



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:  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

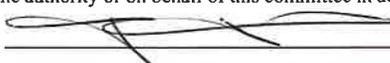
Telephone Number (optional):

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="3458.45"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="4281.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="7739.45"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="0.00"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="7739.45"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text"/>
Line 8: Name of bank(s) used:	<input type="text" value="People's Bank"/>

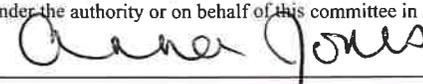
#### Affidavit of Committee Treasurer:

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)
5/7/2025	Albano, Chrissy Highland Circle Hampden, MA 01036	100	
5/7/25	Ashe, Tom 116 Chesterfield Ave Springfield, MA 01118	100	
5/7/25	Beaudry, David 520 White St Springfield, MA 01108	500	Atlantic Plywood
5/7/25	Cardaropoli, Franco 6 Kensington Ave East Longmeadow, MA 01028	100	
5/7/25	Clune, Brian 62 Bridle Path Rd West Springfield, MA 01089	100	
5/7/25	Clune, James 72 Lynne Drive West Springfield, MA 01089	100	Retired
5/7/25	DiPietro, Paul 20 Jamestown Dr, Unit D Springfield, MA 01108	100	
5/13/25	Dessereau, Matthew 37 Gillette Avenue Springfield, MA 01118	500	Self Employed
5/7/25	Ferrentino, Frank 9 Julia Way Wilbraham, MA	100	
5/7/25	Gulluni, Anthony 39 Ashbrook St Springfield, MA 01118	100	
5/7/25	CTE Anthony Gulluni	100	
5/7/25	Leydon, Jim 40 Senecal Pl East Longmeadow, MA 01028	100	
Line 9: Total Receipts over \$50 (or listed above)		2000.00	
Line 10: Total Receipts \$50 and under* (not listed above)		981.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>2981.00</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)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/7/25	Kakley, Tom 152 Pinecrest Dr Springfield, MA 01118	100	
5/7/25	Lukas, Ray 182 Colony Road Longmeadow, MA 01106	200	self employed
5/7/25	Manzi, Andrew 30 Allen St East Longmeadow, MA 01028	100	
5/7/25	Olivieri, Adam 60Stonehill Rd East Longmeadow, MA 01028	100	
5/7/25	Page, Ralph 137 Pease Rd East Longmeadow, MA01028	100	
5/8/25	Richards, Marilyn 342 Pinecrest Dr East Longmeadow, MA 01028	100	
5/7/25	Sullivan, John 23 Springhouse Rd Hampden, MA 01036	500	self employed
5/7/25	Truoiolo, Franco 238 Braeburn Rd East Longmeadow, MA 01028	100	
Line 9: Total Receipts over \$50 (or listed above)		1300.00	
Line 10: Total Receipts \$50 and under* (not listed above)		0.00	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		4281.00	← 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.







