

Form CPF M101 BQ: STATEMENT OF ORGANIZATION BALLOT QUESTION COMMITTEE MUNICIPAL FORM

Office of Campaign and Political Finance

of Massachusetts	
File with: City / Town Clerk or Election Commission	
NOTICE IS HEREBY GIVEN in accordance with the provisions of Go committee as follows:	
1. Name (See note 1): YES FOR MARKET	1EAD
2. Committee mailing address: 35 DEVELLEW ST	*** **********************************
City/State/Zip: MARISLEHEAD MA 01945	N 285
E-mail Address: LAW. PEIRCE CGMAIL. COM	Phone #: 781-307-2694
3. Purpose / specific issues and interests (See note 2): COMMITTEE IS ONGANIZED TO SPECIAL ELECTION	FUL THE PURPOSE OF SUPPORTING A YES LOTE BALLOT SCHEDULED FOR JULY & 2025.
	WE THE ACTION OF TOWN MEETING WHENEIN THE TOWN
	THE 23 THE MAPTIN OF 6L CH 464 SECTION 34 PISTURET
5. This committee is formed to (check one): Support or oppose	the question.
6. OFFICERS:	
Chairman: PEIRCE LAW	Treasurer*: Richard Sonyers
Residential Address: 35 DEVERLEUX ST	Residential Address: 30 Phillips St
City/State/Zip: MANSLEMEAD MA 01945	City / State / Zip: Marblehead MA
Phone #: 781-307-2074	Phone #: 617-645-1478-mail: rick. smyerse dartmouthurs
	*A public employee may not serve as treasurer of any political committee (see reverse).
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Phone #:	Phone #:
(Complete and attach a Form CPF M A 101, if necess	sary, with other officers and finance committee, if any.)
The chairman and treasurer of a political committee should be aware the committee shall keep and preserve detailed accounts, vouchers and recommittee shall keep and preserve detailed accounts, vouchers and recommittee shall be made for, or on chairman or treasurer, or their designated agents; and, that all funds of any officers, members or associates of such committee. I hereby accept the office of Chairman of the above-named committee. SIGNED UNDER THE PENALTIES OF PERJURY:	eipts for a period of six years from the date of the relevant election. behalf of, a political committee without the authorization of the
Chairman's signature	Date: 5/1/25
I hereby accept the office of Treasurer of the above-named committee. I affirm that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including and records of all campaign finance activity for a period of six years from the design of the control of the co	

Treasurer's signature

become an appointed public employee, I must resign this position and notify OCPF of my resignation.

SIGNED UNDER THE PENALTIES OF PERJURY:



Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

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of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 5/28	/2025 Ending Date: 6/20/2025
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Candidate Full Name (if applicable) Office Sought and District Residential Address	Yes For Marblehead Committee Name Richard Smyers Name of Committee Treasurer 35 Devereux St, Marblehead MA 01945 Committee Mailing Address
E-mail: Phone #:	E-mail: yesformarblehead@gmail.com Phone #: 617-645-1478
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	N/A
Line 2: Total receipts this period (page 3, line 12)	\$12,478.00
Line 3: Subtotal (line 1 plus line 2)	\$12,478.00
Line 4: Total expenditures this period (page 5, line 15)	\$2019.36
Line 5: Ending Balance (line 3 minus line 4)	\$10,458.64
Line 6: Total in-kind contributions this period (page 6,	line 18) \$104.54
Line 7: Total (all) outstanding liabilities (page 7, line 1)	9) 0
Line 8: Total out-of-pocket expenses this period (page 8	3, line 22) 0
Line 9: Name of bank(s) used: Eastern Bank	
	accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 6/25/25
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this Signed under the penalties of perjury:	best of my knowledge and belief, a true and complete statement of all campaign, in-kind contributions and liabilities for this reporting period and represents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/18/25	Bennett, Gretchen 11 Cottage St Marblehead, MA 01945-3027	\$100	
6/12/25	Doherty, Rosaleen 5 Trager Road Marblehead, MA 01945	\$100	
6/20/25	Goldman Associates 220 Humphrey St, Marblehead MA	\$100	
6/3/25	One Commonwealth 202 Bonham Rd, Dedham MA	\$10,000	Non-profit organization
6/2/25	Smyers, Richard 30 Phillips St, Marblehead MA	\$50	
6/5/25	Ward, Nicholas 6 Rolleston Rd, Marblehead MA	\$2000	Management Consultant McKinsey & Company

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Rece	ipts over \$50 (or listed above)	12,350	* If you have itemized receipts of \$50 and
Line 11: Total Rece	ipts \$50 and under (not listed above)	\$128	under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL F	RECEIPTS IN THE PERIOD	\$12,478	← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
6/8/25	ActBlue Technical Services	PO Box 962017 Boston, MA 02196-2017	Processing Fee	\$80.39
6/16/25	Connolly Printing LLC	17B Gill St Woburn MA 01801	Printing yard signs and stickers	\$1216.03
6/17/25	Connolly Printing LLC	17B Gill St Woburn MA 01801	Printing door hangers	\$438.28
6/3/25	Eastern Bank	P.O. Box 391 Lynn, Massachusetts 01903-0491	Bank Fee	\$15.00
6/13/25	Staples Inc.	17 Paradise Road Salem, MA 01970	Printing handouts	\$269.66

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	(wphaseren issue)			
* If you have itemized expenditures of \$50 Line 13: Expenditures over \$50 (or listed above)		(or listed above)	\$2019.36	
should includ	and under, include them in line 13. Line 14 should include only those expenditures not Line 14: Expenditures \$50 and under (not listed above)			-
Reinized above.			\$2019.36	

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
5/28/25	Ward, Nicholas	6 Rolleston Rd Marblehead MA 01945	Website hosting	\$82.00
5/28/25	Abundant Housing Massachusetts	50 Milk Street, 16th Floor Boston. MA 02109	Text messaging services	\$22.54
				1
	itemized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions over \$50 (or listed above)		\$104.54
	ude only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50 and under (not listed above)		
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONTI	RIBUTIONS IN THE PERIOD	\$104.54

SCHEDULE D: LIABILITIES

 \dot{M} .G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor	Amount	Dumpess of Expanditure
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemize (or listed above)	ed Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Uniter under (not listed abov	nized Out-Of-Pocket Expenditures \$50 and e)		should include only those expenditures not itemized above.
Line 22: TOTAL OUT-	OF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2025 AUG -4 PM 1: 34

Fill in Reporting Period dates: Beginning Date: 6/2	File with: City or Town Clerk or Election Commission 21/2025 Ending Date: 7/28/2025			
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☑ 30 day after election ☐ year-end report ☐ dissolution			
	Yes For Marblehead			
Candidate Full Name (if applicable)	Committee Name Richard Smyers			
Office Sought and District	Name of Committee Treasurer 35 Devereux St, Marblehead MA 01945			
Residential Address E-mail:	Committee Mailing Address E-mail: yesformarblehead@gmail.com			
Phone #:	Phone # : 617-645-1478			
SUMMARY BALAN	CE INFORMATION:			
Line 1: Ending Balance from previous report	\$10,458.64			
Line 2: Total receipts this period (page 3, line 12)	\$400			
Line 3: Subtotal (line 1 plus line 2)	\$10,858.64			
Line 4: Total expenditures this period (page 5, line 1:	\$5,049.60			
Line 5: Ending Balance (line 3 minus line 4)	5,809.04			
Line 6: Total in-kind contributions this period (page 6	6, line 18) 0			
Line 7: Total (all) outstanding liabilities (page 7, line	19) 0			
Line 8: Total out-of-pocket expenses this period (page				
Line 9: Name of bank(s) used: Eastern Bank				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority of on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.				
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the second contributions.	nts, in-kind contributions and liabilities for this reporting period and represents the			
Signed under the penalties of perjury:	(Candidate's signature)			

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

acn additional pages as	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
6/23/2025	Flowers, Laurie 16 Washington Sq. Marblehead MA	\$50	
6/25/2025	Robert Foglietta 20 Pilgrim Rd. Marblehead MA	\$50	
6/24/2025	Law, Peirce 35 Devereux St Marblehead MA	\$200	Analyst, Fidelity Investments
6/22/2025	Sigler, Ruth 106 Harbor Ave Marblehead MA	\$100	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Rece	eipts over \$50 (or listed above)	\$400	* If you have itemized receipts of \$50 and
	eipts \$50 and under (not listed above)	0	under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL I	RECEIPTS IN THE PERIOD	\$400	← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
6/24/2025	Act Blue Technical Services	PO Box 962017 Boston, MA 02196-2017	Processing fee	\$7.90
6/30/2025	Act Blue Technical Services	PO Box 962017 Boston, MA 02196-2017	Processing fee	\$7.64
7/2/2025	Act Blue Technical Services	PO Box 962017 Boston, MA 02196-2017	Processing fee	\$11.86
6/23/2025	Connolly Printing LLC	17B Gill St Woburn MA 01801	Printing and mailing postcards	\$2094.36
6/30/2025	Connolly Printing LLC	17B Gill St Woburn MA 01801	Printing and mailing postcards	\$2094.27
6/23/2025	Staples, Inc.	17 Paradise Road Salem, MA 01970	Printing turf cuts	\$119.24
6/23/2025	Staples, Inc.	17 Paradise Road Salem, MA 01970	Printing turf cuts	\$107.54
6/23/2025	Staples, Inc.	17 Paradise Road Salem, MA 01970	Printing turf cuts	\$153.16
6/23/2025	Staples, Inc.	17 Paradise Road Salem, MA 01970	Printing turf cuts	\$57.93
6/23/2025	Staples, Inc.	17 Paradise Road Salem, MA 01970	Binder clips	\$14.63
6/30/2025	Staples, Inc.	17 Paradise Road Salem, MA 01970	Printing handouts	\$290.70
7/7/2025	Staples, Inc.	17 Paradise Road Salem, MA 01970	Printing banners	\$90.37

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
and under, include them in line 13. Line 14 should include only those expenditures not itemized above.		Line 13: Expenditures over \$50 (or listed above)		\$5049.60
		Line 14: Expenditures \$50 and under (not listed above)		0
		Line 15: TOTAL EXPENDITURES IN THE PERIOD		\$5049.60

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 16: In-Kind Contributions over \$50 (or listed above)		
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
		Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD		

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
	(mpmmoons assing requires)		
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			should include only those expenditures not itemized above.
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			← Enter on page 1, line 8