



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: Ending Date:

Type of Report: (Check one)

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="0"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="6,150"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="6,150"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="0"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="6,150"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="People's 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: (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: (Candidate's signature) Date:

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)
5/18/2022	David Beaudry 520 White Street, Springfield, MA 01108	500	Regional Sales Manager Atlantic Plywood
5/18/2022	Jason Bolanos 60 Old Brook Rd, Springfield, MA 01118	100	
5/18/2022	Gregory Caputo 4 Memory Lane, Feeding Hills, MA 01030	100	
5/18/2022	CTE Brian Clune 62 Bridle Path Road West Springfield, MA 01089	100	
5/18/2022	Sean Collins 42 Van Horn St, Chicopee, MA 01013	100	
5/18/2022	Joseph Conant 603 Gardners Way Enfield, CT 06085	100	
5/18/2022	CTE Sean Curran 470 Carew Street Springfield, MA 01104	100	
5/18/2022	John Decesare 43 Oakland Street Springfield, MA 01108	100	
5/18/2022	Paul Dipietro 40 Stirling Street Longmeadow, MA 01106	100	
5/18/2022	James Dowd 6 Highmeadow Circle East Longmeadow, MA 01028	100	
5/18/2022	Thomas Fitzgerald 577 Converse St, Longmeadow, MA 01106	100	
5/16/2022	Daniel Garvey, 13 Bella Vista Dr. East Longmeadow , MA 01028	150	
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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/18/2022	Kathleen Hoey, 135 Bear Hole Road, W. Spfld, MA 01089	300	Retired
5/18/2022	William Johnson, 650 New Ludlow Rd S. Hadley, MA 01075	125	
5/18/2022	Thomas Kakley, 152 Pinecrest Drive, Springfield, MA 01118	100	
5/18/2022	Mark Kenney, 274 Woodmont St, W. Spfld, MA 01089	100	
5/18/2022	Kathleen Lyons, 40 Senacal Place East Longmeadow, MA 01028	100	
5/17/2022	Sean Maher, 50 Rollins Dr East Longmeadow, MA 01028	100	
5/17/2022	Sharon Maher, 50 Rollins Dr East Longmeadow, MA 01028	100	
5/18/2022	Andrew Manzi, 30 Allen Street East Longmeadow, MA 01028	200	Campus Police Springfield College
5/18/2022	John Margeson, 100 Prospect St East Longmeadow, MA 01028	100	
5/18/2022	Brendan O'Toole, 8 Bonair Drive, Wilbraham, MA 01095,	100	
5/17/2022	Eric Pericolosi, 136 Meadowbrook Rd, Springfield, MA 01128	100	
5/18/2022	Michael Quinn 15 Herrick Pl, Wilbraham, MA 01095	500	Owner Universal Electric
5/17/2022	Reliable Merchant Services, 87 Pembroke Terrace East Longmeadow, MA 01028	100	
Line 9: Total Receipts over \$50 (or listed above)		3,675	
Line 10: Total Receipts \$50 and under* (not listed above)		2,475	
Line 11: TOTAL RECEIPTS IN THE PERIOD		6,150	← 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 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)	