Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2025 Ending Date: 10/17/2025

Type of Report: (Check one)

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

Yonnie Collins Candidate Full Name (if applicable)	Yonnie Collins for School Committee Committee Name
School Committee for Ward 6 Office Sought and District	Doral Jones Name of Committee Treasurer
52 Greenough St Haverhill, MA 01832 Residential Address	12 Quincy St Methuen, MA 01844 Committee Mailing Address
E-mail: collinsyonnie@gmail.com	E-mail: jonesdoral@yahoo.com
Phone #: 978-228-4174	Phone #: 978-885-6913

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,873.86
Line 2: Total receipts this period (page 3, line 12)	2,311.00
Line 3: Subtotal (line 1 plus line 2)	4,184.86
Line 4: Total expenditures this period (page 5, line 15)	3,521.79
Line 5: Ending Balance (line 3 minus line 4)	663.07
Line 6: Total in-kind contributions this period (page 6, line 18)	0
Line 7: Total (all) outstanding liabilities (page 7, line 19)	0
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	
Line 9: Name of bank(s) used:	Haverhill 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: Doral Jones (Treasurer's signature) Date: 10/24/2025

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: 10/24/2025

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 D 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)
8/16/25	Achebe,Chidi 10 Bonvini Dr Framingham, MA 01701	100.00	
9/16/25	Achebe,Chidi 10 Bonvini Dr Framingham, MA 01701	100.00	
7/24/25	Brown, Lynda 26 Windsor St Havehill, MA 01830	75.00	
9/18/25	Brown, Robert 44 Laurel Ave Haverhill, MA 01835	50.00	
9/18/25	Chin, Maya 25 Brooks Park Medford, MA 02155	50.00	
8/12/25	Cooper, Madia 52 Greenough St Haverhill, MA 01832	500.00	Registered Nurse Holy Family Haverhill
9/15/25	Cooper, Madia 52 Greenough St Haverhill, MA 01832	50.00	
8/17/25	Gordon, Stephen 1137 Main St Haverhill, MA 01830	50.00	
9/18/2025	Guzman, Jonathan 39 Lynn St Lawrence, MA 01843	50.00	
10/12/25	Haksever, Emine 10 Rosewood Dr Haverhill, MA 01832	50.00	
9/28/25	Ireland, Carol 5 Catalpa Rd Salem, NH 03079	100.00	
9/18/25	Joy, Paula 4 Lilac Lane, Haverhill, MA 01830	50.00	
9/18/25	Mackey, James 145 Campbell St Manchester, NH 03104	500.00	Accountant Gregstrom Corporation

Enter receipt totals on Page 3

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
7/21/25	Massachusetts Nurses Pac 340 Turnpike St Canton, MA 02021	150.00	
9/18/25	Perkins, Rosamond 68 Dover St Apt 5 Lowell, MA 01851	50.00	
9/18/25	Ray, Colleen 14 Chadwick Rd Haverhill, MA 01835	50.00	
9/19/25	Rivera, Mirca 41 Freeman St Apt 1 Haverhill, MA 01832	10.00	
9/18/25	Scovotti, Bainbridge 1 Pear Tree Rd Haverhill, MA 01830	100.00	
9/18/25	Taylor, William 51 Sheridan St Haverhill, MA 01830	100.00	
9/18/25	Tocci, Lynda 99 Oxford St Arlington, MA 02474	125.00	

Line 10: Total Receipts over $50 (or listed above)	2310.00	** If you have itemized receipts of $50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.*
Line 11: Total Receipts $50 and under (not listed above)	1.00	
Line 12: TOTAL RECEIPTS IN THE PERIOD	2311.00 ←	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
10/17/25	Act Blue	actblue.com	July - October Credit Card Fees	83.40
8/4/25	Almquist & Associates LLC	53 Paulina St Apt 3 Somerville, MA 02144	General Campaign Consulting (for May)	600.00
8/8/25	Almquist & Associates LLC	53 Paulina St Apt 3 Somerville, MA 02144	General Campaign Consulting (for June)	600.00
8/18/25	Almquist & Associates LLC	53 Paulina St Apt 3 Somerville, MA 02144	General Campaign Consulting (for July)	300.00
8/21/25	Almquist & Associates LLC	53 Paulina St Apt 3 Somerville, MA 02144	General Campaign Consulting (for July)	300.00
5/30/25	Haverhill Bank	180 Merrimack St Haverhill, MA 01830	Monthly Fixed Charge	10.00
6/30/25	Haverhill Bank	180 Merrimack St Haverhill, MA 01830	Monthly Fixed Charge	10.00
7/31/25	Haverhill Bank	180 Merrimack St Haverhill, MA 01830	Monthly Fixed Charge	10.00
8/29/25	Haverhill Bank	180 Merrimack St Haverhill, MA 01830	Monthly Fixed Charge	10.00
9/30/25	Haverhill Bank	180 Merrimack St Haverhill, MA 01830	Monthly Fixed Charge	10.00
10/15/25	Potter's Printing	207 Pocasset St Fall River, MA 02721	Purchased 500 Postcard Mailers	830.70
1/6/25	Run!	47 Bergen St Brooklyn NY 11201	Monthly Maintenance fee for Campaign website	50.00
2/4/25	Run!	47 Bergen St Brooklyn NY 11201	Monthly Maintenance fee for Campaign website	50.00

Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/4/25	Run!	47 Bergen St Brooklyn NY 11201	Monthly Maintenance fee for Campaign website	50.00
4/4/25	Run!	47 Bergen St Brooklyn NY 11201	Monthly Maintenance fee for Campaign website	50.00
5/5/25	Run!	47 Bergen St Brooklyn NY 11201	Monthly Maintenance fee for Campaign website	50.00
6/4/25	Run!	47 Bergen St Brooklyn NY 11201	Monthly Maintenance fee for Campaign website	50.00
7/7/25	Run!	47 Bergen St Brooklyn NY 11201	Monthly Maintenance fee for Campaign website	50.00
8/4/25	Run!	47 Bergen St Brooklyn NY 11201	Monthly Maintenance fee for Campaign website	50.00
9/4/25	Run!	47 Bergen St Brooklyn NY 11201	Monthly Maintenance fee for Campaign website	50.00
10/6/25	Run!	47 Bergen St Brooklyn NY 11201	Monthly Maintenance fee for Campaign website	50.00
9/19/25	Target	35 Computer Dr Haverhill, MA 01832	Purchased Cutlery and Appetizers for Event	69.68

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

Line 13: Expenditures over $50 (or listed above)	3,333.78
Line 14: Expenditures $50 and under (not listed above)	188.01
Line 15: TOTAL EXPENDITURES IN THE PERIOD	3521.79

Enter on page 1, line 4 →

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

** 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.*

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	

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
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)	
Line 21: Total Unitemized Out-Of-Pocket Expenditures $50 and under (not listed above)	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD	

** 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.*

← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.