

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachus	setts	File with: City or Town Clerk or Election Commission
Fill in Re	eporting Period dates: Beginning Date:	01, 17 Ending Date: 0t 20,17
Type of I	Report: (Check one)	
8th day	y preceding preliminary 🔀 8th day preceding election	30 day after election year-end report dissolution
	Peter Tauman	CONNOTH POELECT PETER TALLMAN
	Candidate Full Name (if applicable)	Committee Name
	DUNCHON AT LARGE	PUREZIANO GARCÍA ROCADO
/	Office Sought and District	Name of Committee Treasurer
10Hz	NOW DRIVE HOLYOKE MA 0104D	388 TOKUNEKE RD. HOLYCKE, MAOIGO
	Residential Address	Committee Mailing Address
Telephone N	Tumber (optional):	Telephone Number (optional):
	SUMMARY BALANC	CE INFORMATION:
	Line 1: Ending Balance from previous report	\$173.43
	Line 2: Total receipts this period (page 3, line 11)	1) +2430.00
	Line 3: Subtotal (line 1 plus line 2)	260343
	Line 4: Total expenditures this period (page 5, lin	rours
	Line 5: Ending Balance (line 3 minus line 4)	464668
	Line 6: Total in-kind contributions this period (pa	age 6) \$100% 3 m
	Line 7: Total (all) outstanding liabilities (page 7)	
	Line 8: Name of bank(s) used:	OPLES BANK OF D
Affidavit of C	Committee Treasurer:	A C
activity, inclu	iding all contributions, loans, receipts, expenditures, disbursements, in-kind	st of my knowledge and belief, a true and complete statement of all campaign finance dontributions and liabilities for this reporting period and represents the campaign
	ity of all persons acting under the authority of on behalf of this committee in	
_	r the penalties of perjury: ////////////////////////////////////	(Treasurer's signature) Date: Oct 29,301)
FOR CAN	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)
I certify activity,	ate with Committee that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in ac any liabilities nor made any expenditures on my behalf during this reporting	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag period.
Candida I certify to	ate without Committee that I have examined this report including attached schedules and it is, to the	ne best of my knowledge and belief, a true and complete statement of all campaign ts, in-kind contributions and liabilities for this reporting period and represents the
		(Candidate's signature) Date: Date:

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 an recespos	se include your committee name and a page nun	T T	Occupation & Employer
D (Decision 3	Name and Residential Address	Amount	(for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(10) Contributions of \$200 of more)
	JOHN BOROWKI	8,00,00	
9-19-17	HOLYOFE, MA	1000	
@ 0 / m	WILLIAM JOHNSON BO. 650 NEW LUDION BO. JOUTH HADLEY, MA.	\$4500	
80-17-17	VOUTH HADLEY MA-		
Plane	RON JORNON 28 BRIAR WOOD AUE	70000	
9-29-17	SPRINIFIED, MA	100	
	DIMANOMAN LALCHANDANI	25000	DENTIST
8-5-17	1820 KIOTHAMDTONST HOLYOKE, MA	200	
0 10-10	JAMES P. LAUELLE TR 62 ME ADOUVIEW 25	\$100°	
9-19-17	BOYOKE, MA	100	
	David SEEDILE		
9-19-17	KALUA LEGAN BOOKRO	\$10000	
7-17 /	105 MEAGAN BOOKES HOHUKE, MA-	100	
	6 gry Rome		
9-19-17	1759LEMINO	\$10000	
	LONG MEADOW, MA	700	
	TON ROYNES		
9-26-17	IAN ROUNES	8/25°	
7 2411	HOLYOKE, MA		
	5		
			The state of the s
	- Managara Para		
	-		
] [
			1 .
Line 9: Total Rece	ipts over \$50 (or listed above)	1950.00	
		1,480.00	
Line 10: Total Reco	eipts \$50 and under* (not listed above)		
	ODGETTE SET THE DEDICE	£2//2000	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	12-14000	←□ Enter on page 1, line 2

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 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	
92217	DAN BURNS	22 SYCAMORE & HOLYOKE, MA	RETRESHMENTS Campaign Frondraise	\$225.00	
8-16-17	HOLYCE LONGE 0+ EIKS#902	250 WHITNEY AVE Llowycki, MA	membership duas	* 95°00	
10-20-17	THE PERFECT PROMOTION	801 FARAIRODON AVE- WEST HANTERD, CT	Campaign Pers	8/62°	
9-9-17	TURLEY PUBLICATION	24 WATER ST. DALMER, MA.	Fund MISER AD	°7030	
The state of the s					
		Parameter and the second secon			
Line 12: Total Expenditures over \$50 (or listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)			40425		
* If you have item	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD * If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

* 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 3

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
10-19-17	MAXXIR PRINTING	24 SHAWMSTAVE Howare ma-	500 Postians	\$100°
	·			
contributor's occupation and employer.		Line 15: In-Kind Contributions	over \$50 (or listed above)	100°C
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	-0-
		Line 17: TOTAL IN-KIND CONTRIBUTIONS		8/0000

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 OUTSTANI	DING LIABILITIES (ALL)	-0-