetts

Form CPF SV-1 (M): Report of Subvendor Payments (Municipal)

Office of Campaign and Political Finance

File with: Local Election Official

Please itemize any payments made to subvendors by detailing the date, payee, address, purpose and amount for each expenditure made by the vendor whom you contracted with for goods and/or services.

Filer Name: Yes for Whittier

Name of Original Vendor: Shawmut Strategies Group

Date of payment: 1/30/2024 - 2/6/2024

Total amount of payment: \$86,900.00

ITEMIZE SUBVENDOR PAYMENTS (OR LIABILITIES INCURRED) OF \$500 OR MORE

Date Paid	Subvendor Name	Subvendor Address	Purpose of Expenditure	Amount
	SEE ATTACHED	SEE ATTACHED	SEE ATTACHED	

(Attach additional pages, if necessary.)

Line 1: Total Itemized Subvendor Expenditures (itemized above):

\$60,653.00

Signed under the penalties of perjury:

DocuSigned by:

Joan Sweeney

Date: 2/22/2024

Name: Joan Sweeney

Signature ID: 3044252FF6D2481...

(Include title if signing on behalf of a group)

Please prepare a separate report for each check issued to a vendor who made subvendor payments.

Date Paid	Subvendor Name	Address	Purpose	Amount
1/18/24	Dennis Newman	580 Pearl St., Reading, MA 01867	Recount Lawyer retainer	\$750
1/19/24	Eagle Tribune	100 Turnpike St., N Andover, MA 01845	2 full-page ads and 2 days of digital full-page	\$5,369
1/18/24	Freestone Communications	10 Fiddler Pond, Beaufort, SC 29907	Paid ID Calls	\$1,664
1/18/24	Freestone Communications	10 Fiddler Pond, Beaufort, SC 29907	PAID GOTV Calls	\$2,624
1/16/24	Costa Eagle Broadcasting	462 Merrimack St., Methuen, MA 01844	Advertising - Haverhill Spanish radio	\$375
1/10/24	L2, Inc.	5 Schalks Crossing Rd., Plainsboro, NJ 08536	Data Match	\$600
12/31/23	MailChimp	675 Ponce de Leon Ave NE Ste 5000, Atlanta, GA 30308	MailChimp	\$200
1/19/24	Newburyport News	23 Liberty St., Newburyport, MA 01950	1 full-page ad and 1 day of digital full-page	\$2,066
1/16/24	Peerly	303 Williams Ave SW Ste 821, Huntsville, AL 35801	Texting	\$4,727
1/7/24	Simpli.Fi	128 East Exchange Ave Ste 700, Fort Worth, TX 76164	Digital Ads	\$7,000
1/2/24	Standard Modern	186 Duchaine Blvd., New Bedford, MA 02745	Mailing #1	\$7,199
1/10/24	Standard Modern	186 Duchaine Blvd., New Bedford, MA 02745	Mailing #2	\$9,024
1/10/24	Standard Modern	186 Duchaine Blvd., New Bedford, MA 02745	Mailing #3	\$9,044
1/17/24	Standard Modern	186 Duchaine Blvd., New Bedford, MA 02745	Mailing #4	\$7,098
1/8/24	Standard Modern	186 Duchaine Blvd., New Bedford, MA 02745	Palmcard	\$880
12/31/23	TargetSmart	1155 15th St NW #750, Washington, DC 20005	Voter File	\$1,063
1/17/24	WHAU	30 How St., Haverhill, MA 01830	30 sponsored radio spots	\$870
12/31/23	Wix	500 Terry A Francois Blvd, San Francisco, CA 94158	Website Hosting/URL	\$100
Total				\$60,653



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
TOWN OF SALISBURY

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date: 1/7/2024

Ending Date: 1/15/2024 11:54

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

N/A
Candidate Full Name (if applicable)
N/A
Office Sought and District
N/A
Residential Address
E-mail: N/A
Phone #: N/A

Reimagine Whittier
Committee Name
Scott Yewell
Name of Committee Treasurer
175 Storey Avenue, Newburyport MA 01950
Committee Mailing Address
E-mail: reimagine.whittier@gmail.com
Phone #: (631) 879-7964

SUMMARY BALANCE 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 15)	\$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)	\$106.11
Line 7: Total (all) outstanding liabilities (page 7, line 19)	\$0.00
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	\$0.00
Line 9: Name of bank(s) used:	N/A

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: 1/15/2024

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:

(Candidate's signature)

Date: _____

SCHEDULE A: RECEIPTS

M.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 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 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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

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	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

Enter receipt totals on Page 3

SCHEDULE A: RECEIPTS (continued)[illegible]

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 D. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

[illegible]

SCHEDULE B: EXPENDITURES (continued)[illegible]

**** If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.***

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)

Line 14: Expenditures \$50 and under (not listed above)

Line 15: TOTAL EXPENDITURES IN THE PERIOD

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 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 records 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
1/6/2024	Owen Smith	175 Storey Avenue, Newburyport MA 01950	Website Hosting	\$23.00
1/6/2024	Owen Smith	175 Storey Avenue, Newburyport MA 01950	Domain Name	\$12.00
1/8/2024	Steven Sills	10 Boyd Dr Newburyport MA 01950	Voice over Talent	\$26.11
1/10/2024	Steven Sills	10 Boyd Dr Newburyport MA 01950	Video Graphics	\$45.00

** 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.*

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)	\$106.11
Line 17: In-Kind Contributions \$50 and under (not listed above)	\$0.00
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	\$106.11

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 OUTSTANDING LIABILITIES (ALL)	

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)			<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			

← Enter on page 1, line 8

Page 8



Commonwealth
of Massachusetts

**Form CPF M101 BQ: STATEMENT OF ORGANIZATION
BALLOT QUESTION COMMITTEE
MUNICIPAL FORM**

Office of Campaign and Political Finance

RECEIVED

JAN - 8 2024

TOWN OF SALISBURY

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, of the organization of a ballot question committee as follows:

1. Name (See note 1):	Reimagine Whittier
2. Committee mailing address:	175 Storey Avenue
City/State/Zip:	Newburyport MA 01950
E-mail Address:	reimagine.whittier@gmail.com
Phone #:	(631) 879-7964
3. Purpose / specific issues and interests (See note 2):	To promote the public's trust in school building projects and to improve how vocational technical education is provided in the Whittier Regional Vocational Technical School District.
4. Topic of question & question no., if known:	The authorization of public debt to construct an approximately \$445 million new school building for the district.
5. This committee is formed to (check one):	<input type="checkbox"/> support or <input checked="" type="checkbox"/> oppose the question.

6. OFFICERS:	
Chairman: Lisa Medina Smith	Treasurer*: Scott Yewell
Residential Address: 175 Storey Avenue	Residential Address: 8 Fair Street
City / State / Zip: Newburyport MA 01950	City / State / Zip: Newburyport MA 01950
Phone #: (609) 319-1303	Phone #: (617) 283-0512 E-mail: syewell@gmail.com
*A public employee may not serve as treasurer of any political committee (see reverse).	
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Phone #:	Phone #:
(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)	

The chairman and treasurer of a political committee should be aware that provisions of M.G.L. c. 55 specify that each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts for a period of six years from the date of the relevant election. Chapter 55 also specifies that no expenditures shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents; and, that all funds of a political committee shall be kept separate from any personal funds of any officers, members or associates of such committee.


I hereby accept the office of Chairman of the above-named committee.
SIGNED UNDER THE PENALTIES OF PERJURY:


Chairman's signature

Date: Jan 7, 2024

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; and 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation.

SIGNED UNDER THE PENALTIES OF PERJURY:


Treasurer's signature

Date: Jan 7, 2024



RECEIVED
FEB 27 2024
TOWN CLERK
TOWN OF SALISBURY

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/7/2024 Ending Date: 2/26/2024

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

N/A

Candidate Full Name (if applicable)

N/A

Office Sought and District

N/A

Residential Address

E-mail: N/A

Phone #: N/A

Reimagine Whittier

Committee Name

Scott Yewell

Name of Committee Treasurer

175 Storey Avenue, Newburyport MA 01950

Committee Mailing Address

E-mail: reimagine.whittier@gmail.com

Phone #: (631) 879-7964

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$106.11</u>
Line 2: Total receipts this period (page 3, line 12)	<u>\$690.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$796.11</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>\$579.94</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$120.06</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>\$129.11</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>\$18.33</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>\$0.00</u>
Line 9: Name of bank(s) used:	<u>TDBank</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: _____ (Treasurer's signature)

Date: 2/26/2024

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: _____ (Candidate's signature)

Date: _____

SCHEDULE A: RECEIPTS

M.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 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 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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.

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	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/17/24	Susan Acquaviva	\$50.00	Self Accountant
1/24/24	Edward Cameron	\$25.00	"Pine Street Inn Senior Director"
1/24/24	Susanne Cameron	\$25.00	
1/18/24	Charles Cullen	\$100.00	Retired
1/19/24	Scott Cuticchia	\$25.00	NBBA Coach
1/16/24	Stacye Dicicco	\$100.00	Intapp, Inc. Solution Management
1/18/24	David Hochheise	\$50.00	Lowell Public Schools Educator
1/20/24	Matthew Kane	\$50.00	KANECONTRACTGROUP.com Sales
1/17/24	Jasmine MacDonald	\$50.00	Caswell Mechanical Bookkeeper
1/16/24	Becky MacKnight	\$40.00	
1/18/24	Lynn Schow	\$50.00	Woodland Advisors LLC General Counsel
1/19/24	Tyler Way	\$25.00	Arc of GreaterHaverhill/Newburyport Recreation Aid/teacher
1/17/24	Andrea Weetman	\$50.00	Atlantic recruiting group Human resource consultant

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/18/24	Scott Yewell	\$50.00	Purpose Built Software Software Developer
Line 10: Total Receipts over \$50 (or listed above)		\$690.00	<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD		\$690.00	

← 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
1/31/24	Meta Platforms, Inc.	1601 Willow Road Menlo Park, CA 94025-1452	Social Media Ads	\$45.37
1/23/24	Meta Platforms, Inc.	1601 Willow Road Menlo Park, CA 94025-1452	Social Media Ads	\$175.00
1/22/24	Meta Platforms, Inc.	1601 Willow Road Menlo Park, CA 94025-1452	Social Media Ads	\$125.00
1/20/24	Meta Platforms, Inc.	1601 Willow Road Menlo Park, CA 94025-1452	Social Media Ads	\$75.00
1/19/24	Meta Platforms, Inc.	1601 Willow Road Menlo Park, CA 94025-1452	Social Media Ads	\$50.00
1/18/24	Meta Platforms, Inc.	1601 Willow Road Menlo Park, CA 94025-1452	Social Media Ads	\$35.00
1/17/24	Meta Platforms, Inc.	1601 Willow Road Menlo Park, CA 94025-1452	Social Media Ads	\$25.00
1/17/24	Meta Platforms, Inc.	1601 Willow Road Menlo Park, CA 94025-1452	Social Media Ads	\$15.00
1/15/24	Meta Platforms, Inc.	1601 Willow Road Menlo Park, CA 94025-1452	Social Media Ads	\$15.00
1/24/24	Stripe, inc	354 Oyster Point Blvd South San Francisco, CA 94080	Processing Fee	\$2.06
1/21/24	Stripe, inc	354 Oyster Point Blvd South San Francisco, CA 94080	Processing Fee	\$1.75
1/19/24	Stripe, inc	354 Oyster Point Blvd South San Francisco, CA 94080	Processing Fee	\$5.26
1/18/24	Stripe, inc	354 Oyster Point Blvd South San Francisco, CA 94080	Processing Fee	\$5.25

Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)[illegible]

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 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 records 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	
1/6/2024	Owen Smith	175 Storey Avenue, Newburyport MA 01950	Website Hosting	\$23.00	
1/6/2024	Owen Smith	175 Storey Avenue, Newburyport MA 01950	Domain Name	\$12.00	
1/8/2024	Steven Sills	10 Boyd Dr Newburyport MA 01950	Voice over Talent	\$26.11	
1/10/2024	Steven Sills	10 Boyd Dr Newburyport MA 01950	Video Graphics	\$45.00	
2/6/2024	Owen Smith	175 Storey Avenue, Newburyport MA 01950	Website Hosting	\$23.00	
<i>* 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.</i>				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 CONTRIBUTIONS IN THE PERIOD	<div style="border: 1px solid black; padding: 2px; text-align: right;">\$129.11</div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; padding: 2px; text-align: right;">\$129.11</div>

Enter on page 1, line 6 →

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
1/21/24	Steven Sills	10 Boyd Dr Newburyport MA 01950	Voice over Talent	\$18.33
Enter on page 1, line 7 →			Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)	\$18.33

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)			<i>* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.</i>
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			

← Enter on page 1, line 8

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