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of Massachusetts

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

MUNICIPAL FORM

Office of Campaign and Political Finance

1 4 2023

File with: City / Town Clerk or Election Commission

TOWN CLERK

	TICE IS HEREBY GIVE nmittee as follows:	EN in accordance with the provisions of Ge	eneral Laws, Chapter 55, of the	org aniz	ation of	a ballot qu	SBURY lestion
1.	Name (See note 1):	Yes for Whittier		ř.			
2.	Committee mailing address	SS: C/O North Side Ventures, PO Box 9	563				
	City/State/Zip: Lowell			MA 01853			
	E-mail Address: yesforw	hittiercomp@northsideventures.com		Phone	#:	508878	31857
3.	Purpose / specific issues and interests (See note 2):	To support the building of a new Whi	ttier Technical High School				
4.	Topic of question & question no., if known: The building of a new Whittier Technical High School						
5.	This committee is formed	to (check one): Support or oppose	the question.				
6	OFFICEDS.						
	OFFICERS: airman: Kristin Ka	rampatsos	Treasurer*: Joan Sweer	nev			- 2
	idential Address: 110 Applet		Residential Address: 219 Beach R		16		194
	// State / Zip: Haverhill	MA 01832	City / State / Zip: Salisbury	9000 12300v		MA	01952
Pho	ne #: 5086337117		Phone #: 9783874838 E-m	ail: Joan	0100@c	omcast.ne	 et
			*A public employee may not serve as	treasurer	of any poli	tical commit	ttee (see reverse).
Oth	er Officer/Title:		Other Officer/Title:				
Res	idential Address:		Residential Address:				
City	/ State / Zip:		City / State / Zip:				
Pho	ne #:		Phone #:				
	(Complete and attach a Form CPF M A 101, if necess	ary, with other officers and finance con	nmittee, i	f any.)		
con Cha cha	nmittee shall keep and pro apter 55 also specifies tha irman or treasurer, or the	of a political committee should be aware the eserve detailed accounts, vouchers and recent no expenditures shall be made for, or on it designated agents; and, that all funds of a ociates of such committee.	eipts for a period of six years fro behalf of, a political committee	om the o	date of the	ne relevant norization	t election. of the
	reby accept the office of Ch NED UNDER THE PENAI	airman of the above-named committee. LTIES OF PERJURY: Docusigned by Marker Harry ODBBDDDD7A55 Chairman's signature	y: B-Isa 1444F			Date: 12,	/13/2023
		easurer of the above-named committee. I affirm uties and liabilities under M.G.L. c. 55, including					

Date: 12/13/2023

Treasurer's signature

become an appointed public employee, I must resign this position and notify OCPF of my resignation.

SIGNED UNDER THE PENALTIES OF PERJURY:

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

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Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

TOWN CLERK TOWN OF SALISBURY

of Massachusetts File with City of Town Clerk or Election Commission

Date: 01/06/2024 11: 54 Fill in Reporting Period dates: Ending Date: Beginning Date: 12/14/2023 Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election dissolution ☐ 30 day after election year-end report Yes for Whittier Candidate Full Name (if applicable) Committee Name Joan Sweeney Name of Committee Treasurer Office Sought and District C/O North Side Ventures PO Box 9536, Lowell, MA Residential Address Committee Mailing Address E-mail: yesforwhittiercomp@northsideventures.com E-mail: Phone #: 5088781857 Phone #: **SUMMARY BALANCE INFORMATION:** Line 1: Ending Balance from previous report \$0.00 \$5,000.00 Line 2: Total receipts this period (page 3, line 12) \$5,000.00 Line 3: Subtotal (line 1 plus line 2) \$0.00 Line 4: Total expenditures this period (page 5, line 15) \$5,000.00 Line 5: Ending Balance (line 3 minus line 4) 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 \$0.00 Line 8: Total out-of-pocket expenses this period (page 8, line 22) Amalgamated Bank 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 of benefit of this committee in accordance with the requirements of M.G.L. c. 55. Date: 1/15/2024 (Treasurer's signature) Signed under the penalties of perjury: B044252FF6D2481 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)

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.

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
1/5/2024	LIUNA - Local 175 55 Union St, Metheun, 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 Rece	sipts over \$50 (or listed above)	\$5,000.00	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Rece	sipts \$50 and under (not listed above)	\$0.00	should include only those receipts not itemized above.
Line 12: TOTAL I	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.

To Whom Paid Date Paid (alphabetical listing) Address Purpose of Expenditu	ure Amount
[[
	-

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount		
4.70						
and under, in	e itemized expenditures of \$50 clude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	\$0.00		
should inclu	de only those expenditures not itemized above.	Line 14: Expenditures \$50 and	\$0.00			
		Line 15: TOTAL EXPENDIT	TIRES IN THE PERIOD	\$0.00		
	Enter on page 1, line $4 \rightarrow$	Line 15. I OTAL EXPENDIT	ORES IN THE LEXIOD	70.00		

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.

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value

1				
Anadro Chamisto				
	emized in-kind contributions of nclude them in line 16. Line 17	Line 16: In-Kind Contributions ov	er \$50 (or listed above)	\$0.00
should includ	te only those expenditures not itemized above.	Line 17: In-Kind Contributions \$5	\$0.00	
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONT	TRIBUTIONS IN THE PERIOD	\$0.00

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 OUTSTAN	DING 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
and the state of t			
000 AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA			
and the state of t			
Line 20: Total Itemiz (or listed above)	ed Out-Of-Pocket Expenditures Over \$50	\$0.00	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Uniter under (not listed above	nized Out-Of-Pocket Expenditures \$50 and ve)	\$0.00	should include only those expenditures not itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD	\$0.00	← Enter on page 1, line 8 Page 8

DocuSign Envelope ID: 408EB3C3-C8C4-4E2F-8C90-4F9D5E390414 Form CPF M 102: Campaign Finance Report

RECEIVED Municipal Form **Municipal Form**

Office of Campaign and Political Finance

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Commonwealth of Massachusetts		FEB	22	2024									
]	File with:	: City or Town Cle	erk or Elect	ion Commission
Fill in Repo	orting Peri	od datesTO	OF SALI	eginning SBURY	Date:	01/0)7	7/2024	Ending I	Date:	02/12/202	24	_
Type of Re	port: (Che	eck one)			=								
☐ 8th day p	receding pre	liminary	■ 8th c	day preced	ding el	ection	v	30 day after	election	□ у	ear-end report	☐ dis	ssolution
								Yes for W	hittier				
	Candi	date Full Name	(if applica	able)				Joan Swe	eney	Comn	nittee Name		
	(Office Sought ar	nd District					C/O North			mmittee Treasurer		owell, MA
		Residential A	ddress						Co	mmittee	Mailing Address		
E-mail:								E-mail: yesfo			@northside	eventur	es.com
Phone #:								Phone # : 5088	3781857				
			SU	MMAR	Y BA	LANC	E	INFORMA	ATION:				
	Line 1: H	inding Balar	ice from	previous	report			\$5,0	00.00				
	Line 2: 7	otal receipts	this per	iod (page	3, line	12)		\$85	,000.00				
	Line 3: S	ubtotal (line	l plus l	ine 2)				\$90,	00.000				

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 the	hat I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete sta	atement of	all campaign finance
activity, in	ncluding all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period	and repres	ents the campaign
finance ac	ctivity of all persons acting under the authority of this committee in accordance with the requirements of M.G.L. c. 55.		
Signed un	nder the penalties of perjury:	Date:	2/22/2024
FOR C	ANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)		
I cert	didate with Committee tify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and comple tity, 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 he tred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report		ent of all campaign finance beived any contributions,
I cert	didate without Committee tify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of N	ng period a	and represents the
Signed un	nder 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.

Name and Residential Address Date Received (alphabetical listing required) A			Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(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)
	<u> </u>		
	ipts over \$50 (or listed above)	\$85,000.00	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Rece	ipts \$50 and under (not listed above)	\$0.00	should include only those receipts not itemized above.
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	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 B: EXPENDITURES (continued)

T	SCHEDULE B: EAFENDITURES (continued)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
The state of the s						
and Assembly 1911						

				Western Constitution of the Constitution of th		
* If you have	itemized expenditures of \$50	Line 13: Expenditures over \$50	(or listed above)	\$0.00		
and under, include them in line 13. Line 14 should include only those expenditures not		Line 14: Expenditures \$50 and under (not listed above)		\$0.00		
,	itemized above.					
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD \$0.00						

-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 pages.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
The state of the s				
A PARTICULAR PROPERTY OF THE PARTICULAR PROPERTY				
- Contraction -				
And a second a second and a second a second and a second				
	emized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions over	er \$50 (or listed above)	\$0.00
should includ	le only those expenditures not itemized above.	Line 17: In-Kind Contributions \$5	0 and under (not listed above)	\$0.00
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONT	DIDITIONS IN THE DEDIOD	\$0.00

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 OUTSTAN	DING 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
(or listed above)	nized Out-Of-Pocket Expenditures Over \$50	\$0.00	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not
under (not listed abo		\$0.00	itemized above. ← Enter on page 1, line 8
		<u>r</u>	Page 8

DocuSign Envelope ID: 408EB3C3-C8C4-4E2F-8C90-4F9D5E390414



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 ex-	xpenditure made by
the vendor whom you contracted with for goods and/or services.	

Filer Name:	Yes for Whittier						
Name of Origi	Name of Original Vendor: Shawmut Strategies Group						
Date of payme	nt: 1/30/2024 - 2/6/2024	Total amount of payment	\$86,900.00				
	ITEMIZE SUBVENDOR PA	YMENTS (OR LIABILITIES INC	CURRED) OF \$500 OR MORE				
Date Paid	Subvendor Name	Subvendor Address	Purpose of Expenditure	Amount			
	SEE ATTACHED	SEE ATTACHED	SEE ATTACHED				
(Attach ad	ditional pages, if necessary.)	Line 1: Total Itemized Subvendor	Expenditures (itemized above):	\$60,653.00			
Signed under the penalties of perjury:							
Joan	Docusigned by: Date: 2/22/2024 Name: Joan Sweeney						
Signature 8044252FF6D2481 (Include title if signing on behalf of a group)							

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	WHAV	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



Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

ANCE RECEIVED
TOWN CLERK
TOWN OF SALISBUR

TOWN OF SAUSBURY of Massachusetts File with: City or Town Clerk or Election Commission Ending Date: JAH /15/20241: 54 Fill in Reporting Period dates: Beginning Date: 1/7/2024 Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election ☐ 30 day after election year-end report dissolution Reimagine Whittier N/A Candidate Full Name (if applicable) Committee Name N/A Scott Yewell Name of Committee Treasurer Office Sought and District N/A 175 Storey Avenue, Newburyport MA 01950 Committee Mailing Address Residential Address E-mail: reimagine.whittier@gmail.com E-mail: N/A Phone #: N/A Phone #: (631) 879-7964 SUMMARY BALANCE INFORMATION: \$0.00 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) 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 N/A Line 9: Name of bank(s) used: Affidavit of Committee Treasurer: l 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. Date: 1/15/2024 (Treasurer's signature) Signed under the penalties of perjury: 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. Date:

(Candidate's signature)

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)	Occupation & Employer (for contributions of \$200 or more)	
Date Received	(arphabetical insting required)	Amount	(101 COMMINGUOUS OF \$200 OF MOTE)
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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 Rece	ripts over \$50 (or listed above)		* If you have itemized receipts of \$50 and
	sipts \$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 I	RECEIPTS IN THE PERIOD		← 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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
* If you have	itemized expenditures of \$50	Line 12: Evnenditures over \$50	(or listed above)	
and under, inc should include	clude them in line 13. Line 14 le only those expenditures not	Line 13: Expenditures over \$50 (or listed above) Line 14: Expenditures \$50 and under (not listed above)		
	itemized above.	Line 15: TOTAL EXPENDIT		
	Enter on page 1, line 4 →	Line 15: 101AL EXPENDIT	UNES HI THE FERIOD	<u> </u>

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		Line 16: In-Kind Contributions ov	\$106.1	
	r, moude them in the 16. Line 17 lude only those expenditures not itemized above.	Line 17: In-Kind Contributions \$5	\$0.00	
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONT	TRIBUTIONS 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 OUTSTAN	DING 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 Itemiz (or listed above)	ed Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
	nized Out-Of-Pocket Expenditures \$50 and ve)		should include only those expenditures not itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8 Page 8

*Schedule E is not for ballot question committee use.



Form CPF M101 BQ: STATEMENT OF ORGANIZATION

BALLOT QUESTION COMMITTEE

MUNICIPAL FORM

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		America	~	-	2	W	_	

Office of Campaign and Political Finance

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

com	mittee as follows:	•	, , , , , , , , , , , , , , , , , , , ,	, ,	TO	WN OF SAL	SBURY
1.	Name (See note 1):	Reimagine Whittier					
2.	Committee mailing address:	175 Storey Avenue					
	City/State/Zip: Newbury	port			MA 0195	50	
	E-mail Address: reimagine	e.whittier@gmail.com			Phone #:	(631) 87	79-7964
	Purpose / specific issues and interests (See note 2):	To promote the public's trust in scheducation is provided in the Whittie	ool building projo r Regional Vocat	ects and to ional Techr	improve how nical School D	vocationa istrict.	l technical
	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): Support or Oppos	se the question.				
_	OFFICEDS.						
200.00	OFFICERS: irman: Lisa Medina		Treasurer*:	Scott Yew	ıell	***	
	lential Address: 175 Storey A		- Residential Address				
	/ State / Zip: Newburyport		City / State / Zip:	Newburypo		MA	01950
		- IIA 01930	Phone #: (617) 2				
Phon	e#: (609) 319-1303						:ttaa (200 201020)
0.1	OC - T'4		*A public employee		as treasurer of any	pontical comm	Titlee (see Teverse).
	Officer/Title:		Other Officer/Title:				
	lential Address:		Residential Address				
	/ State / Zip:		City / State / Zip:				
Phone			Phone #:				
	(C	omplete and attach a Form CPF M A 101, if nece	ssary, with other office	rs and finance of	committee, if any.)		
Char Char chair any o	mittee shall keep and pres oter 55 also specifies that a rman or treasurer, or their officers, members or assoc	rman of the above-named committee. TIES OF PERJURY:	ceipts for a period a behalf of, a politi f a political commi	of six years cal committe ttee shall be	from the date o	of the relevar authorization	nt election. n of the
		Chairman's signatur	fort			Date: Ja	n 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



REForm CPF M 102: Campaign Finance Report Municipal Form

FEB 2 7 2024

Office of Campaign and Political Finance

Commonwea of Massachus	TOWN CLERK	File with: City or Town Clerk or Election Commission
Fill in Re	TOWN OF SALISBURY	/2024 Ending Date: 2/26/2024
• •	Report: (Check one) y preceding preliminary	☑ 30 day after election ☐ year-end report ☐ dissolution
N/A		Reimagine Whittier
N/A	Candidate Full Name (if applicable)	Scott Yewell Committee Name
N/A	Office Sought and District	Name of Committee Treasurer 175 Storey Avenue, Newburyport MA 01950
E-mail: N/A	Residential Address Δ	Committee Mailing Address E-mail: reimagine.whittier@gmail.com
Phone #: N/		Phone #: (631) 879-7964
	SUMMARY BALANC	CE INFORMATION:
	Line 1: Ending Balance from previous report	\$106.11
	Line 2: Total receipts this period (page 3, line 12)	\$690.00
	Line 3: Subtotal (line 1 plus line 2)	\$796.11
	Line 4: Total expenditures this period (page 5, line 15)	\$579.94
	Line 5: Ending Balance (line 3 minus line 4)	\$120.06
	Line 6: Total in-kind contributions this period (page 6,	\$129.11
	Line 7: Total (all) outstanding liabilities (page 7, line 1	19) \$18.33
18.1	Line 8: Total out-of-pocket expenses this period (page	8, line 22) \$0.00
	Line 9: Name of bank(s) used:	
I certify that I activity, inclu finance activity		Data: 2/26/2024
FOR CAN	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)
I certify activity, incurred	of all persons acting under the authority or on behalf of this committee in as any liabilities nor made any expenditures on my behalf during this reporting	the best of my knowledge and belief, a true and complete statement of all campaign finance occordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period that are not otherwise disclosed in this report.
I certify finance a	that I have examined this report including attached schedules and it is, to the activity, including contributions, loans, receipts, expenditures, disbursement in finance activity of all persons acting under the authority or on behalf of the	_
Signed under	r the penalties of perjury:	Candidate's signature)

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
A STATE OF THE STA			
Line 10: Total Receipts over \$50 (or listed above)		\$690.00	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
ine 11: Total Rec	eipts \$50 and under (not listed above)		should include only those receipts not itemized above.
ine 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	β54 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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/17/24	Stripe, inc	354 Oyster Point Blvd South San Francisco, CA 94080	Processing Fee	\$5.25
and under, in	re itemized expenditures of \$50 nclude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	\$579.94
should inclu	nde only those expenditures not itemized above.	Line 14: Expenditures \$50 and to		
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDIT	URES IN THE PERIOD	\$579.94

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
	itemized in-kind contributions of	Line 16: In-Kind Contributions over	er \$50 (or listed above)	\$129.1
	r, include them in line 16. Line 17 ude only those expenditures not itemized above.	Line 17: In-Kind Contributions \$5	0 and under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONT	RIBUTIONS IN THE PERIOD	\$129.11

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.

1/21/24	Steven Sills	10 Boyd Dr Newburyport MA 01950	Voice over Talent	\$18.33
				111
		1		
		Line 19: TOTAL OUTSTAN		\$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)			* 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		

*Schedule E is not for ballot question committee use.