

Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

of Massachusetts File with: City or Town Clerk or Election Commission	on			
Report Being Amended: Year: 102		Beginning Date: Jan 1, 20	DJ-D Ending Date:	Dec 5/202
8th day preceding preliminary 5	th day preceding election	30 day after election	year-end report	dissolution
Residential Address Office Sought and Dis E-mail:	SUMMARY BALA Balance from previous repeccipts this period al expenditures this period Balance n-kind contributions this period all) outstanding liabilities of bank(s) used:	E-mail: Sandra Ma Phone # (optional): ANCE INFORMATION: 179.10 179.10 179.10 179.10 179.10 179.10	Committee Name Mongon me of Committee Treasurer A Street, Holy mmittee Mailing Address Ongen 54@ 04	Cibby Hernen
Emors being comied sylototels, Total e Report conected.				epts,
Signed under the penalties of perjury:		Signed under the penalties of	of perjury:	
(Candidade's signature)	Date: 10/85/2011	(Treasurer's signature)	1	



Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

of Massachusetts File with: City or Town Clerk or Election Commission
Report Being Amended: Year: 2019 Reporting Period: Beginning Date: Oct 29, 2019 Ending Date: Dec. 31, 20
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Libry Herncher City Councilon WARD - 4 Crizcida L. Scribs Herno Committee Name Committee Name Crizcida L. Scribs Scr
Phone # (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report 199 99
Line 2: Total receipts this period
Line 3: Subtotal / 45/.03
Line 4: Total expenditures this period 699 04
Line 5: Ending Balance
Line 6: Total in-kind contributions this period
Line 7: Total (all) outstanding liabilities 1. 280./8
Line 8: Name of bank(s) used: BANK ESB
The original filing of the above-referenced campaign finance report is being amended for the following reason(s):
All previously filed reports had errors, either on incorrect Ending Balance and on inaccounte amounts in Total receipts, expanditures and outstanding
and on inaccorde amounts in Total receipts, example on and miletaline
1) () has - in a
Lichilities Toly Anoust.
Ms Sunticyo no langon Treasurer, therefore signature not available.
gned under the penalties of perjury:
Signed under the penalties of perjury: Signed under the penalties of perjury:
(Candidate's signature) Date: [0/25/202] (Treasurer's signature) Date:



Form CPF M 102: Campaign Finance Report Municipal Form

Fill in Penarting Paried 1.4	File with: City or Town Clerk or Election Commis
Fill in Reporting Period dates: Beginning Date:	ct 29, 2019 Ending Date: Dec 31, 2019
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☑ year-end report ☐ dissolution
Libby HERNER der City (Candidate Full Name (if applicable) Ourcilor by Ward 4 Office Sought and District Aus Ward 4 Residential Address E-mail: 1; bby ward 40 Sucil com Phone # (optional):	Committee to Elect Libry Hernords Committee Name Crizcida L. Scatigo Name of Committee Treasurer 245 Wilnut St. Holyoke, NA 0/040 Committee Mailing Address E-mail: Csantigo ward 46 gmail-com Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	199.99
Line 2: Total receipts this period (page 3, line 11)	1,251.04
Line 3: Subtotal (line 1 plus line 2)	1,457.03
Line 4: Total expenditures this period (page 5, lin	e 14) 999.04
Line 5: Ending Balance (line 3 minus line 4)	451.99
Line 6: Total in-kind contributions this period (pa	ge 6) B
Line 7: Total (all) outstanding liabilities (page 7)	1,282.18
Line 8: Name of bank(s) used: Banu	ESB
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind c finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting persons.	best of my knowledge and belief, a true and complete statement of all campaignifinance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the I finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 10/15/2/

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/28/19	Libby Hemistr 245 Walnut Steet Holyolk, MA 01040	900.00	Properly Munion TIES, LCC BENDON CONMUNITY ES, LCC 414 Chestant St. Spensing OHOY
10/30/19	Libby Henry 24- Wilnet St Holyouerna Disto	66.00	Romant Warm
e 9: Total Receipts	s over \$50 (or listed above)	966.00	
	ts \$50 and under* (not listed above)	285.04	
ie 11: TOTAL RE	CEIPTS IN THE PERIOD	1,251.04	

^{*} 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)
e 9: Total Receipts	over \$50 (or listed above)		
e 10: Total Receipts	\$50 and under* (not listed above)		
		1,251.04 -	

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 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
10/28/2014	Salaran Mesia Studio	160 SURPOLKST Holyche, MA OPOYD	Propersion Compaign	900.0
10/30/19	Span College Primine of Copying Senices	SPEND, MA 01109	PRINT MAILER	66.00
	I	Line 12: Total Expenditures over	er \$50 (or listed above)	966.00
	Γ	Line 13: Total Expenditures \$50		33.04
S 1 5 1	Enter on page 1, line $4 \rightarrow 1$	Line 14: TOTAL EXPENDITE	URES IN THE PERIOD ould include only those expenditure	999.04

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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	
			T di pose oi Expenditure	Amoun
11.0				
	ii			
		10.5		
	Lin	e 12: Expenditures over \$50	(or listed above)	
	Lin	e 13: Expenditures \$50 and u	nder* (not listed above)	
	Enter on page 1, line $4 \rightarrow Lin$ d expenditures of \$50 and under, incl	e 14: TOTAL EXPENDITU	RES IN THE PERIOD	999.04

^{*} 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 b 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	Valu
		Line 15: In-Kind Contributions Line 16: In-Kind Contributions	<u>L</u>	
	1927	Line 17: TOTAL IN-KIND Co		

* 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.

Page 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 w as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
7/18/19	CHRISTIE	245 Welnut St Holyole, MA DIOYO	CANDIDATE CORN BANK ESB Open up roct.	\$10.00
9/24/19	Cibby HERNONDER CIGNOTOLATE	Holyakin MA 01040	Clausional & Coan staples Post coans	137.68
10/3/19	CIBBY HERMANDEZ CANDIDATE	245 Walnut street Holyoki, MA D/040	YOUND SIGNS A.C. E.	# 240 00
10/15/19	Cibby Hemords CANNIDATE	245 Welnut Street Holyoke, MA 0/040	CANDINATE COAN CUS SCUTCH TAPE	\$ 4.46
10/14/19	CANDIDATE	245 Welnut st Holyotte, MA 01010	WALMANT ("AND. OUTE STATION ON LOW SOUT COMPS , ETC	\$ 33.04
10/28/19	CANDIDATE	24) Wilnut St Holyothe MA DIOPE	CONDIDIATE LD AN SALARAM MIEDIA STUDIO	\$ 400.00
10/30/19	CANDIDATE	245 WALNUT Street Holyotle, MA 01040	CAMBINATIS LOWN SPEND COLLEGE PRIMING	M 66.00
	Enter on page 1, line 7 → L	ine 18: TOTAL OUTSTANDI	ING LIABILITIES (ALL)	1,282.18



Form CPF M 102A: Amendment to Campaign Finance Report Municipal Form

Commonwealth of Massachusetts File with: City or Town Clerk or Election Commission
Report Being Amended: Year: 2019 Reporting Period: Beginning Date: Jan. 1, 2219 Ending Date: 10/18/2019
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Committee to elect Libby Henryl Candidate Full Name (if applicable) Committee to elect Libby Henryl Committee Name Committ
Line 2: Total receipts this period Line 3: Subtotal Line 4: Total expenditures this period Line 5: Ending Balance Line 6: Total in-kind contributions this period Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used: 193.13 13 13 13 13 13 14 14
The original filling of the above-referenced campaign finance report is being amended for the following reason(s): Emails on total Receipts chounts, Sub-totals, Total Expenditures Ending Belance not accurate as well as outstanding listilities on Previously the accurate as well as outstanding listilities on Reviously the accurate as well as outstanding listilities on Reviously the accurate as well as outstanding listilities on Reviously the accurate as well as outstanding listilities on Reviously the accurate as a well as outstanding listilities on Reviously the accurate as well as outstanding listilities on Reviously the accurate as well as outstanding listilities on Reviously the accurate as well as outstanding listilities on Reviously the accurate as well as outstanding listilities on
Signed under the penalties of perjury: Signed under the penalties of perjury: (Candidato's signature) Signed under the penalties of perjury: (Treasurer's signature) Date:



Form CPF M 102: Campaign Finance Report Municipal Form

			File with: City or Town Clerk or Election Com	missio
Fill in Re	porting Period dates: Beginning Date: Jan	1, 21	0/9 Ending Date: 00+ 18, 2019	
Type of R	Report: (Check one)			
8th day	preceding preliminary 8th day preceding election] 30 day	after election year-end report dissolution	n
Libb	Candidate Full Name (if applicable)	Co	MMI Hee to Elect Libby Herrusc	br
City	Councilor Wans 4	Cri	raida L. Santago	
245	Office Sought and District WALNUT St, Holy olle, MA 0/040 Residential Address	245	Name of Committee Treasurer Walnut Street, Holyolk, MA Old Committee Mailing Address	40
E-mail:	libby word 4 @ sucil-com	E-mail:	Csintingo ward 40 Sucil-com	
Phone # (option	onal):	Phone # (c	optional):	
	SUMMARY BALANCE	INFO	RMATION:	
	Line 1: Ending Balance from previous report		Ø	
	Line 2: Total receipts this period (page 3, line 11)		483.13	
	Line 3: Subtotal (line 1 plus line 2)		483.13	
	Line 4: Total expenditures this period (page 5, line	14)	283.14	
	Line 5: Ending Balance (line 3 minus line 4)		199.99	
	Line 6: Total in-kind contributions this period (pag	(e 6)	Ø	
	Line 7: Total (all) outstanding liabilities (page 7)		283.14	
	Line 8: Name of bank(s) used: Bank	ESB		
I certify that I activity, inclu- finance activity	Committee Treasurer: I have examined this report including attached schedules and it is, to the best of ding all contributions, loans, receipts, expenditures, disbursements, in-kind cotty of all persons acting under the authority or on behalf of this committee in a rethe penalties of perjury:	ontributions ecordance w	and liabilities for this reporting period and represents the campaign	nce
			(Treasurer's signature)	
	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)		
I certify activity,	ate with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to the to of all persons acting under the authority or on behalf of this committee in according to the schedules and liabilities nor made any expenditures on my behalf during this reporting process.	ordance witl	cnowledge and belief, a true and complete statement of all campaign h the requirements of M.G.L. c. 55. I have not received any contribu	financutions,
I certify finance a campaign	that I have examined this report including attached schedules and it is, to the lactivity, including contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this in the penalties of perjury:	best of my k in-kind con committee	cnowledge and belief, a true and complete statement of all campaign stributions and liabilities for this reporting period and represents the in accordance with the requirements of M.G.L. c. 55.	ı
Signed under	r the penalties of perjury:			
			CITION	

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)
6-5-14	Counittee to Elect Jessie Valentin D.O. BOX 372 S. DEERFIEDIMA 01373	B 100.00	
9-22-19	GADDES, STANLEY 146 BEECH ST Holyche, MA 01040	# 100:00	
7/18/19	Libby Hemseln 245 Welnet st Holyon un Dloro	\$10.00	
9/24/19	Libbs Heredi. 245 Walnut Steet Holycking BIOYE	# 38.68	
10/3/19	245 Walnut Street Holyakin na 01040	#240.00	Becon Communities 4/4 Child Sheet Signing & cit with D1104
10/15/14	List's Herrunh 245 Wolnut Sheet, Holyolkun Opro	\$44	
Line 9: Total Rec	reipts over \$50 (or listed above)	483.13	
Line 10: Total Re	ceipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	483.13	Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			8
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)			
ine 11: TOTAL I	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 expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Durmage of Evnanditure	
	Λ		Purpose of Expenditure	Amount
10/3/19	AGE GRAPHICS UC	SALAI STATE ROLLE 248 CONCBUTCH, EHUSTY3	YARD SIGNS	30.00
7/18/19	BANK ESB Offen Arct	PO. BOX 351 Gast Hamplow MA 01027	open up campaisn Account	\$10:00
10/15/19	CUS PHERMACY 400 B	Holyolk-MA OLOYD	Scotch TAPE	\$ 4.46
9/24/14	STAPLES	Chicope. MA 01070	Post Cionos Stanton Mailen PACK	\$28.68
		Line 12: Total Expenditures over \$50 (or listed above)		\$ 283.14
	Line 13: Total Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		\$383.14

^{*} 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