

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

RECEIVED

FEB 1 5 2024

Fill in Reporting Period dates: Beginning Date: 10	D/21/2023 Ending Dateolyok 2/31/2023k's
	Holyoke, MA
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Israel Rivera	Committee to elect Israel Rivera
Candidate Full Name (if applicable) City Council At-Large	Committee Name Christopher M. Deleon
Office Sought and District	Name of Committee Treasurer
25 Willow Street Holyoke, MA 01040	1295 Dwight Street Holyoke, MA 01040
Residential Address	Committee Mailing Address
E-mail: israelrivera4holyoke@gmail.com	E-mail: israelrivera4holyoke@gmail.com
Phone #: 4135529350	Phone #: 4137271936
CYDOGADY DATAY	
SUMMAKY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	2,197.39
Line 2: Total receipts this period (page 3, line 12)	\$50
Line 3: Subtotal (line 1 plus line 2)	2,247.39
Line 4: Total expenditures this period (page 5, line 1	619.78
Line 5: Ending Balance (line 3 minus line 4)	1627.61
Line 6: Total in-kind contributions this period (page	6, line 18) 0
Line 7: Total (all) outstanding liabilities (page 7, line	e 19) O
Line 8: Total out-of-pocket expenses this period (page	
Line 9: Name of bank(s) used: Peoples Bank	Κ
activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee	ind contributions and liabilities for this reporting period and represents the campaign (in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: box only) the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period that are not otherwise disclosed in this report.
finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	

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.

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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MANAGEMENT AND		Posteriora de la companya del companya de la companya del companya de la companya	
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**************************************		MACONIC Problem in the hard and death of the POSITION of the North Array visibles	
Line 10: Total Receipts over \$50 (or listed above)		0	* 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)		1 (\$50)	should include only those receipts not itemized above.
Line 12: TOTAL RECEIPTS IN THE PERIOD		1 (\$50)	← 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 E. 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	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/08/202	De Todo un Poco	352 Main St. Holyoke, MA 01040	Food for Election night	\$310.00
11/06/202	the Print Shop Holyoke	62 Main St. Holyoke, MA 01040	Literature, stickers.	\$109.78
12/06/2023	Holyoke Fire Mans Aid Association	P.O. box 1159 Holyoke, MA 01040	Tickets to Firemans Ball	\$150
12/08/2023	Holyoke Rotary Club	P.O. box 1396 Holyoke, MA 01040	Ticket to Eat. Be. Drink. Holyoke	\$50
Succession of the succession o				

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SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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71000000000000000000000000000000000000	Proposition of the Control of Con	MARKANIA MA		
Software committee and comment of the property of the professional section of the comment of the				
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99520984 Administration and design and service of the service of t	1000-000/000-000-000-000-000-000-000-000	- Market		y through do deliver to the second se
	A			
-				
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		5 (619.78)
should include	e only those expenditures not	Line 14: Expenditures \$50 and under (not listed above)		0
itemized above.		Line 14. Expenditures 500 and t	mace (not histed above)	<u> '</u>
Enter on page 1, line 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD 5 (619.78)				

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
PARTICULAR CONTROL OF THE PARTICULAR CONTROL	Parameter State Control of Contro			
	PERSONAL PROPERTY OF THE PERSON OF THE PERSO			
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		Para Salara Sala		

			7.	
	itemized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions over	r \$50 (or listed above)	0
	de only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	0
	Enter on page 1, line 6 →	Line 18: TOTAL IN-KIND CONTI	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
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Commonwealth Commo				TAMORNIa de sale de la companya del companya del companya de la co
TOO SERVICE DE LA CONTRACTOR DE LA CONTR				
				THE STATE OF THE S
MATERIAL PROPERTY OF THE PROPE	Page plantation of continuous management and the Continuous manage			
CDAREAGEMENT CONTINUED TO THE STATE OF THE S				
				Management of the second
	Enter on page 1, line $7 \rightarrow$	Line 19: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0

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	Ama	Burnage of E Jih
Paic Faig	(alphabetical listing required)	Amount	Purpose of Expenditure
MET OF THE PARTY O			
(or listed above)	d Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
Line 21: Total Unitem under (not listed above	nized Out-Of-Pocket Expenditures \$50 and e)		should include only those expenditures not itemized above.