

Form CPF M 102: Campaign Finance Report Municipal Form RECEIVED

Office of Campaign and Political Finance

OCT 1 9 2021

Type of	Report: (Check one)			
8th da	ny preceding preliminary 8th day preceding election] 30 day	after election year-end report dissolution	
Cill E-mail: Phone # top	Candidate Full Name (if applicable) Y Couve: Lore Af LARGE Office Sought and District Residential Address	_35	Committee Name Committee Name Committee Name Committee Treasurer Committee Treasurer Committee Mailing Address Optional)	
	SUMMARY BALANCI	C INIEO	DMATION.	
		LINFO	ORWIATION:	
	Line 1: Ending Balance from previous report		330.06	
	Line 2: Total receipts this period (page 3, line 11)		2430.00-	
	Line 3: Subtotal (line 1 plus line 2)		2760.060	
	Line 4: Total expenditures this period (page 5, line	14)	1132-07	
	Line 5: Ending Balance (line 3 minus line 4)		1627 199	
	Line 6: Total in-kind contributions this period (page	ge 6)	0	
	Line 7: Total (all) outstanding liabilities (page 7)	0		
	Line 8: Name of bank(s) used: Holyoki C	esati	UNION	
l certify that activity, incl finance activ Signed undo FOR CA Candid L certify activity incurred Candid	Committee Treasurer: I have examined this report including attached schedules and it is, to the best of luding all contributions, loans, receipts, expenditures, disbursements, in-kind covity of all persons acting under the authority or on behalf of his committee in a er the penalties of perjury: NDIDATE FILINGS ONLY: Affidavit of Candidate: (check I box late with Committee by that I have examined this report including attached schedules and it is, to the committee in accident and it is accident to the committee of any liabilities nor made any expenditures on my behalf during this reporting date without Committee by that I have examined this report including attached schedules and it is, to the committee by that I have examined this report including attached schedules and it is, to the	ontributions recordance v only) best of my l ordance with period that i	(Treasurer's signature) Date: 10/18/2/ Anowledge and belief, a true and complete statement of all campaign finance the requirements of M.G.L. c. 55. I have not received any contributions, are not otherwise disclosed in this report.	

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)
9/23,21	8 Ivy Ave Holyoke 01040	100.00	
10/4/21	LEARY, CHRISTINE 168 MADISON AND 16040KE MA DIOYO	100,00	
2/23/21	LEBIEDZ, WALTER 208 OLD COURTY KA SOUTHAMPTON MA 01073	100,00	
7/24/21	Mc CARthy JOSEPH 39 RILHARD EQUADR HOLYUKE, MA 01040	150.00	
9/23/21	ROME, GARY 77 SALEM AVE LONGMESOON MA 01106	150.00	
9/23/21	SAHLER, Aut, LANI 271 MOUNTAIN RD HOLYOKE MA 01040	100.00	
9/23/21	TACEN LINDA TPHENSMUT DR HOLYOKE, MA DIOYO	100.00	
ine 9: Total Rece	ipts over \$50 (or listed above)	900.00	
ine 10: Total Rece	cipts \$50 and under* (not listed above)	1630,00	
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	2430,00 4	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, advailed 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.)

eport all expend		nittee name and a page number on	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
7/20/21	ALLIE, DHW	38 UNION ST. WEST FIELD, MINGOSS	POST CAND S AND DELIVERY	338,∞
8/9/21	ALLIE, DAN	38 UNION St WESTFIED MH 01095	POST CHANS AMO DE LIVERY	273,76
10/18/21	GRETINEY, HowArd	351 Hallsion Ave Holpoke, MADIUS	REIMBURSLE MEUT VISH STOPIES 1179 ALVERANTE-RD	151.8%
10/23/21	Pics Pub	910 Hompounst	CHUPPIAN FUNDAISER PARKY	125,98
		Line 12: Total Expenditures ov	242.50	
		Line 13: Total Expenditures \$50 and under* (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	[132.0]

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

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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)		
		,			
Line 9: Total Receipts over \$50 (or listed above)					
Line 10: Total Receipts \$50 and under* (not listed above)					
Line 11: TOTAL R	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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	<u> </u>			
1				
			40	
,				
			1	
	12	Line 12: Expenditures over \$50 (or listed above)		889,57
	Line 13: Expenditures \$50 and under* (not listed above)		242.50	
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	1132.07

^{*} 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
and an analysis of the second				
				2 1
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

^{*} 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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