

The Commonwealth of Massachusetts elected city, ward and town political committee report

(For Office Use Only)

NAME OF CIT	Y/TOWN: Haverhill	WARD (if applicable): 7
PARTY:	Democrat	DATE OF REPORT: May 15, 2020
	E PURPOSE OF THIS REPORT BY CHECKING THE AP	_
★ STATEMEN	NT OF ORGANIZATION CHANGE OF OFF	ICER(S) MEMBERSHIP UPDATE
Submit this report to other three offices t		fice of Campaign and Political Finance, and file copies of this report with the
One Ashbur Boston, MA (617) 979-8 ocpf@cpf.s	ampaign and Political Finance rton Place, Room 411 \(\text{102108} \) \(\text{1300} / (800) 462-OCPF (toll free in MA) \) \(\text{tate.ma.us} / \text{http://www.mass.gov/ocpf} \) \(\text{Committee Headquarters} \)	 Secretary of the Commonwealth, William Francis Galvin Elections Division One Ashburton Place, Room 1705 Boston, MA 02108 (617) 727-2828 / (800) 462-VOTE (toll free in MA) elections@sec.state.ma.us / http://www.sec.state.ma.us/ele/eleidx.htm City / Town Clerk or Election Commission
City Ward Committee	secretaries must also file a list of officers and members with the cl	nairman of the city committee of the political party which it represents (Ch. 52, Sec. 5).
PLEASE LIST B	BELOW THE NAME, RESIDENTIAL ADDRESS A	ND ZIP CODE OF THE OFFICERS OF THIS COMMITTEE:
Chairperson:	Joseph T. LeBlanc	Secretary: Joseph T. LeBlanc
Residential Address:	18 Hawthorne Street	Residential Address: 18 Hawthorne Street
City / State / Zip:	Haverhill, MA 01835	City / State / Zip: Haverhill, MA 01835
Email: homer214	0@mac.com Phone#; 978-376-6741	Email: homer2140@mac.com Phone#: 978-376-6741
Treasurer*:	Maureen Ferris	*A public employee may not serve as treasurer of any political committee.
Residential Address:	25-J Forest Acres Drive	M.G.L. c. 55, s. 13 states that a person who is employed for compensation by the
City / State / Zip:	Bradford, MA 01835	Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not
Email: maureenfe	erris@hotmail.com Phone #: 978-857-1873	serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.
	n. 52, Sec. 5 of the Massachusetts General Laws.) of the above-mentioned committee to the Secretary of the Commonwealth in
	Secyctary's signa	n T. JeBlenc Date: May 15, 2020 ture
that: 1) I am subject and records of all c become an appoint	et to certain duties and liabilities under M.G.L. c. 55, including ampaign finance activity for a period of six years from the deed public employee, I must resign and notify OCPF of my restrict PENALTIES OF PERJURY:	reer a. Sems Date: 5/15/20 20

NAME OF CITY	Y/TOWN/WARD: HAVE	ch: 11	Ward 7
LIST OTHER OF	FFICER'S NAMES, TITLES, RESID		
Other Officer/Title:		41	Other Officer/Title:
Residential Address:			Residential Address:
City / State / Zip:			City / State / Zip:
Other Officer/Title:			Other Officer/Title:
Residential Address:			Residential Address:
City / State / Zip:			City / State / Zip:
MEMBERS:			
Member:	Chere Bemelmans		Member:
Residential Address:	173 Willow Avenue		Residential Address:
City / State / Zip:	Haverhill M	A 01835	City / State / Zip:
Member:	John Kusiak		Member:
Residential Address:	173 Willow Avenue		Residential Address:
City / State / Zip:	Haverhill M.	A 01835	City / State / Zip:
Member:	Gail Sullivan		Member:
Residential Address:	18 Hawthorne Street		Residential Address:
City / State / Zip:	Haverhill M	A 01835	City / State / Zip:
Member:			Member:
Residential Address:			Residential Address:
City / State / Zip:			City / State / Zip:
Member:			Member:
Residential Address:			Residential Address:
City / State / Zip:			City / State / Zip:
Member:			Member:
Residential Address:			Residential Address:
City / State / Zip:			City / State / Zip:
Member:			Member:
Residential Address:			Residential Address:
City / State / Zip:			City / State / Zip:
ASSOCIATE MEN	MBERS:		
Associate Member:			Associate Member:
Residential Address:			Residential Address:
City / State / Zip:			City / State / Zip:
Associate Member:			Associate Member:
Residential Address:			Residential Address:
City / State / Zip:			City / State / Zip:
Associate Member:	• • • • • • • • • • • • • • • • • • • •		Associate Member

(Attach an additional page, if necessary, with other officers, members and associate members.)

Residential Address:

City / State / Zip:

Residential Address:

City / State / Zip: