



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Period in Reporting Period dates:

Beginning Date:

Jan 1, 2017

Ending Date:

OCT 20, 2017

Type of Report: (Check one)

☐ 8th day preceding preliminary

☒ 8th day preceding election

☐ 30 day after election

☐ year-end report

☐ dissolution

Juan Anderson-Burgos

Candidate Full Name (if applicable)

Holyoke City Council, Ward 6

Office Sought and District

236 Locust St., Holyoke, Ma 01040

Residential Address

Telephone Number (optional):

Committee to Elect Juan Anderson-Burgos

Committee Name

Jeffery Anderson-Burgos

Name of Committee Treasurer

236 Locust St., Holyoke, Ma 01040

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

\$ 200.02

Line 2: Total receipts this period (page 2, line 11)

4,200.00

Line 3: Subtotal (line 1 plus line 2)

4,400.02

Line 4: Total expenditures this period (page 3, line 14)

1,223.73

Line 5: Ending Balance (line 3 minus line 4)

3,176.29

Line 6: Total in-kind contributions this period (page 4)

0

Line 7: Total (all) outstanding liabilities (page 4)

0

Line 8: Name of bank(s) used:

Citizens Bank

2017 OCT 30 P 3:53
CITY OF HOLYOKE
CITY CLERK'S OFFICE

RECEIVED

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:

Jeffery Anderson-Burgos

(Treasurer's signature)

Date: 10/21/17

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:

Juan Anderson-Burgos

(Candidate's signature)

Date: 10/30/17

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)
6/10/17	Albrecht, Dorothy 667 West Cherry St Holyoke, Ma 01040	50	
6/10/17	Birks, Mary 63 Taylor St Holyoke, Ma 01040	55	
6/10/17	Birks, Mary 63 Taylor St Holyoke, Ma 01040	50	
7/19/17	Bosco, Stephen 431 Appleton St Apt 4L Holyoke, Ma 01040	100	
6/12/17	Candelario, Jay 1109 Dwight St Holyoke, Ma 01040	50	
7/14/17	Cann, Elyse 143 Hillside Ave Holyoke, Ma 01040	50	
9/5/17	Committee to Elect Jossie Valentin PO Box 372 S. Deerfield, Ma 01373	50	
6/22/17	Doherty, Cathy 20 Dunn Ave Holyoke, Ma 01040	50	
6/10/17	Duffy, Patricia 18 Florence Ave Holyoke, Ma 01040	100	
6/10/17	Dunehaw, Marjorie 80 Pinehurst Rd Holyoke, Ma 01040	50	
3/6/17	Geddes, Stan 189 Suffolk St Holyoke, Ma 01040	100	
9/1/17	Georgiadis, Anthony 727 S Edison Ave Tampa, FL 33606	500	Partner, GTI Investments, Inc
Line 9: Total Receipts over \$50 (or listed above)		3,980	
Line 10: Total Receipts \$50 and under* (not listed above)		220	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4,200	← 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

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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Sep 1, 2017	Grossman, Andrew 8218 Pumpkin Hill Ct, Baltimore, MD 21208	\$500.00	Partner, GTI Investments, Inc
Jun 10, 2017	Hansmann, Karen 238 School St, Chicopee, MA 01013	\$50.00	
Sep 1, 2017	Kadens, Peter 2630 N Paulina, Chicago, IL 60614	\$500.00	Partner, GTI Investments, Inc
Jul 16, 2017	Knapp, Dan 14 Orchard St, Holyoke, MA 01040	\$100.00	
Sep 5, 2017	Kovler, Benjamin 875 N. Michigan Avenue, Ste 3400, Chicago, IL 60611	\$500.00	Partner, GTI Investments, Inc
Mar 22, 2017	Kruckemeyer, Katherine 63 Fairfield Ave, Holyoke, MA 01040	\$100.00	
Sep 1, 2017	Monroe, Eugene 5336 Chandler Bend Dr, Jacksonville, FL 32224	\$500.00	Partner, GTI Investments, Inc
Jun 10, 2017	Moriarty, Jerry 45 Craig Dr, West Springfield, MA 01089	\$75.00	
Jul 23, 2017	O'Dair, Liz 25 Bay State Rd, Holyoke, MA 01040	\$50.00	
Jun 10, 2017	Paul, Joseph 18 Florence Ave, Holyoke, MA 01040	\$100.00	
Jun 10, 2017	Pise, Michael 33 Bonneville Ave, Chicopee, MA 01013	\$50.00	
Aug 27, 2017	Purcell, Richard P 99 Martin St, Holyoke, MA 01040	\$100.00	
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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Jun 3, 2017	Purington, Timothy 599 Hampden St, Holyoke, MA 01040	\$50.00	
Jun 22, 2017	Ross, Jodi 20 Dunn Ave, Holyoke, MA 01040	\$50.00	
Jun 12, 2017	Werner, Ellen 22 Magnolia Ave, Holyoke, MA 01040	\$50.00	
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
6/9/17	BJ's	656 Memorial Dr Chicopee, Ma 01020	Kickoff event supplies	82.23
9/14/17	CTE Alex Monse	Po Box 182 Holyoke, Ma 01040	Fundraiser Attendance	100
9/4/17	Dunkin Donuts	1600 Northampton St Holyoke, Ma 01040	Standout Refreshments	25.77
10/14/17	Dunkin Donuts	1600 Northampton St Holyoke, Ma 01040	Standout Refreshments	28.38
7/5/17	Hot Cards	2400 Superior Ave East Cleveland, OH 44114	Door Cards	211.68
8/28/17	Hot Cards	2400 Superior Ave East Cleveland, OH 44114	Door Cards	136.23
6/26/17	Sign Rocket	340 Broadway Ave St Paul, MN 55071	Lawn Signs	526
Line 12: Total Expenditures over \$50 (or listed above)				1,110.29
Line 13: Total Expenditures \$50 and under* (not listed above)				113.44
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,223.73

* 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				0

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