



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: 2017 OCT 30 A 10:18 Beginning Date: Jan 1, 17 Ending Date: Oct. 20, 17

Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

Daniel Breshahan  
Candidate Full Name (if applicable)  
City Councilor at Large  
Office Sought and District  
29 Longfellow Road  
Residential Address  
Telephone Number (optional): \_\_\_\_\_

Committee to Elect Dan Breshahan  
Committee Name  
Shaun O'Brien  
Name of Committee Treasurer  
371 Linden ST  
Committee Mailing Address  
Telephone Number (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$ 1145.29</u>
Line 2: Total receipts this period (page 2, line 11)	<u>\$ 3,665.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 4,810.29</u>
Line 4: Total expenditures this period (page 3, line 14)	<u>\$ 526.15</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 4,284.14</u>
Line 6: Total in-kind contributions this period (page 4)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Holyoke Credit Union.</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: Shaun O'Brien (Treasurer's signature) Date: 10/29/17

#### 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.
- 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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 10/29/17

## 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)
9/26/17	Asher, Kevin & Maria 218 Williamsburg Dr. Longmeadow	100. <sup>00</sup>	
9/28/17	Cooper, Jennifer 30 Vadnais St. Holyoke	100. <sup>00</sup>	
9/12/17	Donoghue, Matthew 8 Steiger Rd, Holyoke	100. <sup>00</sup>	
9/27/17	Dunn, Martin 89 Madison Ave, Holyoke	100. <sup>00</sup>	
9/27/17	Holyoke Firefighter Assoc. P.O. Box 1159 Holyoke	250. <sup>00</sup>	Union
9/28/17	Italian friendly 274 Westfield Rd, Holyoke	100. <sup>00</sup>	
10/6/17	Johnson, William 615 New Lellow Rd, So Hadley	75. <sup>00</sup>	
9/25/17	Lafond, David 2 Burns Way, Holyoke	100. <sup>00</sup>	
9/27/17	Lavelle, James 62 Meadowview Rd, Holyoke	100. <sup>00</sup>	
9/28/17	Pierzchalski, Grzegorz 8 Holly Meadow Rd, Holyoke	100. <sup>00</sup>	
9/28/17	Rome, Gary 77 Salem Rd Longmeadow, MA 01106	100. <sup>00</sup>	
9/28/17	Shnayder, Ilya 220A Linden St. Holyoke, MA 01040	200. <sup>00</sup>	Self Employed Property Owner
Line 9: Total Receipts over \$50 (or listed above)		1,775. <sup>00</sup>	
Line 10: Total Receipts \$50 and under* (not listed above)		1,890. <sup>00</sup>	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>3,665.<sup>00</sup></b>	← 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.

Cont. Schedule A

9/21/17	Sullivan, Peter & Eileen 214 Maple St. Holyoke, MA 01040	\$ 100. <u>00</u>
10/1/17	Virgilio, Greg P.O Box 80783 Springfield, MA	\$ 250. <u>00</u>  self employed Property owner



## 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
8/23/17	Millenium Press	570 Silver st. Agawam, MA 01001	Posters	51.15
7/25/17	George Neves fund		Donation	125.00
2/10/17	Pioneer Valley Hockey	575 Maple St. Holyoke, MA	Donation	60.00
9/26/17	Villegas, Aida	71 Brown Ave Holyoke, MA	Catering for fundraiser Party	100.00
Line 12: Total Expenditures over \$50 (or listed above)				336.15
Line 13: Total Expenditures \$50 and under* (not listed above)				190.00
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>526.15</b>

\* 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
* 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.  Enter on page 1, line 6 →			<b>Line 15: In-Kind Contributions over \$50 (or listed above)</b>	
			<b>Line 16: In-Kind Contributions \$50 &amp; under (not listed above)</b>	
			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	

## 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
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	