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Commonwealth	
of Massachusetts	

CPF ID#:

(For Office Use Only)

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

NAME OF CITY/TOV	_{VN:} Haverhill		WARD (if app	licable):	Ward 6	
PARTY:	Republican		DATE OF REF	PORT:	August 20	,2024
	POSE OF THIS REPO	RT BY CHECKING THE API		elow:	<u> </u>	DEC 15 pm12:20 HAVCITYCLERK HIP UPDATE
						nd file copies of this report with committee of the political party
One Ashburton Pl Boston, MA 0210 (617) 979-8300 /	3 (800) 462-OCPF (toll f ttps://www.ocpf.us	ree in MA)	Elections Divi One Ashburto Boston, MA 0 (617) 727-282 elections@sec.	sion n Place, l 2108 28 / (800) state.ma.	Room 1705) 462-VOTE (to	w.sec.state.ma.us/elections
PLEASE LIST BELO	W THE NAME, RE	SIDENTIAL ADDRESS A	ND ZIP CODE OI	THE (OFFICERS (F THIS COMMITTEE:
Chairperson: Bria	n Petrie		Secretary:	Rober	t Hilner	
Residential Address: 46 E	udora St.		Residential Address:	17 Da	wn Circle	
City / State / Zip: Hav	erhill	MA 01832	City / State / Zip:	laverl	hill	MA 01832
Email: briantpetries	r@aol.com	Phone #: 9789943759	Email: buletg1c	@gma	ail.com	Phone #: 9788073022
Treasurer*: Elle	n M. Byron		*A nublic employee m	av not sei	rva as fraasurer i	f any political committee.
Residential Address: 83 \	Voodrow Ave					o is employed for compensation by the
City / State / Zip: Hav	erhill	MA 01830	Commonwealth or any	county, c	ity or town (other	r than an elected official) may not ontributions. Such persons may not
Email: ellenbyron@	gmail.com	Phone #: 9789143591	serve as treasurers of a contact OCPF for furti	any politic	cal committee. If]	you are unsure of your status, please
the Secretary of the Con	nmonwealth, the Direct my of our State Party C	tor of the Office of Campaign committee, and, in the case of v 2, Sec. 5.	and Political Finance	, the Cit	y or Town Cles	committee with their addresses to the or Election Commission of our try's City Committee in our Date: 8 30 30
understand that: 1) I am detailed accounts and re	subject to certain dutie cords of all campaign fi	Secretary's signature ove-named committee. I affirm s and liabilities under M.G.L. inance activity for a period of s	n that I am not a publ c. 55, including the ti six years from the dat	mely fili e of the :	ing of campaign	by M.G.L. c. 55, s. 13. I a finance reports and keeping n; and 2) if after my acceptance of
this office I become an a SIGNED UNDER THE	ppointed public employ	yee, I must resign and notify O TURY: Allen M	CPF of my resignation	on.		Date: 8 /24/2 ² /
		Treasurer's signati	ure //			/ / /

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	ES AND ZIP CODES BELOW:
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residontial Address:
City / Sinte / Zip:	City / State / Zip:
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
MEMBERS:	
Member: Michael Teague	Member:
Residential Address: 649 Primrose Street	Residential Address:
City/Shate/Zip: Haverhill, MA 01830	City / State / Zip:
Member: Meredith L. Landrum	Member:
Residential Address: 26 Tyler Park	Residential Address:
City/State/Zip: Haverhill MA 01830	City / State / Zip:
Member: Chris Chretien	Member:
Residential Address: 48 Brockton Ave	Residential Address:
City/State/Zip: Haverhill MA 01830	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 / Suite / Zip:	City / State / Zip:
ASSOCIATE MEMBERS:	
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:
Residential Address:	Residential Address:
City/State/Zip:	City / State / Zip:

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