

### Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts		
File with: City or Town Clerk or Election Commission		
Report Being Amended: Year: 2019 Reporting Period: Be	ginning Date: Van. 1, 2019 Ending Date:	Oct. 18,2019
8th day preceding preliminary 8th day preceding election	30 day after election year-end report	dissolution
Libby Hernande 2	Committee to elect Libby t	ternandez
245 Walnut St. Halyoke, MA 01040	Crizaida L. Santia	96
City Councilor Ward 4  Office Sought and District	245 Walnut St. Holyoke Committee Mailing Address	, MA 0104
1.0		15-1
E-mail: libbyWard Hagharl. Com  Phone # (optional):	E-mail: Csantiagoward 4 agwail Phone # (optional):	- 601/1
SIIMMARV RALAN	NCE INFORMATION:	Management consumers and replaced in the artificing ground the artificing ground the consumers.
Line 1: Ending Balance from previous repor	45/	
Line 2: Total receipts this period	273.13	
Line 3: Subtotal	273.13	
Line 4: Total expenditures this period	273.13	
Line 5: Ending Balance	\$	
Line 6: Total in-kind contributions this period	od Ø	
Line 7: Total (all) outstanding liabilities	73.13	
Line 8: Name of bank(s) used:	bank ESB	
The original filing of the above-referenced campaign finance report is be	eing amended for the following reason(s):	
Drevious finance report wa	s erronously filled o	ut
leaving a hegative as	Ending Balance.	
		7
Signed under the penalties of perjury:	Signed under the penalties of perjury:	
Lilly Hungle	(: Hantiago	
(Candidate's signature) Date: 11/20/19	(Treasurer's signature)	Date: 11/20/19



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts		File with:	City or Town Clerk o	r Election C	ommission
Fill in Reporting Period dates: Beginning Date: Ja	1,2019	Ending Date:	Oct 18,0	7019	ng na portassintalnia na konsustintain na f
Type of Report: (Check one)  ☐ 8th day preceding preliminary  ☐ 8th day preceding election	30 day after	election	ear-end report [	dissolu	ntion
Candidate Pull Name (if applicable)  245 Walnut St. Ho yoke, MA 01040  Office Sought and District  City Covacilor Ward 4  Residential Address  E-mail: 1ibbyward 4@quail.com  Phone # (optional):	245 W	Name of Co alunt St. Committee	ct Libby formittee Name  L. Sautic  committee Treasurer  Holy o ke  c Mailing Address  und 4 ag u	igo MA 1	01040
SUMMARY BALAN	CE INFORM.	ATION:			
Line 1: Ending Balance from previous report		J.	7		
Line 2: Total receipts this period (page 3, line 11	)	27.	3.13		
Line 3: Subtotal (line 1 plus line 2)		27.	3.13		
Line 4: Total expenditures this period (page 5, li	ne 14)	27	3.13		
Line 5: Ending Balance (line 3 minus line 4)			b		
Line 6: Total in-kind contributions this period (p	age 6)		<b>b</b>		
Line 7: Total (all) outstanding liabilities (page 7	)	7:	3.13		
Line 8: Name of bank(s) used: bank	isb				
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, exponditures, disbursements, in-kin finance activity of all persons acting under the authority of on behalf of this committee Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1  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 activity, of all persons acting under the authority or on behalf of this committee in	d contributions and lin accordance with the box only)	abilities for this report e requirements of M.C(Treasurer's signal	ting period and represe G.L. c. 55. ture)  Date:  and complete statemer	11 20	paign finance
Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority or on behalf of	ng period.  separate report  the best of my knowle  nts, in-kind contributi	edge and belief, a true ions and liabilities for	and complete statemen this reporting period a irements of M.G.L. c.	nt of all camp	paign

#### 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.)

port all receipts. Please include your committee name and a page number on each page.)					
	Name and Residential Address (alphabetical listing required)	Occupation & Employer (for contributions of \$200 or more)			
Date Received	Committee to elect Josi - Valen	Amount			
<b>a</b>	DO BOX 372				
6/15/19	S. Deerfield, MA 01373	(00.00			
WIO II					
	Geddes, Stanley 146 Beech St. Holyoke, MA 01040				
9/22/19	146 Beech St.	100.00			
1100111	Holyoke, MA DIOTO	700.00			
1	Libby Hernandez 345 Walnut St. Holyoke, MA 01040				
alzula	345 Walnut St.	73.13			
1104111	Holyoke, MA 01040	13.13			
		1 1			
		mary market mark			
	And the second s				
executive management of the contract of the co					
Line 9: Total Re	ceipts over \$50 (or listed above)	273.13			
Line 10: Total Re	eceipts \$50 and under* (not listed above)				
	L RECEIPTS IN THE PERIOD	273.13			
* If you have itemi	zed receipts of \$50 and under, include them in l	ine 9. Line 10 sho	ould include only those receipts not itemized above.		

<sup>\*</sup> 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)
Date Acceived	(extransity and	The state of the s	
Line 9: Total Re	ceipts over \$50 (or listed above)		
Line 10: Total Re	eceipts \$50 and under* (not listed above)		
Line 11: TOTAL	L RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/3/19	A.G.E. Graphics,	52231 State Route 248 Long Bottom, OH 45743	yard signs	240.00
2004 (SAMPLE) PAGE (SAMPLE) AND SAMPLE SAMPL				
				The state of the s
		Line 12: Total Expenditures o	ver \$50 (or listed above)	240.01
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	33.12
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	273.12

<sup>\*</sup> 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

## SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	*			
	J  L	Line 12: Expenditures over	\$50 (or listed above)	L Low
			and under* (not listed above)	The second secon
			DITURES IN THE PERIOD	

<sup>\*</sup> 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
				Annual Control of the
-				
		:		
Company of the Compan				
	J L	Line 15: In-Kind Contribution	ns over \$50 (or listed above)	
		Line 16: In-Kind Contribution	s \$50 & under (not listed above	)
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	

<sup>\*</sup> 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.

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### **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.

	es incurred during this reporting			
Date Incurred	To Whom Due	Address	Purpose	Amount
9/24/19	Libby Hernandez Candidate	Holyoke, MA 01040	Candidate	28.68
10/3/19	Libby Hunander Candidate	245 Walnut St. Holyoke, MA 01040	Candidate	40.00
16/15/19	Libby Hernandez Candidate	245 Walnut St. Holyoke, MA 01040	Candidate	4.45
		V		
Security of the second security of the second secon	Enter on page 1, line 7 =	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	73.13