



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2017 Ending Date: Oct 30, 2017

Type of Report: (Check one)

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

Jossie M. Valentin

Candidate Full Name (if applicable)

City Councilor, Ward 4

Office Sought and District

25 Linden Street, Holyoke, MA 01040

Residential Address

E-mail: councilorvalentin@gmail.com

Phone # (optional):

Committee to Elect Jossie Valentin

Committee Name

Brian Sullivan

Name of Committee Treasurer

PO Box 372, South Deerfield, MA 01373

Committee Mailing Address

E-mail: treasurerforvalentin@yahoo.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,354.07
Line 2: Total receipts this period (page 3, line 11)	2,495
Line 3: Subtotal (line 1 plus line 2)	3,849.07
Line 4: Total expenditures this period (page 5, line 14)	723.28
Line 5: Ending Balance (line 3 minus line 4)	3,125.79
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Peoples United Bank

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 30, 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: (Candidate's signature)

Date: Oct 30, 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)
Sep 5, 2017	Stephen Bosco 430 Appleton St. Holyoke, MA 01040	100	
Aug 10, 2017	M Richard Fish 37 Fairfield Ave. Holyoke, MA 01040	250	Retired
Sep 11, 2017	Pete Kadens 325 West Huron St. Chicago, IL 60654	200	Director, GTI
Mar 22, 2017	Katherine Kruckmeyer 63 Fairfield Ave. Holyoke, MA 01040	100	
Aug 9, 2017	Betsy Misch 246 Suffolk St. Holyoke, MA 01040	250	Positive Parenting Coordinator, The United Arc
Aug 10, 2017	Karen Riedl 8 Tammy Lane Southwick, MA 01077	100	
Aug 9, 2017	Gary Rome 77 Salem Rd. Longmeadow, MA 01106	100	
Oct 1, 2017	Gregory Virgilio 733 High St., Apt. 4R Holyoke, MA 01040	100	
Line 9: Total Receipts over \$50 (or listed above)		1,200	
Line 10: Total Receipts \$50 and under* (not listed above)		1,295	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,495	← 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 A: RECEIPTS (continued)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← 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
Aug 9, 2017	Jay's Bed and Breakfast	1109 Dwight Street Holyoke, MA 01040	Fundraising, Space and Catering	400
			Line 12: Total Expenditures over \$50 (or listed above)	400
			Line 13: Total Expenditures \$50 and under* (not listed above)	323.28
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	723.28

* 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 B: EXPENDITURES (continued)[illegible]

* 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
			Line 15: In-Kind Contributions over \$50 (or listed above)	0
			Line 16: In-Kind Contributions \$50 & under (not listed above)	0
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

* 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.

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)				0



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:		Oct 13, 2017
Name of Individual Being Reimbursed:	Jossie Valentin	
Committee Name:	Committee to Elect Jossie Valentin	
CPF ID Number (if applicable):		Telephone Number (optional):


ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	0
Line 2: Expenditures \$50 or under (not itemized):	19.6
Line 3: TOTAL AMOUNT REIMBURSED:	19.6

Signed under the penalties of perjury:



Signature of Candidate / Treasurer

Date: Oct 30, 2017

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