



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: 2021 JUN 11 P 12:55 Beginning Date: MARCH 15, 2021 Ending Date: JUNE 8, 2021

Type of Report: (Check one)

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

Aimee Dalenta  
Candidate Full Name (if applicable)

School committee  
Office Sought and District

116 Tangewood Drive  
Residential Address

E-mail: Aimeeyehkids@gmail.com

Phone # (optional): \_\_\_\_\_

Committee to Elect Aimee Dalenta  
Committee Name

Amy Goldman  
Name of Committee Treasurer

14 Overbrook Rd  
Committee Mailing Address

E-mail: amygoldman2@gmail.com

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>2604.90</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2604.90</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2604.90</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
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.

Signed under the penalties of perjury: Amy Goldman (Treasurer's signature) Date: 6/7/21

#### 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: Aimee Dalenta (Candidate's signature) Date: 6/7/21

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
4/12/21	Edward D'Alenza PO BOX, 993 Marlboro, NH 03451	100.00	
4/4/21	Dunna D'Uveva 103 Millbrook Dr East Longmeadow	100.00	
4/5/21	Mary Franco 7 Addison Rd Wilbraham MA	100.00	
3/19/21	Amy & Bruce Goldman 14 Overbrook Rd EL	100.00	
2/12/21	Gary Gray 175 Tanglewood Dr. EL.	100.00	
3/15/21	Cory & Christin Laflamme 9 Anna Marie Ln East Longmeadow	100.00	
3/21/21	Jean Lawless 31 Meadow Rd E.L.	85.00	
2/13/21	Greg & Meg Leonard 10 Metwood Ave E.L.	100.00	
4/13/21	Jennifer Miller 443 Woodhaven Rd Blastenbury CT	100.00	
2/12/21	Adam Oliveri 60 Stonehill Rd E.L.	100.00	
5/23/21	Daniel Paquette 47 Pine Woods Dr E.L.	50.00	
2/21	Enca Pellegrino 10 Windham Dr E.L.	50.00	
6/1/21	Dun Shaw 183 Tanglewood Dr E.L.	100.00	

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

→  
*Continued*

\* 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

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)
4/1/21	Bev: Bob Steele 16 Ridge Rd E.L.	50.00	
4/12/21	Karen Trincerì 174 Gates Ave EL	50.00	
4/15/21	Amy & Rich Veros 89 Bridge Rd EL	75.00	
4/4/21	Ashlee Vose 17 Cottage St Putnam Ct	100.00	
6/0/21	Wiedersheim 116 Tanglewood Dr	664.35	Teacher
Line 9: Total Receipts over \$50 (or listed above)		2124.35	
Line 10: Total Receipts \$50 and under* (not listed above)		480.55	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>2604.90</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 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
2/22/21	28 printz	173B Shaker Rd East Longmeadow	Lawn signs	605.00
3/26/21	28 Printz	173 B Shaker Rd East Longmeadow	Banner	80.83
4/13/21	28 Printz	173 B Shaker Rd East Longmeadow	Lawn signs	307.50
5/31/21	Hot oven cookies	1365 main st Springfield	cookies	371.88
5/5/21	New England Printing	1 Angina Dr Enfield CT 06082	Mailer	692.81
5/10/21	new England Printing	↓	Mailer	194.88
6/1/21	Reminder. Publications	280 N. Main St E.L.	Article / Advertising	352.00

Line 12: Total Expenditures over \$50 (or listed above)	2604.91
Line 13: Total Expenditures \$50 and under* (not listed above)	
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	

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 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	

\* 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 →

**Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**

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