



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: 1/1/2023 Ending Date: 9/8/2023

Type of Report: (Check one)  
 8th day preceding preliminary   
 8th day preceding election   
 30 day after election   
 year-end report   
 dissolution

Meagan Magrath-Smith  
Candidate Full Name (if applicable)  
Holyoke City Council, Ward 7  
Office Sought and District  
7 Wyckoff Ave. Holyoke, MA 01040  
Residential Address  
E-mail: meg@megforholyoke.com  
Phone # (optional): \_\_\_\_\_

Committee to Elect Meg Magrath-Smith  
Committee Name  
Alexandra Puffer  
Name of Committee Treasurer  
7 Wyckoff Ave. Holyoke, MA 01040  
Committee Mailing Address  
E-mail: info@megforholyoke.com  
Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	N/A
Line 2: Total receipts this period (page 3, line 11)	\$2983
Line 3: Subtotal (line 1 plus line 2)	\$2983
Line 4: Total expenditures this period (page 5, line 14)	\$2109.73
Line 5: Ending Balance (line 3 minus line 4)	\$873.27
Line 6: Total in-kind contributions this period (page 6)	\$0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$0.00
Line 8: Name of bank(s) used:	Westfield Savings 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: Alexandra Puffer (Treasurer's signature) Date: 9.18.23

**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: Meg Magrath Smith (Candidate's signature) Date: 9-18-23

## 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)
7/27/2023	Patrick Beaudry 37 Florence Ave Holyoke, MA 01040	\$100.00	
9/5/2023	Robert Comeau 33 Harvard Street South Hadley, MA 01075	\$80.00	
8/3/2023	James Fitzgerald 439 Northampton Street Holyoke, MA 01040	\$500.00	Founder, Big Voodoo Interactive
5/20/2023	Business Headquarters Inc. / Chris Gauthier 521 East St Chicopee MA, 01020 Note: Contribution will be refunded	\$100.00	
5/20/2023	William Gildden 120 Allyn St. Holyoke, MA 01040	\$250.00	Senior Writer, Reform Alliance
5/20/2023	Katherine Kruckemeyer 63 Fairfield Ave. Holyoke, MA 01040	\$200.00	Folklorist, Self Employed
5/6/2023	Adrian Magrath 22 Stagecoach Road Amherst, MA 01002	\$600.00	School Bus Driver, Five Star
5/20/2023	Joann Murphy 134 Pearl Street Holyoke, MA 01040	\$75.00	
8/9/2023	Frank Pagliaro 57 Park Ter W Apt 5H New York, NY 10034	\$75.00	
5/20/2023	Suzanne Ruegsegger 1356 Northampton Street Holyoke, MA 01040	\$100.00	
5/20/2023	Vadim Tulchinsky 801 Dwight Street #2 Holyoke, MA 01040	\$100.00	
Line 9: Total Receipts over \$50 (or listed above)		\$2180.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$803	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>\$2983.00</b>	← 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)**

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>	<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>

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
7/22/2023	Collective Copies	71 S. Pleasant Street Amherst, MA 01002	Collective Copies	\$514.16
8/25/2023	Get Set Marketing	207 Worthington St Springfield, MA 01103	Printing Services	\$867.56
8/25/2023	Massachusetts Democratic State Party	11 Beacon St. Boston, MA	Voter subscription file	\$500.00
6/5/2023	Paper City Photography	62 Main St Ste 3 Holyoke, MA 01040	Photography	\$200.00
Line 12: Total Expenditures over \$50 (or listed above)				\$2081.72
Line 13: Total Expenditures \$50 and under* (not listed above)				\$28.01
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>\$2109.73</b>

\* 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)				
Enter on page 1, line 4 →	<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>			

\* 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)	
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	

Enter on page 1, line 6 →

\* 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
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	