



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: Ending Date:

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

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="771.27"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="2,935"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="3,706.27"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="774.6"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="2,931.67"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="280"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="24.1"/>
Line 8: Name of bank(s) used:	<input type="text" value="Peoples United Bank"/>

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 CITY OF HOYOKE
 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: (Treasurer's signature) Date:

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

Candidate with Committee and no activity independent of the 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 OR Candidate with independent activity filing separate report
 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: (Candidate's signature) Date:

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)
Jun 4, 2015	Daphne Board 162 Suffolk St. Holyoke, MA 01040	100	
Sep 13, 2015	Kim Driscoll 16 Glenn Ave. Salem, MA 01970	100	
Oct 15, 2015	Stan Geddes 189 Suffolk St. Holyoke, MA 01040	100	
Jul 30, 2015	Carol Kanin 65 Stuart Rd. Newton, MA 02459	100	
Jun 8, 2015	Betty Kaplowitz 284 High St. Holyoke, MA 01040	100	
June 4, 2015	Jon Lumbra 15 Shephard Dr. Holyoke, MA 01040	100	
Jul 30, 2015	Jesse Mermell 149 Winthrop Rd. #8 Brookline, MA 02445	100	
Jul 30, 2015	Betsy Pattullo 25 Wildwood St. Winchester, MA 01890	250	Healthcare Services Beacon Health Strategies, LLC
Jun 4, 2015	Gary Rome 77 Salem Rd. Longmeadow, MA 01106	150	
Line 9: Total Receipts over \$50 (or listed above)		1,100	
Line 10: Total Receipts \$50 and under* (not listed above)		1,835	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,935	← 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	Amount
Aug 6, 2015	Priscilla Rivera	28 Cochran St., 3R Chicopee, MA 01020	Flyers/Postcards	214
Jul 28, 2015	Sign Depot	1813 E. Colonial Dr. Orlando, FL 32803	Yard Signs	245
Jun 4, 2015	John Peter Wentworth	92 Race St. Holyoke, MA 01040	Catering	75
Line 12: Total Expenditures over \$50 (or listed above)				534
Line 13: Total Expenditures \$50 and under* (not listed above)				240.6
Line 14: TOTAL EXPENDITURES IN THE PERIOD				774.6

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures 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
Jun 4, 2015	Vitek Kruta Artist/Business Owner Self-Employed	52 Fairfield Ave. Holyoke, MA 01040	Donation of rental space for fund-raising event.	280
Line 15: In-Kind Contributions over \$50 (or listed above)				280
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Line 17: TOTAL IN-KIND CONTRIBUTIONS				280

Enter on page 1, line 6 →

* 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.

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
Oct 15, 2015	Jossie Valentin	25 Linden St. Holyoke, MA 01040	Purchase of food and supplies for a community meet & greet.	24.1
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	24.1



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

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 CITY CLERK'S OFFICE

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input type="text" value="Aug 24, 2015"/>
Name of Individual Being Reimbursed:	<input type="text" value="Jossie Valentin"/>
Committee Name:	<input type="text" value="Committee to Elect Jossie Valentin"/>
CPF ID Number (if applicable):	<input type="text"/>
Telephone Number (optional):	<input type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount	
Jul 2, 2015	Sign Depot	1813 E. Colonial Dr. Orlando, FL 32803	Yard Signs	\$245.00	
Aug 6, 2015	Priscilla Rivera	28 Cochran St., 3R Chicopee, MA 01020	Flyers/Postcards	\$214.00	
(Include items listed on Page 2) →				Line 1: Expenditures in excess of \$50 (itemized above):	459
				Line 2: Expenditures \$50 or under (not itemized):	30
				Line 3: TOTAL AMOUNT REIMBURSED:	489

Signed under the penalties of perjury:

 Signature of Candidate Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

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 CITY CLERKS OFFICE

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: Jun 4, 2015
Name of Individual Being Reimbursed:	Jossie Valentin
Committee Name:	Committee to Elect Jossie Valentin
CPF ID Number (if applicable):	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	
	Line 2: Expenditures \$50 or under (not itemized):	38.25
	Line 3: TOTAL AMOUNT REIMBURSED:	38.25

Signed under the penalties of perjury:

 Signature of Candidate / Treasurer

Date: Oct 26, 2015

Please prepare a separate report for each reimbursement check issued by the committee.