



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1.1.2015 Ending Date: 10.16.15

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Darlene Elias
Candidate Full Name (if applicable)

City Council at Large
Office Sought and District

17 Clark St., Holyoke, MA 01040
Residential Address

Telephone Number (optional): (413) 322-0199

Committee to ELECT Darlene Elias
Committee Name

MARIA AGUIAR
Name of Committee Treasurer

17 Clark St., Holyoke, MA 01040
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>2,128</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3,033.21</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1,746.14</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1,287.07</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Westfield BANK</u>

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CITY OF HOLYOKE
CITY CLERK'S OFFICE

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: [Signature] (Treasurer's signature) Date: 10-25-15

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

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.

Candidate without 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, including 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: Darlene Elias (Candidate's signature) Date: 10/25/15

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)
6/13/15	Dorothy Albrecht 667 West Cherry St. Holyoke, MA 01040	\$100.00	
9/28/15	William Ashley 19 Manor House Court Holyoke, MA 01040	\$100.00	
6/19/15	Marjorie Bull 58 Salisbury St. Rehoboth, MA	\$100.00	
6/13/15	William Cumpiano 237 South St. Northampton, MA 01085	\$100.00	
8/09/15	Mark Dunlap 46 Arden St. Holyoke, MA 01040	\$100.00	
5/11/15	Darlene Elias 17 Clark St. Holyoke, MA 01040	\$100.00	
9/23/15	Green Rainbow Party 232 Highland Ave Arlington, MA	\$300.00	Political Party Massachusetts
9/28/15	Ken Harstine 56 Monotuck St. Holyoke, MA 01040	\$80.00	
8/21/15	Kate Kruckemeyer 63 Fairfield Ave Holyoke, MA 01040	\$100.00	
6/13/15	Joyce Palmer-Fortune 152 West Brooke Rd. Whately, MA	\$150.00	Professor Smith College
8/29/15	Joyce Palmer-Fortune 152 West Brooke Rd. Whately, MA	\$250.00	Professor Smith College
8/18/15	Richard Purcell 99 Martin St., Holyoke	\$250.00	Ergonomic Specialist Bay State Medical
Line 9: Total Receipts over \$50 (or listed above)		2,128	See Attached Sheet #2
Line 10: Total Receipts \$50 and under* (not listed above)		905.21	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3033.21	

← 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 C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer. Enter on page 1, line 6 →			Line 15: In-Kind Contributions over \$50 (or listed above)	0
			Line 16: In-Kind Contributions \$50 & under (not listed above)	0
			Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, 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 18: TOTAL OUTSTANDING LIABILITIES (ALL)	0