

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance RECEIVED

Fill in Reporting Period dates: Beginning Date: Jan 1	2010 Ending Dates Oct 18, 2010				
Fill in Reporting Period dates: Beginning Date: Jan 1	, 2019 Ending Date: Oct 18, 2019 CITY OF HOLY ONE				
	CITY CLERK'S DEFINE				
Type of Report: (Check one)	Commented to the first the				
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution				
Deborah Aloisi					
Candidate Full Name (if applicable) City Councilor At-Large	Committee Name				
Office Sought and District 147 Sycamore St.	Name of Committee Treasurer				
Residential Address E-mail:	Committee Mailing Address E-mail:				
Phone # (optional):	Phone # (optional):				
SUMMARY BALANC	CE INFORMATION:				
Line 1: Ending Balance from previous report	0:00				
Line 2: Total receipts this period (page 3, line 11)	155.93				
Line 3: Subtotal (line 1 plus line 2)	155.93				
Line 4: Total expenditures this period (page 5, lin	ne 14) 53 · 83				
Line 5: Ending Balance (line 3 minus line 4)					
Line 6: Total in-kind contributions this period (pa					
Line 7: Total (all) outstanding liabilities (page 7)	96.00				
Line 8: Name of bank(s) used: People's	Bank				
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: (Treasurer's signature) Date:					
(Treasurer 3 signature)					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 but Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions,				
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: Auch Clini (Candidate's signature)					

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)
4-30-19	Terence hurphy 1062 Mutn 54	\$40	
5-3-19	To Ame Murphy 134 Pur 187	840	
8-30-19	Marge Dinehen 80 Pinshurst Rd	\$50	
•3-99-19	30 Pinshurst Rd John buruttoh 294 Calsof 54	\$25.93	
	-		
Line 9: Total Rece	ripts over \$50 (or listed above)	155.93	
Line 10: Total Receipts \$50 and under* (not listed above)			
	RECEIPTS IN THE PERIOD	155'93	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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
:			
ine 9: Total Rece	cipts over \$50 (or listed above)		
	eipts \$50 and under* (not listed above)		
	-		1

^{*} 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 an expend		ittee name and a page number on	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Fail	Praka Donn For	701		
18-19	- baken	1/1		├ ──
= 3 (C)	Holycobe	658 Dwight		(an)
5-3-19	Holycobe Post Office.	650 Dwight	Sfamps	11,00
5-4-19	Holyoka.	650 Dwight	Strmps	11.00
0	Holyoke Post Office	31	Dimiles	
			1 1 10 \$	
5-4-19	StopnShop	2065 Northmotorst	CAMPS &	13.65
0 ,,, [Nonumber	Enmelopes	
	12.10.	20/2		(0)
5-15-19	Durky Sourts	2068 Romodule Rel	Coffee for	18.18
	DOWNS	Khurowk Kel	lotter my	,0
Liver				
[L] [
	La come de			
		The state of the s		
		Language		
] [
		Line 12: Total Expenditures or	ver \$50 (or listed above)	538
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 > Line 14: TOTAL EXPENDITURES IN THE PERIOD 53'83				
* If we have itemized award it was of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized				

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

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount	
Date Paid	(alphabetical listing)	Address	rurpose of Expenditure	Amount	
			1 1 1 1 1 1 1 1 1 1		
	·				
]	
-					
		Al-MA en			
		And the state of t			
Line 12: Expenditures over \$50 (or listed above)					
Line 13: Expenditures \$50 and under* (not listed above)					
The 14. TOTAL EVDENDITUDES IN THE DEDIOD					
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					

^{*} 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 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
6-21-19	In & Teahnelysus	7600 Mc EwenRd Dayton OH 454	Duk to print	\$96.00
		-		
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			

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
A CANADA				
		·		
		~	-	
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				e)
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

^{*} 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