



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2017 Ending Date: 10/20/2017

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

Devin M. Sheehan
 Candidate Full Name (if applicable)
 School Committee At Large
 Office Sought and District
 131 Norwood Terrace, Holyoke, MA
 Residential Address
 E-mail: dsheehan05@yahoo.com
 Phone # (optional): 413 5758653

Committee to Elect Devin Sheehan
 Committee Name
 James Sheehan
 Name of Committee Treasurer
 195 Lower Westfield Road, Holyoke, MA 01040
 Committee Mailing Address
 E-mail:
 Phone # (optional): 4135326043

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	3303.07
Line 2: Total receipts this period (page 3, line 11)	3095.00
Line 3: Subtotal (line 1 plus line 2)	6398.07
Line 4: Total expenditures this period (page 5, line 14)	496.47
Line 5: Ending Balance (line 3 minus line 4)	5901.60
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	100.00
Line 8: Name of bank(s) used:	Peoples Bank, Holyoke

RECEIVED
 OCT 30 AM 11:40
 CITY OF HOLYOKE
 CITY CLERK'S OFFICE

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: James M. Sheehan (Treasurer's signature) Date: 10/27/2017

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the 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 OR Candidate with independent activity filing separate report
 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: Devin M. Sheehan (Candidate's signature) Date: 10/27/2017

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)
7/17/2017	Shawn Allyn 100 Elizabeth St Feeding Hills, MA 01030	100.00	
5/19/2017	Jane Chevalier 3 Dove Hill South Hadley, MA 01075	100.00	
5/18/2017	Ann Ferriter 87 South Road Hampden, MA 01036	75.00	
7/2/2017	Deborah B. Goldberg 37 Hyslop Road Brookline, MA 02445	250.00	Treasurer and Receiver General Commonwealth of Massachusetts
8/16/2017	Kathleen Lynch 39 D St. Kolbe Drive Holyoke, MA 01040	100.00	
6/8/2017	Laura Mendes 10 Labelle Drive Springfield, MA 01129	75.00	
5/30/2017	Timothy O'Grady 28 Fillmore St Chicopee, MA 01020	75.00	
5/22/2017	James M. Sheehan 195 Lower Westfield Road Holyoke, MA 01040	\$500.00	Retired Commonwealth of Massachusetts
Line 9: Total Receipts over \$50 (or listed above)		1275.00	
Line 10: Total Receipts \$50 and under* (not listed above)		1820.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3095.00	← 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
6/8/2017	Delaney House	1 Country Club Road Holyoke, MA 01040	Fundraiser food and space	\$224.66
7/5/2017	Millennium Press	570 Silver St Agawam, MA 01001	Invite for fundraiser	\$94.67
10/1/2017	Devin Sheehan	131 Norwood Terrace Holyoke, MA 01040	Reimbursement for stamps and thank you cards and additional copies	\$77.14
4/23/2017	Storming the Greens	161 Michigan Ave Holyoke, MA 01040	Golf tee sign	\$100.00
Line 12: Total Expenditures over \$50 (or listed above)				496.47
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				496.47

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



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable): Telephone Number (optional):

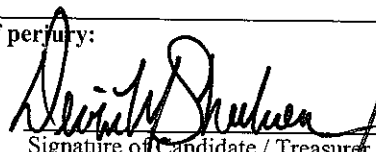
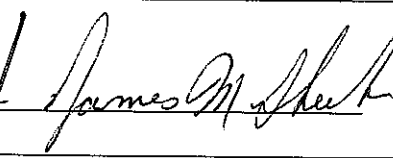
ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/21/2017	Staples	1129 Riverdale Road West Springfield, MA 01089	Copies for announcement	\$13.02
7/9/2017	Target	Holyoke, MA	Thank you Cards	\$15.12
5/15/2017	US Postal Service	1500 Main St Springfield, MA 01115	Postage	\$49.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input type="text" value="77.14"/>
Line 2: Expenditures \$50 or under (not itemized):	<input type="text" value="0"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input type="text" value="77.14"/>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date:

Please prepare a separate report for each reimbursement check issued by the committee.

