

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

HAU CITY CLRK JAN19'24 am 9'04

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 11	1/07/2023 Ending Date: 12/31/2023
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	a ☐ 30 day after election ☑ year-end report ☐ dissolution
Yonnie Collins	Yonnie Collins for School Committee
Candidate Full Name (if applicable)	Committee Name
School Committee Ward 6	Doral Jones
Office Sought and District	Name of Committee Treasurer 12 Quincy St Methuen MA 0844
52 Greenough St Haverhill MA 01832 Residential Address	Committee Mailing Address
E-mail: collinsyonnie@gmail.com	E-mail: jonesdoral@yahoo.com
Phone # (optional): 978-228-4174	Phone # (optional): 978-885-6913
	NOT DIFORM A TION
SUMMARY BALA	NCE INFORMATION:
Line 1: Ending Balance from previous report	1,490.28
Line 2: Total receipts this period (page 3, line	11) 375
Line 3: Subtotal (line 1 plus line 2)	1,865.28
Line 4: Total expenditures this period (page 5,	, line 14) 553.24
Line 5: Ending Balance (line 3 minus line 4)	1,312.04
Line 6: Total in-kind contributions this period	(page 6) 0
Line 7: Total (all) outstanding liabilities (page	27) 0
Line 8: Name of bank(s) used: Haverhill Bank	
Affidavit of Committee Treasurer: 1 certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in-k finance activity of all persons acting under the authority or on behalf of this committee. Signed under the penalties of perjury:	e best of my knowledge and belief, a true and complete statement of all campaign finance kind contributions and liabilities for this reporting period and represents the campaign ee in accordance with the requirements of M.G.L. c. 55. [Treasurer's signature] Date: 1/19/2024
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	1 box only)
activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report and idate without Committee [] I certify that I have examined this report including attached schedules and it is, the second content of the committee is a certify that I have examined this report including attached schedules and it is, the committee is activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf of this committee incurred any liabilities nor made any expenditures on my behalf of this committee incurred any liabilities nor made any expenditures on my behalf of this committee.	to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	Date: 1/19/2024 (Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/29/2023	Merrimack Valley Central Labor Council AFL-CIO 169 Merrimack St FL 4 Lowell MA 01852	200	
11/2/2023	Richard Early 50 S Main St Bradford MA 01835	100	
ine 9: Total Rece	eipts over \$50 (or listed above)	300	
ine 10: Total Rec	eipts \$50 and under* (not listed above)	75	
ine 11: TOTAL	RECEIPTS IN THE PERIOD	375	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line Q. Total Page	ipts over \$50 (or listed above)		
	cipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	<u> </u>	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/29/2023	Aggregate Total of Act Blue Fees	Actblue.com	10/27 -10/28/23 Credit Card Fees	2.97
10/30/2023	China King	755 Main St Haverhill MA 01830	Food for Halloween Trunk or Treat meet and greet	34.77
.0/30/2023	Dollar Tree	9 Plaistow Rd Plaistow NH 03865	Decorations and cutlery for Halloween Trunk or Treat meet and greet	75.5
11/4/2023	Run!	47 Bergen St Brooklyn NY 11201	Monthly Maintenance Fee for Campaign Website	175
2/3/2023	Run!	47 Bergen St Brooklyn NY 11201	Monthly Maintenance Fee for Campaign Website	175
.1/5/2023	Veterans Alliance of Greater Haverhill	39 Newton Ave Haverhill MA 01830	Placemat AD	60
	•	Line 12: Total Expenditures o	ver \$50 (or listed above)	523.24
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	30
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			553.24	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
				<u> </u>	
				•	
	<u></u>				
	Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

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

				-1.05
				<u></u>
	-			
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	
		\$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	CONTRIBUTIONS	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	8

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