

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)
5/14/15	Shawn Allyn 110 Elizabeth St / Feeding MA	1,000	Attorney Allyn & Ball (Holyoke, MA)
5/14/15	Lisa Ball 272 Whiting Ave Holyoke, MA	100	
5/14/15	Gina Barry 125 Waldo St Holyoke, MA 01601	100	
6/1/15	Jeffrey Chesky 33 Hampton Knoll Road Holyoke, MA	250	President & CEO Insunitars
5/14/15	Odelte Czaplakis 8 Jay Ave Holyoke, MA	100	
5/14/15	Rosalie Deane 41 W. Summit St South Hadley, MA	100	
5/14/15	Palti Douma 58 Magnolia Ave / Holyoke	60	
5/14/15	Martin Dunn 89 Madison Ave Holyoke, MA	100	
5/14/15	Chris Kane 59 Fairfield Ave Holyoke, MA	100	
5/14/15	Franco Kane 25 Quinn Dr Holyoke, MA	100	
5/14/15	Ryan Murphy 50 Holy Family Road Holyoke, MA	100	
5/12/15	Mark Naidorf P.O. Box 10475 Holyoke, MA	250	Professor West Field State Univ.

Line 9: Total Receipts over \$50 (or listed above) **2,760**

Line 10: Total Receipts \$50 and under* (not listed above) **3,575**

Line 11: TOTAL RECEIPTS IN THE PERIOD **6,335**

← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
8/15/15	Connolly printing	17 B Gill St Woburn, MA	Door to Door Literature	956. ²⁵ / ₁₀₀
8/10/15	Holyoke Bar Assoc.	98 lower West Field Road Holyoke, MA	Sign at Golf outing (Jose's wave memorial)	125
10/8/15	Holyoke Children's Museum	444 Dwight St Holyoke, MA	Event Ticket	65.00
10/1/15	Holyoke Democratic Committee	Holyoke, MA	Ad for Democratic of year	100
10/15/15	Labels plus	580 St. James Ave Springfield, MA	Lawn Sign	350
4/18/15	Redblizan News paper	Main Street Springfield, MA	newspaper Ads	215. ⁴² / ₁₀₀
5/14/15	wychuff C.C.	233 Easthampton Rd Holyoke, MA 01601	Campaign Event (room/food)	600

Line 12: Total Expenditures over \$50 (or listed above) **2,411.⁶⁷**

Line 13: Total Expenditures \$50 and under* (not listed above) **389.²⁵**

Line 14: TOTAL EXPENDITURES IN THE PERIOD **2,800.⁹²/₁₀₀**

Enter on page 1, line 4 →

* 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
				0.00
Line 15: In-Kind Contributions over \$50 (or listed above)				0.00
Line 16: In-Kind Contributions \$50 & under (not listed above)				0.00
Line 17: TOTAL IN-KIND CONTRIBUTIONS				0.00

* 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.

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
1-1-05 to PRESENT	TODD A. MCGEE	10 GEORGE STREET	LOAN	4,272.45/100
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				4,272.45/100

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: 10.16.15

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

<u>TODD A. MCGEE</u> Candidate Full Name (if applicable)	<u>MCGEE COMMITTEE</u> Committee Name
<u>WARD 7 CITY COUNCIL</u> Office Sought and District	<u>KELLY LEBLANC</u> Name of Committee Treasurer
<u>10 GEORGE STREET</u> Residential Address	<u>489 HILLSIDE AVE</u> Committee Mailing Address
Telephone Number (optional): <u>(413) 262-5895</u>	Telephone Number (optional): <u>(417) 536-7791</u>

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ 2425.80
Line 2: Total receipts this period (page 3, line 11)	6,335
Line 3: Subtotal (line 1 plus line 2)	8,760.80
Line 4: Total expenditures this period (page 5, line 14)	2,800.92
Line 5: Ending Balance (line 3 minus line 4)	5,959.88
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	4,272.45/100
Line 8: Name of bank(s) used:	<u>United Bank</u>

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: Kelly LeBlanc (Treasurer's signature) Date: 10/26/15

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: [Signature] (Candidate's signature) Date: 10/25/15

RECEIVED
CITY OF HOLYOKE
CITY CLERK'S OFFICE
OCT 26 PM 2:20

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5/14/15	NEAL MASS PAC 235 STATE STREET Springfield, MA	100	
5/28/15	SUE REIDY 67 LINCOLN STREET NEEDHAM, MA	100	
5/14/15	Thoms, W. Low 18 CARTER STREET HOLYOKE, MA	100	
9/22/15	local 388/ 138 APPLETON STREET HOLYOKE, MA	100	

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