



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: Jan 1, 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

James M. Leahy
 Candidate Full Name (if applicable)
 City Councilor at Large
 Office Sought and District
 12 Park Slope, Holyoke, MA 01040
 Residential Address
 E-mail: leahy413@gmail.com
 Phone # (optional): _____

Committee to Elect James M. Leahy
 Committee Name
 Eileen B. Leahy
 Name of Committee Treasurer
 12 Park Slope, Holyoke, MA 01040
 Committee Mailing Address
 E-mail: _____
 Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	89.54
Line 2: Total receipts this period (page 3, line 11)	625
Line 3: Subtotal (line 1 plus line 2)	714.54
Line 4: Total expenditures this period (page 5, line 14)	250.42
Line 5: Ending Balance (line 3 minus line 4)	464.12
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
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: _____ (Treasurer's signature) Date: Oct 31, 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: James M. Leahy (Candidate's signature) Date: Oct 31, 2019

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)
Feb 4, 2019	Maureen O'Connell 15 Vassar Circle Holyoke, MA 1040	100	
Oct 10, 2019	Andrew Oleksak 124 Cabot Road Westfield, MA 01085	100	
Oct 18, 2019	Sheila Tzoumas 21 Tinkham Glen Wilbraham, MA 01095	100	
Line 9: Total Receipts over \$50 (or listed above)		300	
Line 10: Total Receipts \$50 and under* (not listed above)		325	
Line 11: TOTAL RECEIPTS IN THE PERIOD		625	← 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.

