

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)
10/11/15	Brill, Milton 6409 Long Point Rd Briarcliff NY	375.00	General Manager Pioneer Valley
9/24/15	L. BUINE, JOHN 1157 Florence Road N. Tonawanda	460.20	Executive Piusly Railroad
8/25/15	MOQUIN, Rick 7811 Kellogg St Clinton NY	\$91.80	
8/19/15	324 Walnut St. Belgrade MOQUIN, Jonathan	\$75.00	
9/14/15	MOQUIN, Robert 324 Walnut St	204.05 183.50	Morgan Big Y.
10/13/15	Murphy, Terry 1062 Main St Holyoke	100.00	
10/1/15	O'Connell, Charles 5 Centon St Holyoke	100.00	
8/24/15	OWEN THOMAS 35506 Eastwood Rd Eustis FL	183.90	President Piusly Railroad
10/13/15	Palotta, Dennis 22 Tilden Avenue Hallowell MA	91.80	
8/24/15	Petre, Petr 58 49 Tanager Rd Roslindale CT Mt Pleasant Pa	183.90	VP Piusly Railroad
9/17/15	TOSAD, Elizabeth 129 Walnut St Holyoke MA	91.80	
10/13/15	Westbrook, Aida 522 Pleasant St Holyoke	100.00	
Line 9: Total Receipts over \$50 (or listed above)		\$2052.52	
Line 10: Total Receipts \$50 and under* (not listed above)		\$1051.08	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$3103.60	← 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
8/5/15	GoDaddy	14455 North Hayden Rd Scottsdale AZ	Website	\$148.29
7/28/15	Justyardsigns.com	4880 AI Distribution Ct Orlando FL	Lawn Signs	\$225.00
8/26/15	Justyardsigns.com	4880 AI Distribution Ct Orlando FL	Banners	\$593.00
9/1/15	Justyardsigns.com	4880 AI Distribution Ct Orlando FL	Lawn Signs	\$225.00
9/25/15	Postcardmania	2145 Sunnydale Blvd Clearwater FL	Postcards	\$621.90
10/14/15	Postcardmania	2145 Sunnydale Blvd Clearwater FL	Postage for Postcards	\$236.29
10/11/15	Salsarengue	392 High St Holyoke MA	Food for fundraiser	\$375.00
8/26/15	Sonicprint	5018 Tampa West Blvd Tampa FL	Business Cards	\$95.97
Line 12: Total Expenditures over \$50 (or listed above)				\$2520.49
Line 13: Total Expenditures \$50 and under* (not listed above)				\$55.19
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$2575.69

* 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
* 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.				
Enter on page 1, line 6 →				
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				

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
Enter on page 1, line 7 →				
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				



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: 1.1.20.15 Ending Date: 10.16.15

Type of Report: (Check one)

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

<u>Jonathan Moquin</u> Candidate Full Name (if applicable)	<u>Moquin Forward 12</u> Committee Name
<u>City Council Ward 2</u> Office Sought and District	<u>Victor Benina</u> Name of Committee Treasurer
<u>324 Walnut St. Holyoke MA</u> Residential Address	<u>324 Walnut St. Holyoke MA</u> Committee Mailing Address
Telephone Number (optional): <u>413-536-3834</u>	Telephone Number (optional): <u>413-536-3834</u>

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$3103.60</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$3103.60</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$2575.69</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$527.96</u>
Line 6: Total in-kind contributions this period (page 6)	<u> </u>
Line 7: Total (all) outstanding liabilities (page 7)	<u> </u>
Line 8: Name of bank(s) used:	<u>Holyoke Credit Union</u>

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15 OCT 26 PM 12:22
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: Victor Benina (Treasurer's signature) Date: 10/26/15

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.

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 10/26/15