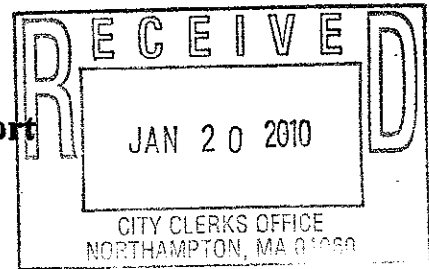




Commonwealth of Massachusetts

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 10 17 2009 Ending 12 31 2009

Type of report: (Check one)

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

Michael R. Bardsley
Full Name of Candidate (if applicable)
Mayor of Northampton
Office Sought and District
50 Union St #4 Northampton
Residential Address
413-586-1431
Tel. No. (optional)

Bardsley Campaign Committee
Committee Name
Loretta D. Gougeon
Name of Committee Treasurer
P.O. Box 60252 Florence
Committee Mailing Address
413-586-3951
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>4831.08</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>7289.50</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>12120.58</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>11863.98</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>256.60</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>1319.86</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>1320.56</u>
Line 8: Name of bank(s) used	<u>Florence Savings 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:
Loretta Gougeon 1-15-2010
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:
Michael R. Bardsley 1-20-2010
Candidate signature (in ink) 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.

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)
11/3	Mohammed Alam 21 Dryads Green, Northampton	50 00	
10/18	Peter B. Allison 30 Plain Rd, Hatfield	175 00	
10/17	Floyd Andrus 81 Lake St. Florence	100 00	
10/27	Stephen M. Bandarra 85 Market St, Northampton	50 00	
12/3	Michael Bardsley 50 Union St #4, Northampton	400 00	Retired LOAN
10/18	James R & Uta Bamberger 6 Kristen Lane, Maynard	250 00	Information Requested
10/28	Albert A. Champagne 1194 Westhampton Rd, Florence	75 00	
11/2	Mary Copolla Vernon St, Northampton	60 00	
10/21	Michael Doherty 28 Fruit St, Northampton	75 00	
10/18	Barbara E. Weiner Dubek 61 Massasoit St, Northampton	50 00	
10/18	Mark Dubek 61 Massasoit St Northampton	50 00	
10/28	Donald & Sharon Dumas 117 Jubilee Pl Newbern NC	50 00	
10/30	Carl Erickson 9 Fairview Ave, Northampton	50 00	
10/28	Fredrick & Eva Fierst 10 Park St. Florence	50 00	
10/21	Nancy Finkelstein 80 Bow St. Medford, MA	50 00	
Line 9: Total receipts in excess of \$50 (or listed above)		1535 00	
Line 10: Total receipts \$50 and under* (not listed above)		1878 50	
Line 11: TOTAL RECEIPTS IN THE PERIOD		7289 50	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

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)
11/2	Mary Ford 6 Massasoit St. Northampton	125 00	
10/31	Jeffrey R. Gougeon 15 W. Center St. Florence	55 00	
10/27	Regina Gulliver 1449 S. East St Amherst	100 00	
10/22	Bruce + Ruth Hawkins 26 Crescent St #206 Northampton	500 00	Information Requested
10/28	Matt Hiesiger 52 Center St Geneseo NY	100 00	
10/21	Barry + Eileen Hirsch 36 Massasoit St Northampton	75 00	
10/31	Joseph W. Jamrog P.O. Box 275, Southampton	200 00	Sales Manager Wacker Corp.
10/30	Maryanne Koroczko 116 Glendale Rd Southampton	100 00	
10/31	Maryanne LaBarge 698 Westhampton Rd, Northampton	81 00	
11/2	Susan B. Lantz Living Trust 74 Lyman Rd., Northampton	50 00	
10/18	Lisa Leahy	50 00	
10/31	10 Hayward Rd. Florence	10 00	
10/19	Joan Leonard	25 00	
11/2	74 Emily Lane, Northampton	25 00	
11/2	Brianne Lienkamp 106 Hunter Rd, Uxbridge	200 00	Nurse Practitioner Evercare
10/25	Joan Ross Logan 125 Rolling Green, Amherst	50 00	
10/17	Barbara Maroon 111 South Rd. Farmington CT	250 00	MA State UAW PAC
Line 9: Total receipts in excess of \$50 (or listed above)		1996 00	
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

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)
12/14	Marlene A. Morin 121 Florence Rd, Florence	100 00	
10/18	Chris + Gisela Murray 103 Rick Dr. Florence	50 00	
10/28	John Nixon + Peter Souza 24 Walnut St. Northampton	100 00	
10/27	Michael + Gail O'Brien 661 Westhampton Rd, Florence	50 00	
11/7	Anita + William Pitrat 94 Ryan Rd, Florence	80 00	
10/19	Gerald Platt 63 Massasoit St, Northampton	100 00	
10/17	Chris + Pamela Powers 105 N. Main St. Florence	150 00	
10/18	Brian Reynolds 289 Burts Pit Rd, Northampton	50 00	
10/21	Frances M. Riddle 17 W. Center St. Florence	200 00	Adjunct Professor STCC
10/23	Margaret H. Riddle PO. Box 175, Leeds	400 00	Principal Ryan Road School
10/30	Reena Saperstein 126 Glendale Rd, Amherst	50 00	
10/21	Joel Saxe 21 West St #3, Northampton	50 00	
11/29	Lori L. Scott 839 Florence Rd, Florence	50 00	
10/28	Edward Tawsky 9 Elijah Lane, Londonderry NH	50 00	
10/17	Tom + Joan Family Trust 514 Park Hill Rd, Florence	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)		1580 00	
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

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)
10/31	Maria Tomoczko 29 Pomeroy Terr. Northampton	100	00	
11/2	Elizabeth Rocket Volkman 55 Washington Ave., Northampton	50	00	
10/30	Challenger + Helen Whitman 112 Chestnut St. Florence	50	00	
10/20	Thomas R. Willits 39 Massasoit St. Northampton	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		300	00	
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.

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	
4/4 /12/31	Michael Bardsley	50 Union St #4 Northampton	Supplies, Postage Website LOAN	721	27
11/5 /12/17	Collective Copies	93 Main St. Florence.	Printing/Copies	2945	36
10/30	Comcast	74 Bradford St. Northampton	Phone/Internet	104	00
10/26	Daily Hampshire Gazette	115 Conz St. Northampton	Advertising	2684	50
11/13	Guild Art Supply	main St. Northampton	Printing	100	00
10/31 /12/17	National Grid	P.O. Box 960 Northborough MA	Electric Utility	229	03
10/19 /10/30	Postmaster	Main St. Florence	Stamps	1144	00
12/17	Seth Mias Catering	P.O. Box 508 Leeds	Catering	1000	00
10/27 /11/13	Benjamin Spencer	8 Rust Ave Northampton	Professional Service	900	00
10/23	Valley Advocate.	P.O. Box 477 Northampton	Advertising	1140	00
10/28	WHMP Radio	15 Hampton Ave Northampton	Advertising	852	00
				Line 12: Expenditures over \$50	11820 16
				Line 13: Expenditures \$50 and under*	43 82
				Line 14: TOTAL EXPENDITURES	11863 98

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10/28	Amy Bookbinder	88 Grove Ave. Leeds	Advertising	117.00
11/3	Mary Copolla	Vernon St. Northampton	Food/Coffee	103.51
10/28	Suzanne Garrow	409 Rocky Hill Rd Florence	Printing	203.00
10/18	Green St. Cafe	64 Green St, Northampton	Catering	350.00
11/7	Jared Libby	216 Conway Rd, S. Deerfield	Entertainment	500.00
Line 15: In-kind over \$50				1273.51
Line 16: In-kind \$50 and under				46.35
Line 17: Total In-kind				1319.86

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
9/4 9/26	Michael Bardsey	50 Union St #4 Northampton	LOAN	820.56
12/3	Michael Bardsey	50 Union St #4 Northampton	LOAN	400.00
Line 18: OUTSTANDING LIABILITIES (ALL)				1220.56

Enter on page 1, line 7