

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

Fill in Reporting Period dates: Beginning Date: Jan	File with: City or Town Clerk or Election Commission 1 30 4 Ending Date: 200 000 30 30 30 30 30 30 30 30 30 30 30				
Type of Report: (Check one)	CITY OF HOLYOKE CITY CLERK'S OFFICE				
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution				
Juan Sanchez	Compatible to Elect Juan Saniche Z				
Candidate Full Name (if applicable) City (OCNSE OF Ward) 1 Office Sought and District	Daniel Battat Committee Name Name of Committee Treasurer				
362 High St. Apl # 3F Holyoke, MA Residential Address	362 High St. Apt #3F Holyoke, MA (1040) Committee Mailing Address				
B-mail: NanSanchez for holyske weal 10 gmails com	E-mail: Juan Sanchez for holyokeward 1@gmail. com				
Phone # (optional):	Phone # (optional):				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report					
Line 2: Total receipts this period (page 3, line 11)	\$1267				
Line 3: Subtotal (line 1 plus line 2)	\$1267				
Line 4: Total expenditures this period (page 5, line	e 14) \$1264				
Line 5: Ending Balance (line 3 minus line 4)	\$3				
Line 6: Total in-kind contributions this period (page	ge 6) \$ 58				
Line 7: Total (all) outstanding liabilities (page 7)					
Line 8: Name of bank(s) used: People's Bank					
Affidavit of Committee Treasurer: It 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:					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)				
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 QR 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: 10129/1/				

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)
7/21/17	John Andrews 2a kenda li Road Lexivy Ion, MA 02421	\$100	
7/20/17	Joyce Palmer Fortune 152 Westbook Rd Whately, MA 01093	\$100	
9/29/17	Jölice Palmer Fortunc 152 Westbrook Rd. Whately, MI 01093	\$50	
7/6/17	Nathaniel Fortune 152 Westbrook Rd Whately,MD 01093	\$50	
4/28/17	Michael Garjian 7 forfuld Are Earthampton,MA (1081	\$25	
7/21/17	Michael Garjian 7 Fairfield Ave Gasthampton, MA Oloal	\$50	
9/29/17	Local 1693 Robox 1159 Holyoke,MA 0040	\$250	
8/5/17	Felizifa Lopez Holyoke, MA Oldko	\$20	
9/29/17	Crispin Matos 11 Dawes St spnngfeld MA OINA	\$62	
7/20/17	Richard Purce 11 99 Martin St Holyolu, MA O1040	\$100	
7/a1/n	Nancy Slator 6c North PakoHRod New Sqiem, MA 0355	\$100	
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Line 9: Total Receip	ots over \$50 (or listed above)	\$907	
Line 10: Total Receipts \$50 and under* (not listed above) \$360			
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	\$1267	← 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.)

report an expen-	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		
5/18/17	Capri Pizza	18 Cabot St 16lyoke, Maoloyo	RZZa for volunteer meeting	\$35		
9/29/17	Capri Pizza	18 cabol 57 Itolyolæ, MA ONOYO	Azzas for fundraiser	\$86		
9/14/17	Capri Pizza	1PCabot St 110140lee,MAOROD	Househwath campaign Slaff	\$12.8		
7/19/17	Holyoke Creative Arts Center	Gamain St Holonie, MORYO	HCAC PNNf Shop Access Fee	\$50		
7/21/17	Holyoke Cratic Arts Centur	Ga Main St Holyphe, MA 01040	Yard Signs	\$103.5		
7/30/17	Italyoke Creative Arts Center	Ga Man St Lidyoke, MJ 01040	Yard Signs	\$103.5		
8/24/17	Holyoke Creative Arts Center	62 Main 37 Holyoke, MA Olorko	Yard Signs	\$24.5		
9/12/17	Holyole Create Art, Center	Ga Main St Holyoke MA OLOHO	Yard Sions	\$43.75		
9/19/17	Holyoke Creatic Arts Genter	Ga Man St Holyoke, MA Olovo	Yard Signs	\$87.5		
7/21/17	Pizza D'Action	238 Lyman St Holnoke; MA OD40	Pizza and soda fr Kick off ent	\$43.55		
9/15/17	Pizza D'Aldon	232 Lyman 57 Holyoke,MA Otoyo	Pizza for Volunteers	\$30.12		
Line 12: Total Expenditures over \$50 (or listed above)		\$620.aa				
Line 13: Total Expenditures \$50 and under* (not listed above)			\$643.8			
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			\$1264			

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

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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
3/31/17	Daniel Battat	62 Mainst. Holyote, Mu ama	Website activation	\$29
5/1/17	Daniel Baltat	62 Man St. Hdypte, MA Olo40	Website upolate	\$29
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		Line 15: In-Kind Contributions over \$50 (or listed above)		\$ 58
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	\$58

^{*} 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.

Page 6