

Form CPF M 102: Campaign Finance Report Municipal Form ARECEIVED JAN 2 2 2024

Office of Campaign and Political Finance

Holyoke City Clerk's Holyoke, MA

OI MASSACHUSCUS	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Oct 21	., 2023 Ending Date: Dec 31, 2023
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
Candidate Full Name of applicable) Candidate Full Name of applicable) Word 2 Office Sought and District IDG Wain & Holyoke ma Residential Address E-mail: Januelle Monca Vahoo Com Phone # (optional): 43-847-1969	Committee To Elect Janvelle Moj Committee Name Jorge L. Scalas Name of Committee Treasurer 1109 Main St. Holyake, Ma. Committee Mailing Address E-mail: Jorge 1377@ Com Cast. net Phone # (optional): 413-218-8606
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 5) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used:	14)
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, il-kind confinance activity of all persons acting under the authority or on behalf of this committee in ac Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of a candidate with Committee I certify that I have examined this report including attached schedules and it is, to the beactivity, of all persons acting under the authority or on behalf of this committee in accommitment and liabilities nor made any expenditures on my behalf during this reporting performed any liabilities nor made any expenditures on my behalf during this reporting performed any liabilities nor made any expenditures on my behalf during this reporting performed any including contributions, loans, receipts, expenditures, disbursements, in campaign finance activity of all persons acting under the authority or on behalf of this committee. Signed under the penalties of perjury:	ntributions and liabilities for this reporting period and represents the campaign econdance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: (Treasurer's signature) only) est of my knowledge and belief, a true and complete statement of all campaign finance rdance with the requirements of M.G.L. c. 55. I have not received any contributions, eriod that are not otherwise disclosed in this report. est of my knowledge and belief, a true and complete statement of all campaign m-kind contributions and liabilities for this reporting period and represents the

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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			Draw
Line 9: Total Recei	pts over \$50 (or listed above)		RECEIVED
Line 10: Total Recei	ipts \$50 and under* (not listed above)		JAN 2 9 Holyoke City Clerk's Holyoke MA I include only those receipts not itemized above.
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		Holyoke City Clerk's ← Enter on page 1, line 2 Line
k If you have itemized	receipts of \$50 and under, include them in line	9. Line 10 should	include only those receipts not itemized above.

Page 3

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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		Line 12: Expenditures over \$50	(or listed above)		
		2. Daponaturos Over \$30	(OI IISICU AUOYO)		
		Line 13: Expenditures \$50 and u	ınder* (not listed above)		
		1 Marie Mari	PECEIVED ;		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITI	URES IN THE PERIOD	W.	
If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include book those expenditures not itemized					

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include ball those expenditures not itemized above.

SCHEDULE D: LIABILITIES

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

Holyoke City Clerk's				Clerk's
Date Incurred	To Whom Due	Address	Holyoke City Purpose Holyoke, i	MA Amount

			Pro-	
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

Invoice

Priscilla Rivera, 762 mckinstry ave, Chicoper MA 01020, United States

BILL TO

Jannelle Mojica

Invoice No.:

008

Issue date:

Oct 30, 2023

Due date:

Oct 30, 2023

Payment method:

Check/cheque

Invoice No.; 008		Due date: Oct 30, 2023	Total due \$365.00	
Description	Qty.	Unit pr	ice (\$)	Amount (\$)
Pins, graphic, campaign signs	1		365.00	365.00
Total (USD):				\$365.00

Pins, graphic, campaign signs

Issued by, signature:

RECEIVED

1

JAN 2 2 2024

Holyoke City Clerk's Holyoke, MA



Priscilla Rivera

Payment to \$jsd413

\$380.00

For Shirts and Hoodies Nov 1, 2023 at 1:27 PM

Completed

Amount \$380.00

Source Bank of America

Identifier #4X2VYYS

To Priscilla Rivera

From Jannelle Mojica

Block, Inc. 1955 Broadway, Suite 600 Oakland, CA 94612 (800) 969-1940 RECEIVED

JAN 2 2 2024

Holyoke City Clerk's Holyoke, MA



Priscilla Rivera

Payment to \$jsd413

\$170.00

For Lawn Signs Nov 3, 2023 at 3:57 PM

Completed

Amount

\$170.00

Source

Bank of America

Identifier

#7EEMEAX

To

Priscilla Rivera

From

Jannelle Mojica

Block, Inc. 1955 Broadway, Suite 600 Oakland, CA 94612 (800) 969-1940 RECEIVED

JAN 2 %

Holyoke City Clerk's **Holyo**ke, MA