



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

NOV 08 2021

File with: City or Town Clerk or Election Commission
Holyoke City Clerk's
Holyoke, MA

Fill in Reporting Period dates: Beginning Date: 1/1/21 Ending Date: 11/2/21

Type of Report: (Check one)

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

Kocayne S. Givner

Candidate Full Name (if applicable)

City Council Ward 4 Representative

Office Sought and District

13 O'Connor Ave, Holyoke, MA 01040

Residential Address

E-mail: Kocayne4Holyoke@gmail.com

Phone # (optional): 413-650-2979

Kocayne 4 Holyoke

Committee Name

Astrid deSoete

Name of Committee Treasurer

13 O'Connor Ave, Holyoke, MA 01040

Committee Mailing Address

E-mail: Kocayne4Holyoke@gmail.com

Phone # (optional): 413-650-2979

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

NA

Line 2: Total receipts this period (page 3, line 11)

2730.63

Line 3: Subtotal (line 1 plus line 2)

2730.63

Line 4: Total expenditures this period (page 5, line 14)

1775.60

Line 5: Ending Balance (line 3 minus line 4)

955.03

Line 6: Total in-kind contributions this period (page 6)

0

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used: Citizens Bank

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: [Signature] (Treasurer's signature)

Date: 11-7-21

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. c. 55. I have not received any contributions, incurred any liabilities 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 or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature)

Date: 11/7/21

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)
7/9/21	Katherine Kruckemeyer 63 Fairfield Ave Holyoke, MA 01040	100	
7/23/21 & 8/29/21	Geoffrey Locke 19 Whittier St Northampton, MA 01062	200	Social Worker Self Employed
7/23/21	Ursa Scherer 63 Madison Circle Greenfield, MA 01301	100	
7/27/21	Daniel Dacri 247 Riverside Dr Florence, MA 01062	100	
7/29/21	Katherine Moonan 30 Willow St #2 / Holyoke, MA 01040	100	
8/29/21	Greg Stevens 20319 Broad Harbor Ln Cypress, TX 77433	100	
8/29/21	Ruby Moore 1223 Sea Palms West Dr St. Simons, GA 31522	100	
8/29/21	Anthony Vazquez 7101 Sand Lake Rserve Dr #1103 / ORLANDO, FL 32819	100	
8/29/21	Jeff Zimbalist 3112 Ellington Dr Los Angeles, CA 90068	100	
8/31/21	Oscar Poche 3967 Utah ST Unit 4 / SAN DIEGO, CA 92104	100	
8/31/21	Libby Hernandez 245 Walnut St Holyoke, MA 01040	100	
8/31/21	Temostocles Ferreira 74 N. Prospect St Amherst, MA 01002	100	

Line 9: Total Receipts over \$50 (or listed above)

next page

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

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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/24/21	Guy O'Donnell 367 Apremont Hwy Holyoke, MA 01040	100	
10/6/21	Lisa M. Bennett 2015 Fairmount Ave Philadelphia, PA 19130	200	Bartendor Good Dog Bar, Philadelphia
10/23/21	Maria Ferrer 490 Maple St Holyoke, MA 01040	100	
9/5/21	Cris Herrera 3946 Illinois St San Diego, CA 92104	100	
8/17/21	Mark Shoham 308 Homer St Newton Center, MA 02459	100	
Line 9: Total Receipts over \$50 (or listed above)		1900	
Line 10: Total Receipts \$50 and under* (not listed above)		830.63	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2730.63	← 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
9/23/21	Aldi	505 Memorial Dr Chicopee, MA 01020	Meet and Greet Snacks and refreshments	83.63
10/27/21	BJ's Wholesale	650 Memorial Dr Chicopee, MA 01020	Standouts and sign holding events Snacks and refreshments	81.92
9/17/21	onlineprinters.com	Dr. Mach Str 83 90762 Furth Germany	Flyers for lit drop	107.79
8/5/21	Print Shop Holyoke	62 Main St Holyoke, MA 01040	Lawn Signs	438.28
9/16/21	Summit Printing	Moonache, NJ	Lawn Signs	403.40
8/30/21	United State Postal Service	650 Dwight St Holyoke, MA 01040	Intro Mailing	261.89
Line 12: Total Expenditures over \$50 (or listed above)				1376.91
Line 13: Total Expenditures \$50 and under* (not listed above)				398.69
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1775.60

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.