



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):

RECEIVED
 OCT 26 PM 1:50
 CITY CLERK OFFICE

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	\$0
Line 2: Total receipts this period (page 3, line 11)	\$1060.00
Line 3: Subtotal (line 1 plus line 2)	\$1060.00
Line 4: Total expenditures this period (page 5, line 14)	\$865.52
Line 5: Ending Balance (line 3 minus line 4)	\$194.48
Line 6: Total in-kind contributions this period (page 6)	\$0
Line 7: Total (all) outstanding liabilities (page 7)	\$0
Line 8: Name of bank(s) used:	<input type="text" value="Peoples 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 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.

[Handwritten Signature] 10/26/15

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)
06/12/2015	Joshua Garcia 2 Dunn Avenue Holyoke, Mass. 01040	\$20	
06/12/2015	Elaine Pluta 276 Whitney Avenue Holyoke, Mass. 01040	\$20	
06/15/2015	John (Jay) Whelihan 19 McLlen Avenue Holyoke, Mass. 01040	\$20	
04/30/2015	David Yos 20 Sydney Avenue Holyoke, Mass. 01040	\$1000 (loan)	Tax Preparer Holyoke Tax Service
Line 9: Total Receipts over \$50 (or listed above)		\$1060	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$1060	← 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
06/12/2015	Capri Pizza	18 Cabot Street Holyoke, Mass. 01040	Pizza for appreciation event	\$113.00
05/14/2015	Facebook	1 Hacker Way Menlo Park, California 94025	Message	\$1.00
05/11/2015	T-Mobile	PO Box 37380 Albuquerque, New Mexico	Campaign cell phone service plan	\$53.27
05/10/2015	David Yos	20 Sydney Avnue Holyoke, Mass. 01040	Reimbursement	\$198.25
05/19/2015	David Yos	" "	Loan repayment	\$500
Line 12: Total Expenditures over \$50 (or listed above)				\$865.52
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$865.52

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.



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

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 style="width: 90%;" type="text" value="05/10/2015"/>
Name of Individual Being Reimbursed: <input style="width: 95%;" type="text" value="David Yos"/>	
Committee Name: <input style="width: 95%;" type="text" value="Committee to Elect Mildred Lefebvre"/>	
CPF ID Number (if applicable): <input style="width: 200px;" type="text"/>	Telephone Number (optional): <input style="width: 150px;" type="text" value="210-0102"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
04/23/2015	Go Daddy	14455 N. Hayden Road, Suite 226 Scottsdale, Arizona 85260	Domain Registrations	\$79.29
05/02/2015	Positronic Design	903 Dwight Street Holyoke, Mass. 01040	Campaign logo	\$75.00
05/01/2015	Vistaprint	275 Wyman Street Waltham, Mass. 02451	Business Cards	\$43.96

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	\$198.25
	Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 100%;" type="text"/>
	Line 3: TOTAL AMOUNT REIMBURSED:	\$198.25

Signed under the penalties of perjury:

David Yos

Signature of Candidate / Treasurer

Date: