

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)
8/12/15	Jeffery Anderson-Burgos 236 Locust St Holyoke, MA 01040	50	
8/17/15	Patricia Duffy 18 Florence Ave Holyoke, MA 01040	200	Legislative Assistant Commonwealth of Massachusetts
9/26/15	Diane Gagne 220 Linden St Holyoke, MA 01040	100	
9/3/15	MICHAEL LAKE 103 GAINSBOROUGH ST BOSTON, MA 02115	200	CEO LEADING CITIES
8/21/15	JoAnn Murphy 4 Jeeffe Ave Holyoke, MA 01040	100	
10/15/15	JoAnn Murphy 4 Jeeffe Ave Holyoke, MA 01040	25	
8/17/15	Joseph Paul 18 Florence Ave Holyoke, MA 01040	100	
8/17/15	Timothy Durnington 599 Hampden St Holyoke, MA 01040	100	Program Director Tapestry Health
9/14/15	Timothy Durnington 599 Hampden St Holyoke, MA 01040	100	Program Director Tapestry Health

Line 9: Total Receipts over \$50 (or listed above)	975
Line 10: Total Receipts \$50 and under* (not listed above)	828.15
Line 11: TOTAL RECEIPTS IN THE PERIOD	1,803.15

* 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
8/16/15	Act Blue	366 Summer St, Somerville, MA 02144	Service Fee	3.96
8/23/15	Act Blue	366 Summer St Somerville, MA 02144	Service Fee	11.85
8/30/15	Act Blue	366 Summer St Somerville, MA 02144	Service Fee	.80
9/6/15	Act Blue	366 Summer St Somerville, MA 02144	Service Fee	8.89
9/20/15	Act Blue	366 Summer St Somerville, MA 02144	Service Fee	1.98
10/4/15	Act Blue	366 Summer St Somerville, MA 02144	Service Fee	2.58
8/18/15	Priscilla Rivera	28 Cochran St 3R Chicopee, MA 01020	Door Handouts	214
9/14/15	Sign Rocket	340 Broadway Ave St Paul, MN 55071	YARD SIGNS	385
9/14/15	STOP & SHOP	28 Lincoln St Holyoke, MA 01040	Supplies for Fundraiser	34.90
10/10/15	STOP & SHOP	28 LINCOLN ST Holyoke, MA 01040	STAMPS	19.60

Line 12: Total Expenditures over \$50 (or listed above)	683.56
Line 13: Total Expenditures \$50 and under* (not listed above)	18.41
Line 14: TOTAL EXPENDITURES IN THE PERIOD	701.97

* 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
				20
* 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.				
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				20
Line 17: TOTAL IN-KIND CONTRIBUTIONS				20

Enter on page 1, line 6 →

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
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7 →



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: 1-1-2015 Ending Date: 10-16-2015

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 -0-
Line 2: Total receipts this period (page 3, line 11) 1,803.15
Line 3: Subtotal (line 1 plus line 2) 1,803.15
Line 4: Total expenditures this period (page 5, line 14) 701.97
Line 5: Ending Balance (line 3 minus line 4) 1,101.18
Line 6: Total in-kind contributions this period (page 6) 20
Line 7: Total (all) outstanding liabilities (page 7) 0
Line 8: Name of bank(s) used: CITIZENS BANK

RECEIVED
CITY OF HOLYOKE
CITY CLERK'S OFFICE
OCT 20 11 50 AM '15

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: 10-17-15

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: Juan Anderson-Burgos (Candidate's signature) Date: 10/17/15