



Commonwealth  
of Massachusetts

RECEIVED  
CITY CLERK'S OFFICE  
METHUEN, MA  
**Form CPF 102 WTC: Campaign Finance Report**  
**Ward, Town and City Committees**  
**Office of Campaign and Political Finance**  
2025 OCT 27 PM 3:43

File with: Director  
Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300  
www.OCPF.us

CPF ID#:

Fill in Reporting Period dates: Beginning Date: **9/9/2025** Ending Date: **10/23/2025**

Type of Report: (Check one)

8th day preceding primary     8th day preceding election     year-end report     dissolution     30 days after special election

**CTC Yancicha Santos**  
Committee Name  
**Harry Smith**  
Name of Committee Treasurer  
**3 Chestnut Way Methuen MA 01844**  
Committee Mailing Address  
Telephone Number (optional): **978-397-7823**

**IMPORTANT**

Ward, Town and City Committees must file a campaign finance report if receipts, expenditures or incurred debts are more than \$100 in a reporting period.

Please see the instruction sheet, or call OCPF for further details.

**SUMMARY BALANCE INFORMATION:**

**Line 1:** Ending Balance from previous report

**833.73**

**Line 2:** Total receipts this period (page 3, line 11)

**2,100**

**Line 3:** Subtotal (line 1 plus line 2)

**2429.65**

**Line 4:** Total expenditures this period (page 5, line 14)

**1671.08**

**Line 5:** Ending Balance (line 3 minus line 4)

**758.57**

**Line 6:** Total in-kind contributions this period (page 6)

**0.00**

**Line 7:** Total (all) outstanding liabilities (page 7)

**0.00**

**Line 8:** Name of bank(s) used: **Rockland Trust**

**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 or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

**Harry Smith**

(Treasurer's signature)

Date: **10/27/2025**

## SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/9/25	Patricia Valley	100.00	Realtor
10/9/25	Estela Reyes	100.00	State Rep.
10/9/25	Marcos Daniels	100.00	General Contractor
10/9/25	JONA ZANNI - Pesce	100.00	Attorney
9/10/25	Vidal Prunetti 13 Warley Road North Andover	250	Director
9/10/25	Luis Tejada 38 Kneebell St Lewiston ME 04241	100.00	General contractor
9/17/25	Chris Parker 12 Elmwood Ave. Dover NH 03820	100.00	Mortgage specialist
10/02/25	Johann Lopez 14 Fulton St Wethersfield CT 06494	200.00	Realtor
10/9/25	Francisco Espaillat 43 Crestwood Circle Salisbury MA 03079	100.00	Loan officer
10/9/25	Seated Coates 36 Frye Rd Meredith MA 03055	250.00	BUILDER
10/9/25	Willy Soto 71 Comet Rd Meredith MA 03055	250.00	Realtor
10/9/25	Paul Payano 596 Hanhill St Lawrence MA 01841	100.00	State Senator
Line 9: Total Receipts over \$50 (or listed above)		1750.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1	← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/10/25	Vidyal Prabhudeso	250.00	Doctor
10/11/25	Neatalra Berbesi	100.00	Loan Officer
10/12/25			
10/13/25			
10/14/25			
10/15/25			
10/16/25			
10/17/25			
10/18/25			
10/19/25			
10/20/25			
10/21/25			
10/22/25			
10/23/25			
10/24/25			
10/25/25			
10/26/25			
10/27/25			
10/28/25			
10/29/25			
10/30/25			
10/31/25			
11/01/25			
11/02/25			
11/03/25			
11/04/25			
11/05/25			
11/06/25			
11/07/25			
11/08/25			
11/09/25			
11/10/25			
11/11/25			
11/12/25			
11/13/25			
11/14/25			
11/15/25			
11/16/25			
11/17/25			
11/18/25			
11/19/25			
11/20/25			
11/21/25			
11/22/25			
11/23/25			
11/24/25			
11/25/25			
11/26/25			
11/27/25			
11/28/25			
11/29/25			
11/30/25			
11/31/25			
12/01/25			
12/02/25			
12/03/25			
12/04/25			
12/05/25			
12/06/25			
12/07/25			
12/08/25			
12/09/25			
12/10/25			
12/11/25			
12/12/25			
12/13/25			
12/14/25			
12/15/25			
12/16/25			
12/17/25			
12/18/25			
12/19/25			
12/20/25			
12/21/25			
12/22/25			
12/23/25			
12/24/25			
12/25/25			
12/26/25			
12/27/25			
12/28/25			
12/29/25			
12/30/25			
12/31/25			
01/01/26			
01/02/26			
01/03/26			
01/04/26			
01/05/26			
01/06/26			
01/07/26			
01/08/26			
01/09/26			
01/10/26			
01/11/26			
01/12/26			
01/13/26			
01/14/26			
01/15/26			
01/16/26			
01/17/26			
01/18/26			
01/19/26			
01/20/26			
01/21/26			
01/22/26			
01/23/26			
01/24/26			
01/25/26			

Line 9: Total Receipts over \$50 (or listed above)

350.00

Line 10: Total Receipts \$50 and under\* (not listed above)

THE JOURNAL OF CLIMATE

**Line 11: TOTAL RECEIPTS IN THE PERIOD**

2

← Enter on page 1, line 2

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure (include CPF ID# if a contribution to another committee)	Amount
9/17/25	Carmel Colunna		Promotion - Radio.	150.00
9/23/25	Melanie		Promotion - Video	80.00
9/29/25	Merlu Soto		Campaign contribution.	150.00
9/30/25	carlos Barreiro		Pictures.	300.00
10/2/25	Miguel Arnt		Posters.	651.07
10/3/25	Tom Duggan The Patriot news		news paper.	318.27
10/9	Staples		Stickers	62.10
10/9	Tom - Duggan		New paper the Valley Patriot	318.27
10/20	Carlos Barreiro		Pictures.	100.00
10/21	Carmel Colunna		Radio Promotion.	300.00

Line 12: Total Expenditures over \$50 (or listed above)

Line 13: Total Expenditures \$50 and under\* (not listed above)

Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**

2429.65

Receipt ID	Amount	Recurring T	Recurrence Number	Recipient	First Name	Donor First Name
AB360568324	250	unlimited	2	Yanilda Santos	Vidal	
AB364238665	100		1	Yanilda Santos	Luis	
AB365067435	100		1	Yanilda Santos	Christopher	
AB367644438	200		1	Yanilda Santos	Johan	
AB368520923	100		1	Yanilda Santos	Francisco	
AB368607496	250		1	Yanilda Santos	Saeed	
AB368614241	250		1	Yanilda Santos	NEILY	
AB368622136	100		1	Yanilda Santos	Pavel	
AB360568324	250	unlimited	3	Yanilda Santos	Vidal	
AB368814469	100		1	Yanilda Santos	Natalia	

Donor Last Name	Donor Addr1	Donor Addr2	Donor City	Donor State	Donor ZIP	Donor Country	Donor Occu
Primitero	13 waverley road		North Andover	MA	1845	United States	Self-emplo
Tejeda	38 Kendall st ap 1 rear		Lawrence	MA	1840	United States	Contractista
Parker	12 Elmwood Ave		Dover	NH	3820	United States	Banking
Lopez	14 Fulton St.		Methuen	MA	1844	United States	Broker
Espaillat	43 Crestwood Circle		Salem	NH	03079-4101	United States	Not Employ
Coates	36 Frye Rd		Medford	MA	2155	United States	Real Estate
SOTO	71 COMET ROAD		Methuen	MA	1844	United States	Real Estate
Payano	596 Haverhill Street		Lawrence	MA	1841	United States	Director
Primitero	13 waverley road		North Andover	MA	1845	United States	Self-emplo
Berbesi	11 Almont St		Lowell	MA	1852	United States	Loan office

Partner Cor	Partner Cor	Partner Cor	Partner Cor	Comments	Fundraiser	Fundraiser	Fundraiser	Partner ID
LHS	Dprimiterio@aol.com							
Miguelin co	Miguelinco	9.78E+09						
Rate	cparker@re	978-500-2917						
Home Short	johan0922@	978-804-74f						
Not Employ	fespaillat@totalmortgage.com							
The Genesi	scoates@t	978-985-26f						
C21	nsoto@c21	9.78E+09						
SIF	ppayano@f	9.78E+09						
LHS	Drprimiterio@aol.com							
Rate	natycort@g	8.57E+09						

Reserved	LineitemID	AB Test	Nar	AB Variation	Recipient C	Recipient D	Recipient E	Reserved	Payment ID	Payment D; Disbursement	Disbursement
7.39E+08				Committee	174259	f		4.67E+08	#####	2725502	#####
7.39E+08				Committee	174259	f		4.68E+08	#####	2725502	#####
7.4E+08				Committee	174259	f		4.69E+08	#####	2732369	#####
7.45E+08				Committee	174259	f		4.72E+08	#####	2747224	#####
7.47E+08				Committee	174259	f		4.73E+08	#####	2755981	#####
7.47E+08				Committee	174259	f		4.73E+08	#####	2755981	#####
7.47E+08				Committee	174259	f		4.73E+08	#####	2755981	#####
7.47E+08				Committee	174259	f		4.73E+08	#####	2755981	#####
7.48E+08				Committee	174259	f		4.74E+08	#####	2755981	#####

Recovery ID	Recovery D Refund ID	Refund Date	Fee	Recur Week	ActBlue Ext Reserved	Card Type	Reserved	Reserved	Reserved	Reserved
9.88						American Express				
3.95						VISA				
3.95						MasterCard				
7.9						VISA				
3.95						MasterCard				
9.88						VISA				
9.88						American Express				
3.95						VISA				
9.88						American Express				
3.95						American Express				



Gift Identifi Gift Decline Shipping Ac Shipping Ci Shipping St Shipping Zi|Shipping C| Weekly Rec Smart Boos Smart Boos Bump Recu Bump Recu Weekly to N

Weekly Rec	Recurring T	Recurring P	Paypal	Kind	Managed Entity Committee Name
forever	forever	1	page	Yanilda Sar Committee to elect Yanilda Santos	
		1	page	Yanilda Sar Committee to elect Yanilda Santos	
		1	page	Yanilda Sar Committee to elect Yanilda Santos	
		1	page	Yanilda Sar Committee to elect Yanilda Santos	
		1	page	Yanilda Sar Committee to elect Yanilda Santos	
		1	page	Yanilda Sar Committee to elect Yanilda Santos	
forever	forever	1	page	Yanilda Sar Committee to elect Yanilda Santos	

Rockland Trust

10/23/25

11:37:58

## DEMAND - History Inquiry

Current X Home Menu +

## Account Information

ACH Inquiry

Account Number	2716046			Short Name	COMMITTED TO ELEC		
Nbr Debits	2	Last Stmt	10/10/25	Available Balance	2,375.97	Current Balance	1,625.97
Nbr Credits	1	Nbr Enclosed	2	Collected Balance	1,625.97	Last Stmt Balance	1,017.46

[Monetary Activity](#) | [Non-Monetary Activity](#) | [Package Post](#) | [Teller Memo](#)
[Standard View](#) [Debit/Credit View](#) [Stmt Desc View](#)

Eff Date	B Src	SubSrc	Batch	Trcd	Description	Check Nbr	Tran Amount	P	Current Bal
10/02/25				CONV	0020 DEPOSIT		296.05	Y	1,967.11
10/02/25				CONV	7265 POS PUR		651.01	Y	1,316.10
10/03/25				CONV	7265 POS PUR		318.27	Y	997.83
10/09/25				CONV	7265 POS PUR		62.10	Y	935.73
10/09/25				CONV	7265 POS PUR		318.27	Y	617.46
10/10/25				CONV	0020 DEPOSIT		400.00	Y	1,017.46
10/10/25				CVR	0029 RATE CHANGE		.00	Y	1,017.46
10/20/25	POD	TCX	354	0054	TELLER CHK	123	100.00		917.46
10/20/25	POD		091	0090	CHECK	123	300.00		617.46
10/22/25	SYS	DD	FLT	0063	BANK FLOAT		.00		617.46
10/22/25	POD	TCX	350	0020	DEPOSIT				1,008.51
Pending	HT		B21007	0030	CREDIT MEMO		50.00		1,625.97

[Select](#) [Image](#)




222 Merrimack Street | Lowell, MA 01852

**Statement Ending 09/30/2025**

Page 1 of 4

**ADDRESS SERVICE REQUESTED**

COMMITTED TO ELECT YANILDA SANTOS  
C/O YANILDA SANTOS  
3 CHESTNUT WAY  
METHUEN MA 01844-2692

**Managing Your Accounts**

Customer Service: 877-671-2265

Visit Us Online: EnterpriseBanking.com

Mailing Address: 222 Merrimack Street  
Lowell, MA 01852

**Summary of Accounts**

Account Type	Account Number	Ending Balance
Free Business Checking	2716046	\$1,671.06

**Free Business Checking - 2716046**

**Account Summary**

Date	Description	Amount	
08/30/2025	Beginning Balance	\$767.14	Average Available Balance
	4 Credit(s) This Period	\$2,237.08	
	6 Debit(s) This Period	\$1,333.16	
09/30/2025	Ending Balance	\$1,671.06	

**Deposits**

Date	Description	Amount
09/05/2025	DEPOSIT	\$100.00
09/08/2025	DEPOSIT	\$744.38
09/23/2025	DEPOSIT	\$1,056.53
09/29/2025	DEPOSIT	\$336.17

**Other Debits**

Date	Description	Amount
09/02/2025	730951 POS PURCHASE THE HOME DEPOT # METHUEN MA 90433059 730951	\$33.41
09/12/2025	965806 POS PURCHASE 1260 North of Bo NORTH ANDOVER MA 13408052 965806	\$619.75

**Checks Cleared**

Check Nbr	Date	Amount	Check Nbr	Date	Amount
0	09/17/2025	\$150.00	0	09/29/2025	\$150.00
0	09/25/2025	\$80.00	0	09/30/2025	\$300.00

\* Indicates skipped check number

**Daily Balances**

Date	Amount	Date	Amount	Date	Amount
09/02/2025	\$733.73	09/12/2025	\$958.36	09/25/2025	\$1,784.89
09/05/2025	\$833.73	09/17/2025	\$808.36	09/29/2025	\$1,971.06
09/08/2025	\$1,578.11	09/23/2025	\$1,864.89	09/30/2025	\$1,671.06



DEBITS OUTSTANDING		4. Enter the balance shown on this statement.  5. If you have made deposits since the date of this statement add them to the above balance.  6. SUBTOTAL.  7. Deduct total of Debits outstanding.	
CHECK, POS, ATM	AMOUNT		
TOTAL OF DEBITS OUTSTANDING			

## TO VERIFY YOUR CHECKING BALANCE:

1. Compare check images with your check stubs and prior outstanding list. Make certain all checks paid have been recorded in your checkbook. If any of your checks, POS, ATM etc. were not included with this statement, list the items and amounts under "DEBITS OUTSTANDING."
2. Deduct the Service Charge as shown on this statement from your checkbook balance.
3. Review copies of charge advices included with this statement and check for proper entry in your checkbook.

## IF THE ADJUSTED BALANCE DOES NOT AGREE WITH YOUR CHECKBOOK BALANCE, THE FOLLOWING SUGGESTIONS ARE OFFERED FOR YOUR ASSISTANCE:

- Recheck additions and subtractions in your checkbook and figures to the left.
- Make certain checkbook balances have been carried forward properly.
- Verify deposits recorded on statement against deposits entered in checkbook.
- Compare amount on each check with amount on checkbook stub.

**WHAT TO DO IF YOU THINK YOU FIND A MISTAKE ON YOUR STATEMENT**

If you think there is an error on your statement, write to us at:

**ENTERPRISE BANK**  
222 MERRIMACK STREET  
LOWELL, MA 01852

In your letter, give us the following information:

- **Account Information:** Your name and account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors *in writing*. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

**IMPORTANT NOTICE CONCERNING PAYMENTS:** Payments will be credited the same day as received if mailed to Enterprise Bank, 222 Merrimack St. Lowell, MA 01852.

**IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS (FOR CONSUMER ACCOUNTS ONLY)**

Telephone us at 877-671-2265 or write us at our address shown above as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- (1) Tell us your name and account number (if any).
- (2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this (20 business days if the transfer involves a new account), we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

**FINANCE CHARGE (HELOCS AND CASH RESERVES):** We figure the interest/finance charge on your account by applying the periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance", we take the beginning balance of your account each day, add any new purchases/advances/fees, and subtract any unpaid interest or finance charges and any payments or credits. This gives us the daily balance.

**PRIVACY NOTICE:**

Federal law requires us to tell you how we collect, share, and protect your personal information. You may review our policy and practices with respect to your personal information at <https://www.enterprisebanking.com/privacy/privacy-notice> or we will mail you a free copy upon request if you call us at 877-671-2265.

**Free Business Checking - 2716046 (continued)****Overdraft and Returned Item Fees**

	<b>Total for this period</b>	<b>Total year-to-date</b>
<b>Total Overdraft Fees</b>	\$0.00	\$0.00
<b>Total Returned Item Fees</b>	\$0.00	\$0.00

0 \$150.00 9/17/2025

NAME	Santos	9/16/25
ACCOUNT NO.	2316046	
AMOUNT	One hundred and fifty	\$ 150
Signature		Signature
DATE	9/17/2025	
CO 1130274.25 27 36048		

0 \$80.00 9/25/2025

NAME	Elizabeth Santos	9/24/25
ACCOUNT NO.	2316046	
AMOUNT	One hundred and eighty	\$ 80
Signature		Signature
DATE	9/25/2025	
CO 1130274.25 27 36048		

0 \$150.00 9/29/2025

NAME	Elizabeth Santos	9/26/25
ACCOUNT NO.	2316046	
AMOUNT	One hundred and fifty	\$ 150
Signature		Signature
DATE	9/29/2025	
CO 1130274.25 27 36048		

0 \$300.00 9/30/2025

NAME	Elizabeth Santos	9/30/25
ACCOUNT NO.	2316046	
AMOUNT	One hundred and thirty	\$ 300
Signature		Signature
DATE	9/30/2025	
CO 1130274.25 27 36048		