

RECEIVED Form CPF M 102: Campaign Finance Report FEB 1 6 2024 **Municipal Form**

Office of Campaign and Political Finance

	7	Offic	e of Camp	aign and P	olitical Financ	e H	Olvokani		
Commonwea of Massachus					Fi	le with: Cit	Olyoke City Holyoke y or Town Clerk	Clerk's	Commission
Fill in Re	porting Period dates:	Beginning Date:	Oct 21,	2023	Ending Da		ec 31, 2023	COL ESCOTION V	COMMISSIO
Type of I	Report: (Check one)								
☐ 8th day	preceding preliminary	8th day preceding el	ection [] 30 day af	ter election	🗵 year-	end report	dissol	ution
L-mail: 10 M	Candidate Full Nam Office Sought Residential	and District Address	ar Con	COMI LOG E-mail: S	Sharel Name Nuerbod Con	mittee Mai	Electronic Alexander Manual Land Land Land Land Land Land Land Land	Jano Salhi L. com	ladley
Phone # (option	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1-3210		Phone # (option	\ 77	13-4	34-3	814	
		SUMMARY BA	LANCE	INFORM	MATION:				
	Line 1: Ending Ba	lance from previous rep			(,4:	2 35		7	
	-	pts this period (page 3,		<u>. </u>		0		-	
	Line 3: Subtotal (1	ine 1 plus line 2)			64	3	5		
	Line 4: Total expe	nditures this period (pag	ge 5, line 1	14)	346	, ŵ			
	Line 5: Ending Ba	lance (line 3 minus line	4)		290	35]	
	Line 6: Total in-ki	nd contributions this pe	riod (page	6)					
	Line 7: Total (all)	outstanding liabilities (1	page 7)]	
Ĺ	Line 8: Name of b	ink(s) used: Adda	ruille (Ord I	Unior	1	14.]	
I certify that I is activity, includ finance activity	ing all contributions, loans, rece	ing attached schedules and it is, ipts, expenditures, disbursement authority or oppehalf of this con	s, in-kind cont	ributions and I	iabilities for this re	porting peri	od and represent 5.	campaign fir	nance gn
	the penalties of perjury:	fullly			(Treasurer's sig	gnature)	Date:	100.00 J	3024
FOR CANI	DIDATE FILINGS ONL	Y: Affidavit of Candidate: (c	heck I box or	aly)					
I certify th	fall persons acting under the aut	cluding attached schedules and i hority or on behalf of this comm ditures on my behalf during this	ittee in accord	lance with the	requirements of M.	G.L. c. 55.	I have not receiv	of all campaig red any contri	n finance butions,
I certify the	tivity, including contributions, lo	cluding anached schedules and i ans, receipts, expenditures, disb ting under the authority or on be	ursements, in-	kind contributi	ons and liabilities t	for this repo	rting period and of M.G.L. c. 55.	of all campaig	,n
Signed under 1	he penalties of perjury:	MA	-		(Candidate's sig	gnature)	Date: 🔟	<u> </u>	MO 1

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.)

TS. 4. TS. 1 2	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 of inorc)
	1		
		1.	
ine 9: Total Rece	ipts over \$50 (or listed above)		
ine 10: Total Rec	eipts \$50 and under* (not listed above)		
ing 11. TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
INCLL, IUIAL.	RECEALED IN THE LEMMON		Id include only those receipts not itemized above

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address	Amount	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
			1
			1
·			
			L

Line 9: Total Recei	pts over \$50 (or listed above)	<u></u>	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemized	receipts of \$50 and under include them in line	0. Line 10 chou	Id include only those receints not itemized above.

^{*} 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.)

report all expenditures. Please include your committee name and a page number on each page.)					
20 (20 12	To Whom Paid			A	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
11-62035	Denise Reduquez	High of Holyde	Campaign T-Shirts	960	
11-8-9033	Holyale Evernan's Aid Association	Honst Hayac	fremans Annual Ball	1200	
	Frances Santos	Dain St Adyose	Campaign	W _o	
Line 12: Total Expenditures over \$50 (or listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD					

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

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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)	
			(5) 13,104 400 (6)	
		Line 13: Expenditures \$50 and u	nder* (not listed above)	
	 			
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD	
If you have itemi	L zed expenditures of \$50 and under	include them in line 12. I inc 12 ch	ould include only those expenditures	

^{*} 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
		:		
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
Line 16: In-Kind Contributions \$50 & under (n				
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

^{*} 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.

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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
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The state of the s				
				1
		THE STATE OF THE S		
THE PARTY OF THE P				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	