

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

01 Massachuseus	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	30 day after election year-end report dissolution
Devin M. Sheehan	Committee to Elect Devin Sheehan
Candidate Full Name (if applicable) School Committee At Large	Committee Name James Sheehan
Office Sought and District	Name of Committee Treasurer
131 Norwood Terrace, Holyoke, MA	195 Lower Westfield Road, Holyoke, MA 01040
Residential Address	Committee Mailing Address
E-mail: dsheehan05@yahoo.com	B-mail:
Phone # (optional): 413 5758653	Phone # (optional): 4135326043
SUMMARY BALAN	ICE INFORMATION:
Line 1: Ending Balance from previous report	3303.07
Line 2: Total receipts this period (page 3, line 1)	1) 3095.00
Line 3: Subtotal (line 1 plus line 2)	6398.07
Line 4: Total expenditures this period (page 5, li	ine 14) 496.47
Line 5: Ending Balance (line 3 minus line 4)	5901.60
Line 6: Total in-kind contributions this period (p	page 6) 0
Line 7: Fotal (all) outstanding liabilities (page 7	7) 100.00
Line 8 Name of bank(s) used: Peoples	Bank, Holyoke
CO THE CONTRACTOR OF THE CONTR	
Affidavit of Committee Treasure: I certify high I have committee the peport including attached schedules and it is, to the be activity including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of persons acting under the authority or on behalf of this committee. Signed under the penalties of parjury:	nd contributions and liabilities for this reporting period and represents the campaign
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 t activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this reporti	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period.
finance activity, including contributions, luans, receipts, expenditures, disbursement campaign finance activity of all persons adding under the authority or in behalf of	the best of my knowledge and belief, a true and complete statement of all campaign is, in-kind contributions and liabilities for this reporting period and represents the his committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(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)
Date Received	Shawn Allyn	2 AMAGUME	(101 COLLET MERCOLE OF WARDER)
7/17/2017	100 Elizabeth St	100.00	
	Feeding Hills, MA 01030		
	Jane Chevalier		
5/19/2017	3 Dove Hill	100.00	
	South Hadley, MA 01075		
	Ann Ferriter		
5/18/2017	87 South Road Hampden, MA 01036	75.00	
	nampuen, MA 01030		
	Deborah B. Goldberg		Treasurer and Receiver General
7/2/2017	37 Hyslop Road Brookline, MA 02445	250.00	
0/46/2045	Kathleen Lynch 39 D St. Kolbe Drive		
8/16/2017	Holyoke, MA 01040	100.00	
	Ji Laura Mandaa		
6/8/2017	Laura Mendes 10 Labelle Drive	75.00	
0,0,201,	Springfield, MA 01129		
	Timothy O'Grady		
5/30/2017	28 Fillmore St	75.00	
	Chicopee, MA 01020		
	James M. Sheehan		Retired
5/22/2017	195 Lower Westfield Road Holyoke, MA 01040	\$500.00	Commonwealth of Massachusetts
	Holyoke, HA 01040		
·			
]		
Line 9: Total Reco	eipts over \$50 (or listed above)	1275.00	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	1820.00	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	3095.00	← Enter on page 1, line 2
			Enter on page 1, title 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)

Data Data 1	Name and Residential Address	A	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Apple			
	Labely with the same and the sa		
			J
ine 9: Total Recei	ipts over \$50 (or listed above)		
Line 10: Total Rece	ripts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		Enter on page 1, line 2
			Enter on page 1, time 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.)

	To Whom Paid			
Date 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 cop	es \$77.14
4/23/2017	Storming the Greens	161 Michigan Ave Holyoke, MA 01040	Golf tee sign	\$100.00
*				
,	I I I I I I I I I I I I I I I I I I I	Line 12: Total Expenditure	es over \$50 (or listed above)	496.47
		Line 13: Total Expenditures	s \$50 and under* (not listed above)	0
	Enter on page 1, line 4 -	→ Line 14: TOTAL EXPEN	DITURES 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.

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	8/		x arpose of Expenditure	Amount
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il.				
				<u> </u>
	9.1			
	·			
		Line 12: Expenditures over \$50	(or listed above)	
		2mc 12. Expenditures over \$50	(or fisted above)	
		Line 13: Expenditures \$50 and t	under* (not listed above)	
	_	" " " " " " " " " " " " " " " " " " " 		
		Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
£ 1	zed expenditures of \$50 and under	· · · · · · · · · · · · · · · · · · ·		L

^{*} 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				W.F.
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	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.

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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
8/15/14	Devin Sheehan	131 Norwood Terrace Holyoke, MA	Loan for mailing	100.00
	Part			
	Enter on page 1, line 7 -	Line 18: TOTAL OUTSTAN	NDING LIABILITIES (ALL)	100.00



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: 10/1/2017					
al Being Reimbursed: Devin Shee	han				
Committee Name: Committee to Elect Devin Sheehan					
CPF ID Number (if applicable): Telephone Number (optional): (413) 575-8753					
ITEMIZ	ZE EXPENDITURES IN EXCESS	S OF \$50			
Vendor Name	Vendor Address	Purpose of Expenditure	Amount		
Staples	1129 Riverdale Road West Springfield, MA 01089	Copies for announcement	\$13.02		
Target	Holyoke, MA	Thank you Cards	\$15.12		
US Postal Service	1500 Main St Springfield, MA 01115	Postage	\$49.00		
(Include items listed on Page 2) →	Line 1: Expenditures in excess of S	650 (itemized above):	77.14		
	Line 2: Expenditures \$50 or under	(not itemized):	0		
Line 3: TOTAL AMOUNT REIMBURSED: 77.14					
			1, 2017		
i	Committee f applicable): ITEMIZ Vendor Name Staples Target US Postal Service (Include items listed on Page 2) Denalties of perjury: Signature of Candid	Committee to Elect Devin Sheehan Committee to Elect Devin Sheehan	Devin Sheehan		

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
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V				
		Page 2 Total (add to Line 1 on Page	e 1):	
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