

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: 10/2	21/23 Ending Date: 12/31/23			
Type of Report: (Check one) Sth day preceding preliminary Sth day preceding election	□ 30 day after election □ year-end report □ dissolution			
David Bartley	CTE David Bartley			
Candidate Full Name (if applicable) Ward 3 city council	Committee Name Daniel E O'Neill			
Office Sought and District 25 Hillcrest Ave, Holyoke, MA 01040	Name of Committee Treasurer PO Box 10631, Holyoke, MA 01041			
Residential Address E-mail:	Committee Mailing Address E-mail: bartleyforward3@gmail.com			
Phone #:	Phone #: 413-531-2213			
SUMMARY BALANC	CE INFORMATION:			
Line 1: Ending Balance from previous report	8843.19			
Line 2: Total receipts this period (page 3, line 12)	2100.00			
Line 3: Subtotal (line 1 plus line 2) 10,943.19				
Line 4: Total expenditures this period (page 5, line 15)				
Line 5: Ending Balance (line 3 minus line 4)	10,943.19			
Line 6: Total in-kind contributions this period (page 6, line 18)				
Line 7: Total (all) outstanding liabilities (page 7, line 1				
Line 9: Name of hank(s) used: M & T 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 op on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury:				
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 that are not otherwise disclosed in this report.				
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 candidate in accordance with the requirements of M.G.L. c. 55. Date: 1/17/24				
Signed under the penalties of perjury: B Butto (Candidate's signature)				

M102 (12/2023)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.*

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/31/23	Bruce Arnold Sr 3 Crescent Hill Springfield, MA 01105	100.00	
10/31/23	Joy and Pat Bartley, 22 Cran- berry Ln., Holyoke, MA 01040	100.00	
10/31/23	John & Eileen Driscoll, 78 Lexington Av, Holyoke, MA 01040	100.00	
10/31/23	Perry & Jodi Dulude, 92 Edward Drive, Holyoke MA 01040	100.00	
10/31/23	Shirley & Carl Eger, 1966 North- ampton St. Holvoke, MA 01040	100.00	
10/31/23	Edmund Gorman, 324 W Franklin, Holyoke, MA 01040	100.00	
11/6/23	Michael & Kathleen Knapik, 45 East Silver Ln, Westfield, MA	100.00	
10/31/23	Keith and Alice Murphy, 11 Judith, Holyoke, MA 01040	100.00	
11/6/23	David Rudzik, 236 South St, Holyoke, MA 01040	100.00	
10/31/23	Steve Superba, 17 Glen St., Holyoke MA 01040	100.00	
10/31/23	CTE Linda Vacon, 7 Pheasant Dr, Holyoke, MA 01040	100.00	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	•		
Line 10: Total Receipts over \$50 (or listed above)		1100	* If you have itemized receipts of \$50 and under include them in line 10. Line 11
Line 11: Total Receipts \$50 and under (not listed above)		1000	under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 12: TOTAL R	ECEIPTS IN THE PERIOD	2100	← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	r ur pose of Expenditure	Amount

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
			L	
and under, inc	itemized expenditures of \$50 clude them in line 13. Line 14	Line 13: Expenditures over \$50	(or listed above)	0-
should inclua	le only those expenditures not itemized above.	Line 14: Expenditures \$50 and under (not listed above)		

SCHEDULE B: EXPENDITURES (continued)

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Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD

÷ 1/(1000

D

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	r			
			1	
	itemized in-kind contributions of	Line 16: In-Kind Contributions ove	er \$50 (or listed above)	0
\$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		Line 17: In-Kind Contributions \$50 and under (not listed above)		0
	Enter on page 1, line $6 \rightarrow$	Line 18: TOTAL IN-KIND CONT	RIBUTIONS IN THE PERIOD	0

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
1944 - 1496	DAVID 12 BARThy	25 tt: Wow1 AN ttolyme	CAMPAHON LOAN	7579
2013- 2019	. 11	l)	L .	30000
Enter on page 1, line 7 \rightarrow Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				

SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
		L	
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
	DF-POCKET EXPENDITURES IN THE PERIOD		← Enter on page 1, line 8

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