CPF ID #:

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The Commonwealth of Massachusetts

(For Office Use Only)

ELECTED CITY, WARD AND TOWN POLITICAL COMMITTEE REPORTICE

NAME OF CITY/TOV	/N: Newburyport		WARD (if applicable):	: 2
PARTY:	Democratic		DATE OF REPORT:	April 11, 2020
INDICATE THE PURI	POSE OF THIS REPORT BY CHECKING	THE APPRO	OPRIATE BOX BELOW:	
ズ STATEMENT OF	ORGANIZATION CHANGE	OF OFFICE	R(S)	MEMBERSHIP UPDATE
Submit this report to the foother three offices listed.	our offices listed below. File the original wi	ith the Office	of Campaign and Politice	al Finance, and file copies of this report with the
One Ashburton Pla Boston, MA 02108 (617) 979-8300 / ocpf@cpf.state.ma	(800) 462-OCPF (toll free in MA) .us / http://www.mass.gov/ocpf nittee Headquarters	 4. 	Elections Division One Ashburton Place, I Boston, MA 02108 (617) 727-2828 / (800) elections@sec.state.ma City / Town Clerk or E	462-VOTE (toll free in MA) .us / http://www.sec.state.ma.us/ele/eleidx.htm
City wara Committee secreta	ries must also fue a tist of officers and members v	wun ine chairn	nan of the city committee of t	ne ponucai party wnich ii represents (Cn. 52, Sec. 5).
PLEASE LIST BELO	V THE NAME, RESIDENTIAL ADDI	RESS AND	ZIP CODE OF THE	OFFICERS OF THIS COMMITTEE:
Chairperson: Andre	w Simpson	Se	cretary:	
Residential Address: 1 1/2	Greenleaf Street	Re	sidential Address:	
City / State / Zip: Newbu	uryport MA 01950	Cit	ty / State / Zip:	
Email: andrewsimpson5	3@comcast.net Phone #: (617) 32	5-3070 Em	nail:	Phone #:
Treasurer*: Residential Address: City / State / Zip: Email:	Phone #:	Con dire ser	M.G.L. c. 55, s. 13 states mmonwealth or any county, c ectly or indirectly solicit or r	tree as treasurer of any political committee. that a person who is employed for compensation by the city or town (other than an elected official) may not receive political contributions. Such persons may not ical committee. If you are unsure of your status, please mee.
accordance with Ch. 52, S I hereby accept the office of that: 1) I am subject to cer and records of all campaig become an appointed publ	ec. 5 of the Massachusetts General Laws. Secretar of Treasurer of the above-named committee.	rý's signature . I affirm that 5, including t	I am not a public employ the timely filing of campa of the relevant election; a	
	Treasurer's	s signature		Date:
	Treasurer's	s signature		Date:

First Name	Last Name Email	Email	Address	City	7in/Postal Code State/Browing	Drawing
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