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)
10/19/15	Alex morse 11 Linden st Holyoke	$200	Mayor
10/19/15	Joann murphy 4 Keefe Ave Holyoke	$160	
5/28/15	Helen Norris 2090 Northampton Holyoke	$100	
10/19/15	Tim Purrington 599 Hamden st Holyoke	$400	Tapestry Health
5/28/15	Gary Rome 77 Salem Dr East Long meadow	$150	
9/30/15	UFCW 1459 33 Eastland st Springfield	$250	Union PAC

Line 9: Total Receipts over $50 (or listed above)	3550
Line 10: Total Receipts $50 and under* (not listed above)	870
Line 11: TOTAL RECEIPTS IN THE PERIOD	4420

← 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
6/30/15	Bill Tuman	116 Pleasant st East hampton, MA #442	Word Press website	60
10/25/2015	Bill Tuman	See above	Web Recover	79
10/19/25	CTE John Lumbra		Kick off Contribution	40
10/25/15	Delaney House	Route	Fundraiser Event	231.06
8/20/15	Paradise Copies	21 conz st Northampton, MA	Senior Picnic Literature	98.22
9/8/2015	Paradise Copies	See Above	Copies, Printing	70.98
10/7/15	Paradise Copies	See Above	Mailing Labels	33.79
10/7/15	Puffer Printing	45 Union st East Hampton 01027	Mailing Supplies	145.62
9/8/15	Staples	122 North King st Northampton	Mailing Supplies	37.80
5/28/15	Table + Vine	1119 Riverdale st West Springfield 01089	Kick off Event Supplies	97.45
9/2/15	USPS	37 Bridge st Northampton	Stamps	49.00
10/7/2015	USPS	See above	Stamps	98.00

Line 12: Total Expenditures over $50 (or listed above)	1040.92
Line 13: Total Expenditures $50 and under* (not listed above)	28.50
Line 14: TOTAL EXPENDITURES IN THE PERIOD	1069.42

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
7/1/15	William Tuman (self-employed)	116 Pleasant St #442 Easthampton 01027	web design services	$1,000
5/28/15	Betty Kaplowitz (self-employed)	284 High St. Holyoke 01040	Rental space for fundraiser	$300

* 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.

Line 15: In-Kind Contributions over $50 (or listed above)	1,300
Line 16: In-Kind Contributions $50 & under (not listed above)	Ø
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	$1300.00

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)**

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED
15 OCT 27 AM 8:56
CITY OF HOLYOKE
CITY CLERK'S OFFICE

File with: City/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

Rebecca Lisi
Candidate Full Name (if applicable)

Holyoke City Council at Large
Office Sought and District

25 Reservation Rd Holyoke 01040
Residential Address

Telephone Number (optional): 413.210.6906

Committee to Elect Rebecca Lisi
Committee Name

Katrina Hawley
Name of Committee Treasurer

25 Reservation Rd Holyoke 01040
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	Ø
Line 2: Total receipts this period (page 3, line 11)	4420.00
Line 3: Subtotal (line 1 plus line 2)	4420.00
Line 4: Total expenditures this period (page 5, line 14)	1069.42
Line 5: Ending Balance (line 3 minus line 4)	3350.58
Line 6: Total in-kind contributions this period (page 6)	1300.00
Line 7: Total (all) outstanding liabilities (page 7)	(1,374.96)
Line 8: Name of bank(s) used:	Holyoke Credit Union

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: Kate Hawley (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: Rebecca Lisi (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)
10/8/15	Kristen Bachler 284 High St Holyoke	$100	Self employed
9/16/15	Kristen Beam 68 Nonotuck St Holyoke	$70	
5/28/15	Daphne Board 197 Pine St Holyoke	$100	
8/26/15	Stephen Bosco 66 Arlington St Madford 02155	$75	
5/28/15	John Brigham 72 North Bridge Holyoke	$100	
10/22/15	Local Carpenters 108 29 Oakland St Springfield	$200	Union Pac
10/19/15	Rorey Casey 156 Suffolk St Holyoke	$100	
9/16/15	Janet Reilly Crystal 51 Olander drive Northampton	$100	
10/19/15	Patricia Duffy 18 Florence Ave	$100	
5/28/15	Vanessa Green 32 Juliette St #1 Dorchester 02122	$100	
5/28/15	Laurie Johnson 32 morgan St	$100	
10/19/15	John Lumbra 16 Shepheard drive	$100	
Line 9: Total Receipts over $50 (or listed above)			
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			←11 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 listed above.