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.)

report an receipts. The	ase include your committee name and a page num	iber on each page.	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/19/15	11 Linden St Holyoke	\$200	Mayor
10/19/15	Joann murphy 4 Keefe Ave Holyoke	#160	
5/28/15	Helen Norris 2090 Northampton Holyoke	#100	
	Tim Purrington 599 Hamden st.	#400	Tapestry Health
\$/28/15	Garg Rome 77 Salam Dr Fast Long Meadon	#150	
9/30/15	Upon 1459 33 Eastland St Springfield	\$250	Union PAC
		1	
	·		
Line 9: Total Receipts over \$50 (or listed above) 3,55		3550	
Line 10: Total Receipts \$50 and under* (not listed above)		870	
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 expendit	ures. Please include your committee i	name and a page number on each page	e.)	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
6/30/15	Bill Tuman	116 Pleasant St East hamftonima	Word Press website	60
10/25/205	Bill Tuman	See above	Web Recover	79
10/14/25	CTE John Lumbra		Kick off Contribution	40
1925/15	Delaney House	Route	Fundraisen Event	231.06
8/20/5	Paradise Copies	21 conz st Northampton, MA	Senior Picnic Literature	98.22
9/8/2015	Paradise Copies	See Above	Copies, Printing	70.98
197/13-	Paradise copies	See Above	Marley Labels	33.79
10/7/15	Pufper Printing	45 Union St East trampton 01027	Mailing Sepposes	145.62
7/8/15	Staples	122 North King St Northampton	Mailing Sepple	37-80
5/28/15	Table + Vine	1119 Riverdale 38 West Spungheld og	KICK off Event Sepplies	97.45
9/2/15	USPS	37 Bridge St Withampton	Stamps	49.00
10/7/2015	USPS	Sie above	Stamps	98.00
		Line 12: Total Expenditures ov	er \$50 (or listed above)	1040.92
Line 13: Total Expenditures \$50 and under* (not listed above)				28,50
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1069,47

^{*} 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
7/1/15	William Tuman (self-employed)	116 Pleasant St #442 Easthampton 01027	veb design services	\$1,000
5/28/15	Betty Kaplowitz (Suf-employed)	284 High St. Holyoke 01040	fental spail for fundraiser	4306-
			· :	
* 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)	1,300
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
Enter on page 1, line 6 →		Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	13009

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
	- Manual Control of the Control of t			
			,	
				-
			1444	
				THURSDAY PROPERTY OF THE PROPE
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

Page 4

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance.

RECEIVED

of Massachusetts		15 OCT 217: AMorBo To Clerk or Election Commission
Fill in Reporting Period dates:	Beginning Date:	1.2015 Endice Partoir HOLY ORE 16.15 CITY CLERK'S OFFICE
Type of Report: (Check one)		
☐ 8th day preceding preliminary ☐ 8th	h day preceding election	30 day after election year-end report dissolution
Rebecca Lusi Candidate Full Name (if appl	licable)	Committee to Elect Rebecca Li
Holyoke Cry Coun Office Sought and Distr	reil at Large	Katrina Hawley Name of Committee Treasurer
25 Reservation Residential Address	ed Holyoke	25 reservation Rel Hollyole Committee Mailing Address Crosto
Telephone Number (optional): 413 · 210	0.6906	Telephone Number (optional):
S	SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance	from previous report	\mathcal{D}
Line 2: Total receipts thi	is period (page 3, line 11)	4420-00
Line 3: Subtotal (line 1 p	olus line 2)	4420.00
Line 4: Total expenditure	es this period (page 5, line	e 14) 1069,42
Line 5: Ending Balance	(line 3 minus line 4)	3350.58
Line 6: Total in-kind cor	ntributions this period (page	ge 6) 1300 · 0 · 0
Line 7: Total (all) outsta	inding liabilities (page 7)	(1,374 96)
Line 8: Name of bank(s)	used: H	Me Credit Limon
	penditures, disbursements, in-kind c	of my knowledge and belief, a true and complete statement of all campaign finance contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 10/25/15
FOR CANDIDATE FILINGS ONLY: Af	fidavit of Candidate: (check 1 bo	ox only)
	or on behalf of this committee in acc	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, a period.
finance activity, including contributions, loans, red	ceipts, expenditures, disbursements	best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L. c. 55.

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 search num frees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and environments 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 additioned tagges are required to report all receipts. Please include your committee name and a page number on each page.)

report all receipts. Plea	ise include your committee name and a page nun	iner on each page.)	Countries & Engine of
Date Received	Name and Residential Address (alphabetical listing required)	Amount	(for contributions of \$28° (7.7 occ)
10/8/15	Kristen Bachler 284 High St Holyoka	A100	Self employed
9/16/15	Lyisten Boam 68 Nono tuck St Hoyoke	\$70	
5/28/15	Papnne Board 197 Pine St Horyoke	\$100	
8/20/5	Stephen Bosco 66 Allington St madford 02155	\$75	
5/28/15	John Brigham 12 North Bridge Holyoka	\$100	
10/22/15	29 Oakland St Springful	\$1200	Union Pac
10/19/15	Rorey casey 156 Suppole St Holyoke	\$100	
9/16/15	Janet feely Crystal 51 Olander drives	\$100	
10/19/15	Patricia Duffy 18 Florence Ave	\$100	
5/28/15	Vanessa Green 32 Juliette St #1 Dorchester 02122	\$100	
5/28/5	Laurie Johnson 32 morgan St	#100	
10/19/15	John Lumbra 16 Shepherad dire	\$100	
Line 9: Total Reco	oipts over \$50 (or listed above)		
Line 10: Total Rec	eipts 850 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD			f=tl Unter on page 1, line 1
* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include onto those receipts not to the approximately			

