



**Form CPF M 102A: Amendment to Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance**

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Report Being Amended: Year: 2020 Reporting Period: Beginning Date: Jan 1, 2020 Ending Date: Dec 31, 2020
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Libby Hernandez
Candidate Full Name (if applicable)
City Councilor Ward-4
Residential Address
245 Walnut Street, Holyoke, MA 01040
Office Sought and District
E-mail: libbyward4@gmail.com
Phone # (optional): _____

Committee to Elect Libby Hernandez
Committee Name
Sandra Mongeon
Name of Committee Treasurer
248 Walnut Street, Holyoke, MA 01040
Committee Mailing Address
E-mail: sandra.mongeon54@outlook.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>451.99</u>
Line 2: Total receipts this period	<u>179.10</u>
Line 3: Subtotal	<u>631.09</u>
Line 4: Total expenditures this period	<u>175.10</u>
Line 5: Ending Balance	<u>451.99</u>
Line 6: Total in-kind contributions this period	<u>0</u>
Line 7: Total (all) outstanding liabilities	<u>1,460.68</u>
Line 8: Name of bank(s) used:	_____

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):

Errors being carried forward on Ending Balances, total receipts, subtotals, Total expenditures and outstanding liabilities amounts. Report corrected.

Signed under the penalties of perjury:

Libby Hernandez
(Candidate's signature)

Date: 10/25/2021

Signed under the penalties of perjury:

Sandra Mongeon
(Treasurer's signature)

Date: 10-25-21



**Form CPF M 102A: Amendment to Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance**

Commonwealth
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

Libby Hernandez
 Candidate Full Name (if applicable)
City Councilor Ward - 4
 Residential Address
245 Walnut Street, Holyoke, MA 01040
 Office Sought and District
 E-mail: libbyward4@gmail.com
 Phone # (optional): _____

Committee to Elect Libby Hernandez
 Committee Name
Crisaida L. Santiago
 Name of Committee Treasurer
245 Walnut Street, Holyoke, MA 01040
 Committee Mailing Address
 E-mail: csantiagoward4@gmail.com
 Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>199.99</u>
Line 2: Total receipts this period	<u>1,251.04</u>
Line 3: Subtotal	<u>1,451.03</u>
Line 4: Total expenditures this period	<u>999.04</u>
Line 5: Ending Balance	<u>451.99</u>
Line 6: Total in-kind contributions this period	<u>0</u>
Line 7: Total (all) outstanding liabilities	<u>1,282.18</u>
Line 8: Name of bank(s) used:	<u>BANK ESIB</u>

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 an incorrect Ending Balance and or inaccurate amounts in Total receipts, expenditures and outstanding liabilities totaling amounts.

Ms Santiago no longer Treasurer, therefore signature not available.

Signed under the penalties of perjury:

Libby Hernandez
 (Candidate's signature)

Date: 10/25/2019

Signed under the penalties of perjury:

(Treasurer's signature)

Date: _____



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: Oct 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 Hernandez
Candidate Full Name (if applicable)

City Councilor in Ward 4
Office Sought and District

245 Walnut St, Holyoke, MA 01040
Residential Address

E-mail: libbyward4@gmail.com

Phone # (optional): _____

Committee to elect Libby Hernandez
Committee Name

Cristida L. Santiago
Name of Committee Treasurer

245 Walnut St, Holyoke, MA 01040
Committee Mailing Address

E-mail: csantiagoward4@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>199.99</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1,251.04</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1,451.03</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>999.04</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>451.99</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>1,282.18</u>
Line 8: Name of bank(s) used:	<u>BANK ESB</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: _____ (Treasurer's signature) Date: _____

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

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 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 OR Candidate with independent activity filing separate report
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: Libby Hernandez (Candidate's signature) Date: 10/25/21

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)
10/28/19	Libby Hernandez 245 Walnut Street Holyoke, MA 01040	900.00	Property Manager Beacon Communities, LLC 414 Chestnut St. Springfield, MA 01104
10/30/19	Libby Hernandez 245 Walnut St Holyoke, MA 01040	66.00	Property Manager Beacon Communities, LLC 414 Chestnut St. Springfield, MA 01104

Line 9: Total Receipts over \$50 (or listed above) 966.00

Line 10: Total Receipts \$50 and under* (not listed above) 285.04

Line 11: TOTAL RECEIPTS IN THE PERIOD 1,251.04

← 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)

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

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 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
10/28/2019	Salvian Media Studio	160 Suffolk St Holyoke, MA 01040	Professional Campaign Video	900.00
10/30/19	SPAD College Printing & Copying Services	265 Alden Street SPAD, MA 01109	Print Mailer	66.00

Line 12: Total Expenditures over \$50 (or listed above)	966.00
Line 13: Total Expenditures \$50 and under* (not listed above)	33.04
Line 14: TOTAL EXPENDITURES IN THE PERIOD	999.04

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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	999.04

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

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 CONTRIBUTIONS**

* 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.

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
7/18/19	LIBBY HERNANDEZ CANDIDATE	245 Walnut St Holyoke, MA 01040	CANDIDATE LOAN Bank ESB open up acct.	\$ 10.00
9/24/19	Libby Hernandez CANDIDATE	245 Walnut St Holyoke, MA 01040	CANDIDATE LOAN staples Post cards	\$ 28.65
10/31/19	LIBBY HERNANDEZ CANDIDATE	245 Walnut street Holyoke, MA 01040	CANDIDATE LOAN YARD SIGNS A.C.E.	\$ 240.00
10/15/19	Libby Hernandez CANDIDATE	245 Walnut street Holyoke, MA 01040	CANDIDATE LOAN CVS SCOTCH TAPE	\$ 4.46
10/14/19	Libby Hernandez CANDIDATE	245 Walnut St Holyoke, MA 01040	WALMART CANDIDATE STATIONERY LOAN POST CARDS, ETC	\$ 33.04
10/28/19	LIBBY HERNANDEZ CANDIDATE	245 Walnut St Holyoke, MA 01040	CANDIDATE LOAN SALAZAR MEDIA STUDIO	\$ 900.00
10/30/19	LIBBY HERNANDEZ CANDIDATE	245 Walnut Street Holyoke, MA 01040	CANDIDATE LOAN SPEWS COLLEGE PRINTING	\$ 66.00
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	1,282.18



**Form CPF M 102A: Amendment to Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance**

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Report Being Amended: Year: 2019 Reporting Period: Beginning Date: Jan. 1, 2019 Ending Date: 10/18/2019

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

Libby Hernandez
Candidate Full Name (if applicable)

245 Walnut Street, Holyoke, MA 01040
Residential Address

City Council Ward-4
Office Sought and District

E-mail: libbyward4@gmail.com

Phone # (optional): _____

Committee to elect Libby Hernandez
Committee Name

Cristida L. Santiago
Name of Committee Treasurer

245 Walnut St. Holyoke, MA 01040
Committee Mailing Address

E-mail: csantiagoward4@gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period	<u>483.13</u>
Line 3: Subtotal	<u>483.13</u>
Line 4: Total expenditures this period	<u>283.14</u>
Line 5: Ending Balance	<u>199.99</u>
Line 6: Total in-kind contributions this period	<u>0</u>
Line 7: Total (all) outstanding liabilities	<u>283.14</u>
Line 8: Name of bank(s) used:	<u>BANK ESB</u>

The original filing of the above-referenced campaign finance report is being amended for the following reason(s):

Errors on total Receipts amounts, Sub-totals, Total Expenditures
Ending Balance not accurate as well as outstanding liabilities on
Previously filed and Amended Report.

Ms. Santiago no longer Treasurer as of March of 2020. Therefore
signature not available

Signed under the penalties of perjury:

Signed under the penalties of perjury:

Libby Hernandez
(Candidate's signature)

Date: 10/25/2019

(Treasurer's signature)

Date: _____



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:

Jan 1, 2019

Ending Date:

Oct 18, 2019

Type of Report: (Check one)

8th day preceding preliminary

8th day preceding election

30 day after election

year-end report

dissolution

Libby Hernandez
Candidate Full Name (if applicable)

City Councilor Ward 4
Office Sought and District

245 Walnut St, Holyoke, MA 01040
Residential Address

E-mail: libbyward4@city1.com

Phone # (optional): _____

Committee to Elect Libby Hernandez
Committee Name

Cristida L. Santiago
Name of Committee Treasurer

245 Walnut Street, Holyoke, MA 01040
Committee Mailing Address

E-mail: csantiago0ward4@city1.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

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 (page 6)

0

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

283.14

Line 8: Name of bank(s) used:

Bank ES3

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: _____

(Treasurer's signature)

Date: _____

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

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 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 OR Candidate with independent activity filing separate report

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: _____

Libby Hernandez

(Candidate's signature)

Date: 10/25/21

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)
6-5-19	Committee to Elect Jessie Valentin P.O. Box 372 S. DEERFIELD, MA 01373	\$ 100.00	
9-22-19	GADDES, STANLEY 146 BEECH ST Holyoke, MA 01040	\$ 100.00	
7/18/19	Libby Hernandez 245 Walnut St Holyoke, MA 01040	\$ 10.00	
9/24/19	Libby Hernandez 245 Walnut Street Holyoke, MA 01040	\$ 28.68	
10/3/19	Libby Hernandez 245 Walnut Street Holyoke, MA 01040	\$ 240.00	Beacon Communities 414 Chestnut Street Springfield, MA 01104
10/15/19	Libby Hernandez 245 Walnut Street, Holyoke, MA 01040	\$ 4.45	
Line 9: Total Receipts over \$50 (or listed above)		483.13	
Line 10: Total Receipts \$50 and under* (not listed above)		—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		483.13	← 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)

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

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 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
10/3/19	AGE Graphics LLC	52231 STATE ROUTE 248 LONG-BOTTOM, CH 45743	YARD SIGNS	\$240.00
7/18/19	BANK ESB OPEN ACCT	PO BOX 351 East Hampton MA 01027	OPEN UP CAMPAIGN ACCOUNT	\$10.00
10/15/19	CVS PHARMACY 400 B	400 BELCASTLE ST Holyoke MA 01040	SCOTCH TAPE	\$4.46
9/24/19	STAPLES	541 Memorial Drive Chicopee MA 01020	Post Cards STANTEN MAILER PACK	\$28.68

Line 12: Total Expenditures over \$50 (or listed above)	\$283.14
Line 13: Total Expenditures \$50 and under* (not listed above)	—
Line 14: TOTAL EXPENDITURES IN THE PERIOD	\$283.14

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.