



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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

Dennis Birk
Candidate's Full Name (if applicable)
City Councilor/Ward _____
Office Sought and District _____
18 West Glen St. Holyoke, MA 01040
Residential Address
E-mail: _____
Phone # (optional): _____

Committee to Elect Dennis Birk
Committee Name
Paul Hobert
Name of Committee Treasurer
129 Sreehan Dr. Holyoke MA.
Committee Mailing Address
E-mail: _____
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	\$ 1,199.00
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	\$ 879.87
Line 5: Ending Balance (line 3 minus line 4)	\$ 319.13
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	473.30
Line 8: Name of bank(s) used:	Holyoke Credit Union

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: Paul Hobert (Treasurer's signature) Date: 10/28/19

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: _____ (Candidate's signature) Date: 10/28/19

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
10/28/19	Paradise City Copies	26 Conz St Northampton MA 01060	Mails	\$879.87
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.

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)
10/17/19	MARV BIRKS 63 TAYLOR ST., HOLYOKE, MA	\$100.00	RETIRED
10/17/19	ROSALIE HOBERT 129 SHEEHAN DR. HOLYOKE, MA	\$50.00	RETIRED
10/17/19	PAUL W. HOBERT 129 SHEEHAN DR. HOLYOKE, MA	\$50.00	HOLYOKE WATER WALKS
10/17/19	ELIZABETH LAFOND 17 CHESTNUT ST, HATFIELD, MA	\$49.00	SECRETARY
10/17/19	JORDAN M. LEMIEUX 1035 HAMPTON ST APT 2 HOLYOKE MA	\$25.00	RETIRED
10/17/19	PATRICIA NOMIS LUBOLD 111 WILLOW TERR. HOLYOKE, MA	\$50.00	COMMUNICATIONS CONSULTANT
10/17/19	KATHERINE MCKEAN 57 MARTIN ST. HOLYOKE, MA	\$50.00	ADMINISTRATOR
10/17/19	HELEN MARRS 2090 NORTHAMPTON ST. HOLYOKE MA	\$100.00	RETIRED
10/17/19	LINDA RYDZAK 13 EDWARD RD. HOLYOKE, MA	\$150.00	RETIRED
10/17/19	AARON VEGA 17 LINDEN ST, HOLYOKE, MA	\$50.00	STATE REP.
10/17/19	DONNA RODRIGUEZ 72 LINDEN ST. HOLYOKE, MA	\$20.00 CASH	RETIRED
10/17/19	NEUSON LOPEZ 3 SHOWNUT AVE, HOLYOKE, MA	\$20.00 CASH	✓
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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.

Liabilities

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
7/27	Dennis W BIRKES	18 W Glen St	Lawn Signs	363.31
9/25	Dennis BIRKES	18 W Glen St	Door Lit	109.99
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				473.30

Enter on page 1, line 6 →

* 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.