

NAME OF CITY / TOWN / WARD: Newburyport Ward 3

LIST OTHER OFFICER'S 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>Daniel E Simonse</u>	Member: <u>Ruth P. Allen</u>
Residential Address: <u>41 Broad Street</u>	Residential Address: <u>60 Boardman Street</u>
City / State / Zip: <u>Newburyport MA 01950</u>	City / State / Zip: <u>Newburyport MA 01950</u>
Member: <u>M. Lisette Kaplowitz</u>	Member: <u>Dawne Shand</u>
Residential Address: <u>126 Merrimac Street</u>	Residential Address: <u>18 Boardman Street</u>
City / State / Zip: <u>Newburyport MA 01950</u>	City / State / Zip: <u>Newburyport MA 01950</u>
Member: <u>Rachel Dykes</u>	Member: <u>Mukhaia Portmann</u>
Residential Address: <u>12 Munroe Street</u>	Residential Address: <u>146 High St</u>
City / State / Zip: <u>Newburyport MA 01950</u>	City / State / Zip: <u>Newburyport, MA 01950</u>
Member: <u>Juliet Walker</u>	Member: <u>Deborah Hart-Klein</u>
Residential Address: <u>13 Eagle Street</u>	Residential Address: <u>2 Hamilton Way</u>
City / State / Zip: <u>Newburyport MA 01950</u>	City / State / Zip: <u>Newburyport, MA 01950</u>
Member: <u>Jean Moore</u>	Member: _____
Residential Address: <u>14 Munroe Street</u>	Residential Address: _____
City / State / Zip: <u>Newburyport MA 01950</u>	City / State / Zip: _____
Member: <u>Heather Shand</u>	Member: _____
Residential Address: <u>43 Warren Street</u>	Residential Address: _____
City / State / Zip: <u>Newburyport MA 01950</u>	City / State / Zip: _____
Member: <u>Karen H. Hudner</u>	Member: _____
Residential Address: <u>24 Merrill Street</u>	Residential Address: _____
City / State / Zip: <u>Newburyport MA 01950</u>	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.)