



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY OF HOLYOKE
CITY CLERK'S OFFICE
2019 OCT 14 P 2:44
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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Sep 7, 2019 Ending Date: Oct 18, 2019

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

David K. Bartley
Candidate Full Name (if applicable)
City Councilor/Ward 3
Office Sought and District
25 Hillcrest Ave. Holyoke, MA 01040
Residential Address
E-mail: BARTLEY/POLWARD03@GMAIL.COM
Phone # (optional): _____

CTE DAVID BARTLEY
Committee Name
Daniel G. O'Neill
Name of Committee Treasurer
PO Box 10631, Holyoke, MA 01041
Committee Mailing Address
E-mail: BARTLEY/POLWARD03@GMAIL.COM
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$	<u>533.97</u> 7047.97
Line 2: Total receipts this period (page 3, line 11)	\$	<u>2900.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$	<u>3,433.97</u>
Line 4: Total expenditures this period (page 5, line 14)	\$	<u>90.00</u>
Line 5: Ending Balance (line 3 minus line 4)	\$	<u>3,343.97</u>
Line 6: Total in-kind contributions this period (page 6)		<u>150.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	\$	<u>7579.00</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: Daniel G. O'Neill (Treasurer's signature) Date: 10/22/19

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.

Signed under the penalties of perjury: David K. Bartley (Candidate's signature) Date: 10/22/19

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)
10/10/19	Cheryl A. Strycharz 25 WOODLAWN ST HOLYOKE MA 01040	75.00	
10/10/15	Thomas J. Duthy 22 MC CARTER AVE CHICOPEE MA 01020	100.00	
10/10/19	Patricia A. D'Amico 92 EDWARD ST HOLYOKE MA 01040	100.00	
10/10/17	William Sullivan 19 MARY CIRCLE GASTINGTON MA 01027	100.00	
10/10/19	Christopher A. Kane 59 FAIRFIELD AVE HOLYOKE MA 01040	100.00	
10/10/17	Quincy Egan Carl Egan 1966 NORTH ST HOLYOKE MA 01040	100.00	
10/10/17	Finneas Kane Joyce Kane Quincy Egan HOLYOKE MA 01040	100.00	
10/10/17	John M. Russell Gilean Russell 78 LAURENCE AVE HOLYOKE MA 01040	100.00	
10/10/17	Richard D. Lopez 19 SPANGLER AVE HOLYOKE MA 01040	100.00	
10/10/19	Martha J. Roman 89 WASHINGTON AVE HOLYOKE MA 01040	100.00	
10/10/17	Thomas Wilson 45 WASHINGTON ST HOLYOKE MA 01040	100.00	
10/10/17	Maxwell Fowler Margaret Fowler 31 BIRCHWOOD AVE HOLYOKE MA 01040	100.00	
Line 9: Total Receipts over \$50 (or listed above)		1175.00	
Line 10: Total Receipts \$50 and under* (not listed above)		1725.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2900.00	← 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.

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
10/15/19	DAVID K BARTLEY	25 HILLSTREET N HILLYARD MA 01042	Reimbursement	65.00
Line 12: Total Expenditures over \$50 (or listed above)				65.00
Line 13: Total Expenditures \$50 and under* (not listed above)				25.00
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				90.00

* 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
10/10/17	Penny Dulva	92 Edmund St. 1101 York MA 01040	Food for child Evilville	150.00
Line 15: In-Kind Contributions over \$50 (or listed above)				150.00
Line 16: In-Kind Contributions \$50 & under (not listed above)				0.00
Line 17: TOTAL IN-KIND CONTRIBUTIONS				150.00

* 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. Page 6