

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

of Massachusetts File with: City or Town Clerk or Election Commission Fill in Reportin De Ir 25 and Beginning Date: Type of Rendrivoke City Clerk's Holyoke, MA V 8th day preceding election 8th day preceding preliminary 30 day after election year-end report Juan Anderson-Burgos
Candidate Full Name (Papplicable)
City Council Ward 6
Office Sought and District Committee to Elect Juan Anderson-Burgo Ramon Albizu 236 Locust St Holyoke Ma 01040
Residential Address 236 Locust St Holyoke Ma 01040 E-mail: Juan. Anderson burgos Ogmail. com E-mail: r_albizu @yahoo. com Phone # (optional) Phone # (optional): SUMMARY BALANCE INFORMATION: 1,431.86 Line 1: Ending Balance from previous report 725.00 Line 2: Total receipts this period (page 3, line 11) 1,656,86 Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) 279.05 1,377.81 Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Citizens Line 8: Name of bank(s) used: 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. 10/22/21 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. e. 55. Thave not received any contributions, incurred any habilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report. 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 by on behalf of this candidate in accordance with the requirements of M.G.L. c. 55. Date: 10/22/21 Signed under the penalties of perjury:

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)
10-2-21	Ramon Albizu 89 Hyde Ave Spring Field Ma 01107	100	ShaliDry(C) alloyick! AM asimink!
10-5-21	Douglas Arnold 34 Discal Ln Holyoke Ma 01040	50	
9-30-21	Emily Walker 1701 Northampton St 140140Ke Ma 01040	25	P
10-12-21	George Yeramian PU BOX 59 Easthampton Ma 01027	50	
VF] [[] [] [
Line 9: Total Receipts over \$50 (or listed above)		225	
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	225	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 D. EAFENDITUKES

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
9-30=71	Ac+Blue	PU BOX 441446 Somer ville Majuy Fee	. 99
10-3-21	ActBlue	PO Box 441146 Somerville Magziyy Fee	3.95
10-10-21	ActBlue	Po Box 441146 Somerville Mao2144 Fee	1.98
7-6-21	Dr Don's Buttons	3906 W Marrow Dr Stickers For Glendale Az 85308 Signs	133.20
9-27-21	Itot Cards	Chagrin Falls OH 44022 Palm Cards	138.93
		Line 12: Total Expenditures over \$50 (or listed above)	279.05
		Line 13: Total Expenditures \$50 and under* (not listed above	e)
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENDITURES IN THE PERIOD	279.05

^{*} 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	1		
ine 9: Total Receip	ots over \$50 (or listed above)		
ne 10: Total Receip	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS 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.