



Commonwealth
of Massachusetts

**Form CPF 101 WTC: STATEMENT OF ORGANIZATION
ELECTED CITY, WARD, TOWN POLITICAL COMMITTEE REPORT**

CPF ID #:

(For Office Use Only)

NAME OF CITY/TOWN: Haverhill

WARD (if applicable): Ward 7

PARTY: Republican

DATE OF REPORT: April 10, 2024

INDICATE THE PURPOSE OF THIS REPORT BY CHECKING THE APPROPRIATE BOX BELOW:

STATEMENT OF ORGANIZATION CHANGE OF OFFICER(S) MEMBERSHIP UPDATE

Submit this report to the four offices listed below. File the original with the Office of Campaign and Political Finance, and file copies of this report with the other three offices listed. City Ward Committee Secretaries must also file this report with the Chairperson of the city committee of the political party which it represents.

1) Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300 / (800) 462-OCPF (toll free in MA)
ocpf@mass.gov / <https://www.ocpf.us>

2) State Party Committee Headquarters

1) 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 / <https://www.sec.state.ma.us/elections>

2) City Clerk / Town Clerk or Election Commission

PLEASE LIST BELOW THE NAME, RESIDENTIAL ADDRESS AND ZIP CODE OF THE OFFICERS OF THIS COMMITTEE:

Chairperson: <u>Richard F. Plasse</u>	Secretary: <u>Barbara P. Greenwood</u>
Residential Address: <u>664 Boxford Rd</u>	Residential Address: <u>426 Chadwick Rd</u>
City / State / Zip: <u>Haverhill MA 01835</u>	City / State / Zip: <u>Haverhill MA 01835</u>
Email: <u>richplasse1776@yahoo.com</u> Phone #: <u>508-572-2143</u>	Email: <u>greenwoodhv@aol.com</u> Phone #: <u>978-360-5291</u>

Treasurer*: <u>Michael J. Grammont</u>	<i>*A public employee may not serve as treasurer of any political committee.</i>
Residential Address: <u>190 Farrwood Dr</u>	<i>M.G.L. c. 55, s. 13 states that a person who is employed for compensation by the 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 serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.</i>
City / State / Zip: <u>Haverhill MA 01835</u>	
Email: <u>bibsbro@msn.com</u> Phone #: <u>978-374-124</u>	

On behalf of the above-referenced committee, I hereby submit this list of officers, members, and associate members of the committee with their addresses to the Secretary of the Commonwealth, the Director of the Office of Campaign and Political Finance, the City or Town Clerk or Election Commission of our municipality, the Secretary of our State Party Committee, and, in the case of ward committees, the Chairperson of our party's City Committee in our municipality, in accordance with M.G.L. Ch. 52, Sec. 5.

JOHN F. PLASSE
TREASURER

Secretary's signature

Date: 4/10/24

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 and notify OCPF of my resignation.

SIGNED UNDER THE PENALTIES OF PERJURY:

Michael J. Grammont

Treasurer's signature

Date: 4/10/24

LIST OTHER OFFICERS' & MEMBERS' NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES ON THE REVERSE

LIST OTHER OFFICERS' NAMES, TITLES, RESIDENTIAL ADDRESSES AND ZIP CODES BELOW:

Other Officer/Title: _____	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: <u>Helen Pelley</u> Residential Address: <u>298 Willow Avenue</u> City / State / Zip: <u>Haverhill MA 01835</u>	Member: <u>Marlene Stasinos</u> Residential Address: <u>22 S. Cross Street</u> City / State / Zip: <u>Haverhill MA 01835</u>
Member: <u>Nicholas Rose</u> Residential Address: <u>272 Hyatt Avenue</u> City / State / Zip: <u>Haverhill MA 01835</u>	Member: <u>Jeri Ann Levasseur</u> Residential Address: <u>271 Hyatt Avenue</u> City / State / Zip: <u>Haverhill MA 01835</u>
Member: <u>Jessica Rose</u> Residential Address: <u>272 Hyatt Avenue</u> City / State / Zip: <u>Haverhill MA 01835</u>	Member: <u>Lynn Cody</u> Residential Address: <u>13 Peabody Street</u> City / State / Zip: <u>Haverhill MA 01835</u>
Member: <u>Joanna Hall</u> Residential Address: <u>23 Florest Acres Drive</u> City / State / Zip: <u>Haverhill MA 01835</u>	Member: _____ Residential Address: _____ City / State / Zip: _____
Member: _____ Residential Address: _____ City / State / Zip: _____	Member: _____ Residential Address: _____ City / State / Zip: _____
Member: _____ Residential Address: _____ City / State / Zip: _____	Member: _____ Residential Address: _____ City / State / Zip: _____
Member: _____ Residential Address: _____ City / State / Zip: _____	Member: _____ Residential Address: _____ City / State / Zip: _____

ASSOCIATE MEMBERS:

Associate Member: <u>Diane Barabino</u> Residential Address: <u>21 Lyons Farm Road</u> City / State / Zip: <u>Haverhill MA 01835</u>	Associate Member: _____ Residential Address: _____ City / State / Zip: _____
Associate Member: _____ Residential Address: _____ City / State / Zip: _____	Associate Member: _____ Residential Address: _____ City / State / Zip: _____
Associate Member: _____ Residential Address: _____ City / State / Zip: _____	Associate Member: _____ Residential Address: _____ City / State / Zip: _____

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