



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: 1/1/2016 Ending Date: 10/21/2016

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: _____

E-mail: _____

Phone # (optional): _____

Community Preservation Act for Holyoke

Committee Name: Daphne Board

Name of Committee Treasurer: _____

197 Pine Street, Holyoke, MA 01040

Committee Mailing Address: _____

E-mail: info@holyokecpa.org

Phone # (optional): _____

RECEIVED
16 OCT 31 AM 11:32
CITY OF HOLYOKE
CITY CLERK'S OFFICE

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	4842
Line 3: Subtotal (line 1 plus line 2)	4842
Line 4: Total expenditures this period (page 5, line 14)	4392.63
Line 5: Ending Balance (line 3 minus line 4)	449.37
Line 6: Total in-kind contributions this period (page 6)	2515.11
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	<u>Easthampton Savings Bank</u>

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: Daphne Board (Treasurer's signature) Date: 10/31/16

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)
9/20/16	Stephen Bosco, 430 Appleton Street, Holyoke, MA	250	General Manager, Arrow Properties
9/15/2016	Rory Casey, 156 Suffolk Street, Holyoke, MA 01040	50	
9/15/2016	Jens Christianson, 1374 Northampton Street, Holyoke, MA 01040	50	
9/15/2016	Walter Clune, 132 Pearl Street, Holyoke, MA 01040	50	
9/22/2016	Conklin Office Services, 56 Canal Street, Holyoke, MA 01040	500	
9/15/2016	Patricia Duffy, 18 Florence Avenue, Holyoke, MA 01040	100	
9/15/2016	Julia Flannery, 37 Dartmouth Street, Holyoke, MA 01040	100	
9/19/2016	Karl Gatzke, 362 Dwight Street, Holyoke, MA 010405	50	
7/1/2016	Holyoke Preservation Trust, 92 Race Street, Holyoke, MA 01040	1000	
9/15/2016	Jeffrey Horan, 100 Southampton Road, Holyoke, MA 01040	50	
9/15/2016	Sara Krohn, 41 Pearl Street, Holyoke, MA 01040	60	
9/15/2016	Sara Krohn, 41 Pearl Street, Holyoke, MA 01040	17	
Line 9: Total Receipts over \$50 (or listed above)		4207	
Line 10: Total Receipts \$50 and under* (not listed above)		635	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4842	← 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)
9/15/2016	Meagan Magrath-Smith, 7 Wycoff Avenue, Holyoke, MA 01040	50	
9/24/2016	Massachusetts League of Environmental Voters, 12 Eliot Street, Cambridge, MA 02138	500	
9/16/2016	Alex Morse, 11 Linden Street, Holyoke, MA 01040	50	
9/15/2016	Stephen O'Brien, 6 Amherst Avenue, Holyoke, MA 01040	100	
9/15/2016	Elizabeth O'Dair, 25 Bay State Road, Holyoke, MA 01040	50	
10/11/2016	Jeremy Smith, 485 Hillside Avenue, Holyoke, MA 01040	100	
9/16/2016	Jossie Valentin, 25 Linden Street, Holyoke, MA 01040	40	
9/28/2016	E. Denis Walsh, 112 Water Street, Suite 600, Cambridge, MA 02109	1000	President, Weld Management Co., Inc.
9/15/2016	Mary Wielgosz, 805 Hampden Street, Holyoke, MA 01040	50	
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			
			← 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
10/20/2016	Daphne Board	197 Pine Street, Holyoke, MA 01040	reimbursement (CPF R 1 attached)	1007.35
9/29/2016	Jesus Candelario	1109 Dwight Street, Holyoke, MA 01040	food for 9/15/2016 fundraiser	200
8/24/2016	Capri Pizza	18 Cabot Street, Holyoke, MA 01040	food for 8/24/16 volunteer meeting	92.25
10/6/2016	Hotcards	2400 Superior Avenue East, Cleveland, Ohio, 44114	10000 postcards printing	550.90
10/20/2016	Hotcards	2400 Superior Avenue East, Cleveland, Ohio, 44114	direct mail	1626.06
9/22/2016	Paper City Pastries	190 West Franklin Street, Holyoke, MA 01040	food for 9/15/2016 fundraiser	60
8/19/2016	Puffer Printing	45 Union Street Easthampton, MA 01027	4' x 6' vinyl banner	229.50
9/12/2016	Sunraise Printing	322 Russell Street, Hadley, MA 01035	50 coroplast lawn signs	525
Line 12: Total Expenditures over \$50 (or listed above)				4291.06
Line 13: Total Expenditures \$50 and under* (not listed above)				101.57
Line 14: TOTAL EXPENDITURES IN THE PERIOD				4392.63

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
9/12/16	Jay's Bed and Breakfast	1109 Dwight Street, Holyoke, MA 01040	room at the B&B	150
9/15/16	Paper City Pastries	190 West Franklin Street, Holyoke, MA 01040	food for 9/15 fundraiser	60
10/21/16	The Trustees	193 High Street, Holyoke, MA 01040	74 lobbying hours from 4/2016 through 10/21/16	1480
10/5/16	The Trustees	193 High Street, Holyoke, MA 01040	50 coroplast lawn signs	525
10/1/16	The Trustees	193 High Street, Holyoke, MA 01040	one desk for the month of October at office	50
9/15/16	Susan Van Pelt	246 Walnut Street	note cards & photo prints	150.11
Line 15: In-Kind Contributions over \$50 (or listed above)				2415.11
Line 16: In-Kind Contributions \$50 & under (not listed above)				100
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				2515.11

* 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.



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

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:		10/20/16
Name of Individual Being Reimbursed:	Daphne Board	
Committee Name:	Community Preservation Act for Holyoke	
CPF ID Number (if applicable):	81-3023936	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
7/25/16	amazon.com llc	345 Boren Ave North, Seattle, WA 98109	ez up tent roller bag (replacement for stolen)	94.49
9/28/16	page	10 Corporate Drive, Suite 300, Burlington, MA 01803	www.holyokecpa.org website hosting, 10/13/16-10/13/17	155.40
5/1/16	Pizza D'Action	232 Lyman Street, Holyoke, MA 01040	food for 5/1/16 volunteer meeting	89.59
9/12/16	Sunraise Printing	322 Russell Street, Hadley, MA 01035	50 coroplast lawn signs	525

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	864.48
Line 2: Expenditures \$50 or under (not itemized):	142.87
Line 3: TOTAL AMOUNT REIMBURSED:	1007.35

Signed under the penalties of perjury:

Daphne B Board
Signature of Candidate / Treasurer

Date: 10/31/16

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