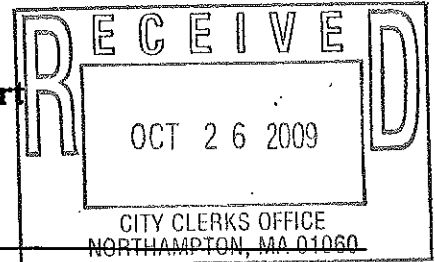




Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

**Fill in dates:**

Reporting Period Beginning <sup>Month</sup> SEPTEMBER <sup>Date</sup> 9 <sup>Year</sup> 2009 Ending <sup>Month</sup> OCT. <sup>Date</sup> 16 <sup>Year</sup> 2009

**Type of report: (Check one)**

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

Gene Tacy  
Full Name of Candidate (if applicable)  
City Councilor - Ward 7  
Office Sought and District  
158 NORTH MAPLE ST.  
Residential Address  
FLORENCE, MA 01062 (413) 585-8087  
Tel. No. (optional)

Gene Tacy for Ward 7 City Councilor  
Committee Name  
BILL ARNOLD  
Name of Committee Treasurer  
158 NORTH MAPLE ST.  
Committee Mailing Address  
FLORENCE, MA 01062 (413) 585-8087  
Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>2587.57</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1299.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>3886.57</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>912.31</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>2974.26</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>NORTHAMPTON COOPERATIVE BANK</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:

Bill Arnold 10/26/09  
Treasurer's signature (in ink) Date

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**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:

Gene Tacy 10-26-09  
Candidate signature (in ink) Date

**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.

This page may be copied 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	
9/22/09	FLORENCE CIVIC & BUSINESS	Florence, MA 01062	HALL RENTAL	75	00
10/5/09	PACIFIC PRINTING	19 DAMON RD. NORTHAMPTON, MA	SWEATSHIRTS	352	00
9/9/09	SUNRAISE, INC.	322 RUSSELL ST. HADLEY, MA 01035	SIGNS	345	31
10/14/09	VFW POST 8006	FLORENCE, MA 01062	HALL RENTAL	190	00
Line 12: Expenditures over \$50				912	31
Line 13: Expenditures \$50 and under*				<del>912</del>	<del>31</del>
Line 14: TOTAL EXPENDITURES				912	31

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 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.

This page may be copied 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)
9/18/09	Adam Cohen & Jennifer Reiter 351 Pleasant St. Northampton, MA	100 00	
9/19/09	Comm. to elect Kathy Foote Newman 33 Holly Cir. Easthampton MA 01027	150 00	
9/10/09	Robin Fields 410A Kennedy Rd. Leeds, MA 01053	400 00	Executive Berkshire Cable Co.
10/10/09	Richard K. Greene 54 River Rd. P.O. Box 199 Leeds MA	100 00	
9/25/09	J. Leo Goyette & Jane Goyette 30 Alamo Ct. Florence, MA 01062	100 00	
10/14/09	TRACY HAREPITZ 515 Kennedy Rd. Leeds MA 01062	50 00	
7/25/09	Charles & Kathy Mc Carthy 201 North Maple St. Florence, MA 01062	75 00	
9/25/09	Patrick & Alice Melnik 311 Chesterfield Rd. Leeds MA 01053	50 00	
9/10/09	Kathy & Steve Quigley 17 Park St. Florence, MA 01062	50 00	
10/9/09	William F. Rogers 48 Audubon Rd. Leeds MA 01053	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)		1175 00	
Line 10: Total receipts \$50 and under* (not listed above)		124 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1299 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.

### 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
<b>Line 15: In-kind over \$50</b>				<del>0</del>
<b>Line 16: In-kind \$50 and under</b>				<del>0</del>
<b>Line 17: Total In-kind</b>				<del>0</del>

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
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				

Enter on page 1, line 7

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.