



**Form CPF M101: STATEMENT OF ORGANIZATION  
CANDIDATE'S COMMITTEE  
MUNICIPAL FORM**

TOWN CLERK  
RECEIVED

Office of Campaign and Political Finance

2018 APR -5 AM 8:32

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows: TOWN OF EAST LONGMEADOW

<b>CANDIDATE:</b>	Full Name: <u>Susan Mary Mantoni</u>
	Residential Address: <u>30 Lenox Circle</u>
	City / State / Zip: <u>East Longmeadow MA 01028</u>
	E-Mail Address: <u>Susan.mantoni@gmail.com</u> Phone #: <u>413.218.2246</u>
	Party Affiliation: <u>Independent</u> (If applicable)
<b>OFFICE SOUGHT/PURPOSE:</b>	
	Title: <u>East Longmeadow School Committee</u>
	District: <u>East Longmeadow, MA</u>

<b>COMMITTEE:</b>	Name of Committee: <u>Committee to Elect Susan Mantoni</u> <small>(The name of the committee must include the candidate's last name)</small>
	Committee Mailing Address: <u>30 Lenox Circle</u>
	City / State / Zip: <u>East Longmeadow MA 01028</u> Phone #: <u>413.218.2246</u>

<b>OFFICERS:</b>	
<b>Chairman:</b> <u>Susan Mantoni</u> Residential Address: <u>30 Lenox Circle</u> City / State / Zip: <u>East Longmeadow MA 01028</u> Phone #: <u>413.218.2246</u>	<b>Treasurer*:</b> <u>David Mantoni</u> Residential Address: <u>30 Lenox Circle</u> City / State / Zip: <u>East Longmeadow MA 01028</u> Phone #: <u>413.222.3100</u> Email: <u>mantoni.cpa@gmail.com</u> <small>*A public employee may not serve as treasurer of any political committee (see reverse)</small>
Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____	Other Officer/Title: _____ Residential Address: _____ City / State / Zip: _____ Phone #: _____

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Susan Mantoni  
Candidate's signature Date: 3/28/18

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

David A. Mantoni  
Treasurer's signature Date: 3/28/18

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Susan Mantoni  
Chairman's signature Date: 3/28/18



# Form CPF M 102: Campaign Finance Report Municipal Form

TOWN CLERK  
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Office of Campaign and Political Finance

TOWN OF EAST LONGMEADOW APR 24 AM 9:12

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1, 2018 Ending Date: APR 23 2018

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

Susan Mantoni  
Candidate Full Name (if applicable)  
East Longmeadow School Committee  
Office Sought and District  
30 Lenox Circle East Longmeadow MA  
Residential Address  
Telephone Number (optional):

Committee to Elect Susan Mantoni  
Committee Name  
David Mantoni  
Name of Committee Treasurer  
30 Lenox Circle E. Long.  
Committee Mailing Address  
Telephone Number (optional): 413-218-2246

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>3645.55</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3645.55</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>3645.55</u>
Line 8: Name of bank(s) used:	<u>NA</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: David J. Mantoni (Treasurer's signature) Date: 4-23-2018

#### 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: Susan Mantoni (Candidate's signature) Date: 4/23/18

## 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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</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. Page 2

**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>
<b>Line 9: Total Receipts over \$50 (or listed above)</b>			
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</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
4/5/18	Hampden Sign	112 E. Long. Rd.	Campaign Signs	892.50
4/11/18	Hampden Sign	112 E. Long. Rd.	Campaign Signs	255.-
4/13/18	Center Sq. Grill	84 Center Sq. E. Long.	meet + Greet	882.02
4/14/18	4 Imprint	101 Commerce St. Oshkosh, WI 54901	Campaign Pens	343.22
4/19/18	Priority Press	132 Shaker Rd E. Long.	Campaign Flyers	642.81
4/23/18	The Reminder	280 N. Main St. E. Long.	Advertisement	630.-
Line 12: Total Expenditures over \$50 (or listed above)				3645.55
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				3645.55

\* 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
<b>Line 12: Expenditures over \$50 (or listed above)</b>				
<b>Line 13: Expenditures \$50 and under* (not listed above)</b>				
<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)	
<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
4/5/18	Hampden Sign	112 E-Long. Rd	Campaign Signs	892.50
4/11/18	Hampden Sign	112 E-Long. Rd	Campaign Signs	255.-
4/13/18	Center Sq. Grill	84 Center Sq.	Meet + Greet	882.02
4/14/18	4 Imprint	101 Commerce St. Oshkosh, WI 5490	Campaign Perm	343.22
4/19/18	Priority Press	132 Shaker Rd E-Long.	Campaign Flyers	642.81
4/23/18	The Reminder	280 N. main St. E. Long.	Advertisement	630.-

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 3645.55





Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

TOWN CLERK  
RECEIVED

Office of Campaign and Political Finance

TOWN OF EAST LONGMEADOW 2018 JUN -4 AM 9: 09

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date:  Ending Date:  TOWN OF EAST LONGMEADOW

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="- 3645.55"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="0"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="- 3645.55"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="2300.—"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="-5945.55"/>
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="5945.55"/>
Line 8: Name of bank(s) used:	<input type="text" value="N/A"/>

**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)

Line 9: Total Receipts over \$50 (or listed above)	
Line 10: Total Receipts \$50 and under* (not listed above)	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	<b>← Enter on page 1, line 2</b>

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above. Page 2

**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
4/19/18	Hampden Sign	112 E. Long. Rd. Hampden, MA	Campaign Signs	127.50
4/30/18	The Reminder	280 N. main St. E. Long., MA	Advertisement	930.-
5/7/18	Hampden Sign	112 E. Long. Rd Hampden, MA	Campaign Signs	38250
5/16/18	The Reminder	280 N. main St. E. Long., MA	Advertisement	430.-
5/18/18	The Reminder	280 N. main St. E. Long., MA	Advertisement	430.-
Line 12: Total Expenditures over \$50 (or listed above)				2300.-
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				2300.-

\* 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)**

<b>Date Paid</b>	<b>To Whom Paid (alphabetical listing)</b>	<b>Address</b>	<b>Purpose of Expenditure</b>	<b>Amount</b>

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)	
Enter on page 1, line 6 →			Line 17: <b>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
Various	Susan Mantoni	30 Lenox Cir. E. Long., MA	Loan	3645.55
4/19/18	Hampden Sign	112 E. Long. Rd Hampden, MA	Campaign Signs	127.50
4/30/18	The Reminder	280 N. Main St. E. Long., MA	Advertisements	930.-
5/7/18	Hampden Sign	112 E. Long. Rd Hampden, MA	Campaign Signs	38.25
5/10/18	The Reminder	280 N. Main St. E. Long., MA	Advertisements	430.-
5/18/18	The Reminder	280 N. Main St. E. Long., MA	Advertisements	430.-

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** **5945.55**