



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: Jan 1, 2019 Ending Date: Oct 24, 2019

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Israel Rivera
Candidate Full Name (if applicable)

City Councilor At-Large
Office Sought and District

1295 Dwight St., Holyoke, MA 01040
Residential Address

E-mail: israelrivera@umass.edu

Phone # (optional): _____

Committee to Elect Israel Rivera
Committee Name

Thomas A. Barrett
Name of Committee Treasurer

1295 Dwight St., Holyoke, MA 01040
Committee Mailing Address

E-mail: israelrivera4holyoke@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	2665.00
Line 3: Subtotal (line 1 plus line 2)	2665.00
Line 4: Total expenditures this period (page 5, line 14)	1176.18
Line 5: Ending Balance (line 3 minus line 4)	1488.82
Line 6: Total in-kind contributions this period (page 6)	520.00
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: <u>Peoples Bank</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: [Signature] (Treasurer's signature) Date: Oct 24, 2019

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: [Signature] (Candidate's signature) Date: Oct 24, 2019

RECEIVED
 2019 OCT 24 P 12:18
 CITY OF HOLYOKE
 CITY CLERK'S OFFICE

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)
Aug 5, 2019	Thomas Barrett 113 Dartmouth St. Holyoke, MA 01040	250.00	Retired
Oct 15, 2019	Susan Carey 6 Amherst St. Holyoke, MA 01040	100.00	
Oct 5, 2019	Max Clermont 55 Judson St. Malden, MA 02148	100.00	
Oct 4, 2019	Ilevis Hair and Nail Salon 171 High St. Holyoke, MA 01040	100.00	
Sep 12, 2019	Jose Marrero 212 Lyman St., Apt 3 Holyoke, MA 01040	100.00	
Sep 25, 2019	Jose Reyes 57 Russell St. Ludlow, MA 01056	100.00	
Oct 9, 2019	Itisia Rivera 346 N. Knox St. Gary, IN 46403	100.00	
Oct 16, 2019	Patricia Ryan 111 Dartmouth St. Holyoke, MA 01040	100.00	
Aug 22, 2019	Sandra Ward 56 Nonotuck St. Holyoke, MA 01040	100.00	
Line 9: Total Receipts over \$50 (or listed above)		1050.00	
Line 10: Total Receipts \$50 and under* (not listed above)		1615.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2665.00	← 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
Sep 28, 2019	Brightwood Press	46 Laurel St. Springfield, MA 01107	100 Lawn Signs	500.00
Oct 14, 2019	Thomas Barrett	113 Dartmouth St. Holyoke, MA 01040	Reimbursement - 4 Extra Large Capri Pizzas for Fundraiser	141.00
Sep 28, 2019	Fernandez Family Restaurant	16 High St. Holyoke, MA 01040	Voter Registration Drive	85.00
Oct 14, 2019	The Sporting Edge Marketing	208 Island Pond Rd. Springfield, MA 01118	100Lawn Signs	328.78
Line 12: Total Expenditures over \$50 (or listed above)				1054.78
Line 13: Total Expenditures \$50 and under* (not listed above)				121.40
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1176.18

* 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
Aug 22, 2019	Fiesta Restaurant	305 Main St. Holyoke, MA 01040	Use of Outside Area For Announcement	150.00
Sep 20, 2019	Nicole Arnold	134 Ridgewood Ave. Holyoke, MA 01040	Fundraiser	65.00
Oct 10, 2019	City Sports Bar	352 High St. Holyoke, MA 01040	Fundraiser	225.00
Oct 15, 2019	Lora Barrett	113 Dartmouth St. Holyoke, MA 01040	Fundraiser	80.00
Line 15: In-Kind Contributions over \$50 (or listed above)				520.00
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				520.00

* 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