

Form CPF M 102: Campaign Finance Report Municipal Form 007 1

Office of Campaign and Political Finance

OCT 19 2015

OCT 19 2015

Cally of Town Clerk or Election Commission

Oct 14, 2015

| Fill in Reporting Period dates: Beginning Date: Jan | File with: City or Town Clerk or Election Commissi |
|---|--|
| Fill in Reporting Period dates: Beginning Date: Jan | 1, 2015 Ending Date: Oct 14, 2015 |
| Type of Report: (Check one) | |
| 8th day preceding preliminary 8th day preceding election | 30 day after election year-end report dissolution |
| Alisa Klein | Committee to Elect Alisa Klein |
| Candidate Full Name (if applicable) | Committee Name |
| City Councillor Ward 7 | 1 |
| Office Sought and District | Julia Chevan Name of Committee Treasurer |
| 18 Chestnut Ave Leeds, MA 01052 | 18 Chestnut Ave Leeds, MA 01052 |
| Residential Address | Committee Mailing Address |
| Telephone Number (optional): | Telephone Number (optional): |
| | |
| SUMMARY BALANG | CE INFORMATION: |
| Line 1: Ending Balance from previous report | 260.04 |
| Line 2: Total receipts this period (page 3, line 11 | 2,148 |
| Line 3: Subtotal (line 1 plus line 2) | 2,408.04 |
| Line 4: Total expenditures this period (page 5, lin | ne 14) 581.29 |
| Line 5: Ending Balance (line 3 minus line 4) | 1,826.75 |
| Line 6: Total in-kind contributions this period (pa | age 6) 0 |
| Line 7: Total (all) outstanding liabilities (page 7) | 0 |
| Line 8: Name of bank(s) used: Florence Savings B | ank |
| Affidavit of Committee Treasurer: | |
| I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority of on behalf of this committee in Signed under the penalties of perjury: | contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. |
| | (Treasurer's signature) Date: Oct 14, 2015 |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I bo | ox 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 activity, of all persons acting under the authority or on behalf of this committee in ac incurred any liabilities nor made any expenditures on my behalf during this reporting | be best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, a period. |
| Candidate without Committee OR Candidate with independent activity filing se I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this | best of my knowledge and belief, a true and complete statement of all campaign |
| signed under the penalties of perjury: | (Candidate's signature) Date: Oct 14, 2015 |

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.)

| Name and Residential Address Occupation & Employer | | | | | |
|--|---|---------------------------|--|--|--|
| Date Received (alphabetical listing required) | | Amount | Occupation & Employer (for contributions of \$200 or more) | | |
| Jun 5, 2015 | Lisa Baskin PO Box 314 Leeds, MA | 100 | | | |
| Aug 1, 2015 | Joseph D Cohen 412 Audubon Road Leeds, MA | 100 | | | |
| Jul 24, 2015 | John and Wenda Field 138 Oak Street Florence, MA | 100 | | | |
| Jul 24, 2015 | Emory Ford 364 Spring Street Florence, MA | 100 | | | |
| Sep 8, 2015 | Gary E Klein 24 Sagamore Ave Medford, MA | 100 | | | |
| Jul 24, 2015 | Jennifer McKenna 89 Florence Street Leeds, MA | 100 | | | |
| Jul 24, 2015 | Ann and Edward Shanahan PO Box 60432 Florence, MA | 100 | | | |
| Jul 24, 2015 | Linda Butler 74 Grove Avenue Leeds, MA | 75 | | | |
| Jul 24, 2015 | Mary Kelleher 196 Round Hill Road Northampton, MA | 75 | | | |
| Jul 24, 2015 | Alexis Greenblatt 300 Riverside Drive Northampton, MA | 60 | | | |
| Jul 24, 2015 | Lois Ahrens 5 Warfield Place Northampton, MA | 50 | | | |
| 7/24/2015 | Frances Crowe 3 Langworthy Rd Northampton, MA | 50 | | | |
| Line 9: Total Recei | pts over \$50 (or listed above) | 1,660 | | | |
| Line 10: Total Receipts \$50 and under* (not listed above) | | 488 | | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD 2,148 | | ← Enter on page 1, line 2 | | | |
| If you have been ! | | | | | |

^{*} 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)

| Name and Residential Address Occupation & Employee | | | | | |
|---|---|--------|--|--|--|
| Date Received (alphabetical listing required) | | Amount | Occupation & Employer (for contributions of \$200 or more) | | |
| Jul 24, 2015 | John and Elizabeth Detmold PO Box 305 Leeds, MA | 50 | | | |
| Jul 24, 2015 | Barbara Goldin PO Box 981 Leeds, MA | 50 | | | |
| Sep 23, 2015 | Richard S Hart, III 68 Leonard Street Leeds, MA | 50 | | | |
| Jul 24, 2015 | Elizabeth Kilduff 50 Water Street Leeds, MA | 50 | | | |
| Aug 13, 2015 | Marianne LaBarge 698 Westhampton Road Florence, MA | 50 | | | |
| Sep 30, 2015 | Sovann-Malis Loeung 85 Olympia Drive Apt 40 Amherst, MA | 50 | | | |
| Jul 25, 2015 | Gary Mongeon 89 Autumn Drive Florence, MA | 50 | | | |
| Jul 24, 2015 | Mary Olberding 272 Aldrich Street Belchertown, MA | 50 | | | |
| Jul 25, 2015 | Henry Petrucci 182 Chestnut Street Leeds, MA | 50 | | | |
| Jul 24, 2015 | Amy and Thomas Quinn PO Box 247 Leeds, MA | 50 | | | |
| Sep 30, 2015 | Rowena and Gary Roodman 26 Grove Avenue Leeds, MA | 50 | | | |
| Jul 24, 2015 | Gina-Louise Sciarra 145 State Street Northampton, MA | 50 | | | |
| Jul 24, 2015 | Paki Wieland 3 Langworthy Road Northampton, MA | 50 | | | |
| Line 9: Total Receip | ots over \$50 (or listed above) | 1,660 | | | |
| Line 10: Total Recei | pts \$50 and under* (not listed above) | 488 | | | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 2,148 | ← Enter on page 1, line 2 | | |
| If you have itemized receipts of \$50 and under, include them in line 9. Line 10 show | | | include actual account of the control of the contro | | |

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

| 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 |
| Sep 6, 2015 | Collective Copies | Main Street Fiorence, MA | Copying | 154.28 |
| Jul 31, 2015 | Cooper's Corner | Main Street Florence, MA | Food for kick-off event | 243.75 |
| Jul 11, 2015 | United States Postal Service | Main Street Florence, MA | Stamps for mailing | 105 |
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| | | | | |
| | | Line 12: Total Expenditures over | er \$50 (or listed above) | 503.03 |
| | ĺ | Line 13: Total Expenditures \$50 | and under* (not listed above) | 78.26 |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD * If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only these areas it. | | | | 581.29 |

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above, Page 4

SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid | A.3.A | | |
|--------------------|---------------------------|--------------------------------------|--------------------------|---------|
| Date Faid | (alphabetical listing) | Address | Purpose of Expenditure | Amount |
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| | | Line 12: Evpanditures | (ti-tu d - 1) | |
| | | Line 12: Expenditures over \$50 | | 0 |
| | | Line 13: Expenditures \$50 and un | nder* (not listed above) | 0 |
| | Enter on page 1, line 4 → | Line 14: TOTAL EXPENDITU | RES IN THE PERIOD | 0 |
| If you have itemiz | | include them in line 12. Line 13 sho | | |

^{*} 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 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 |
|---------------|---------------------------|-------------------------|-----------------------|--------|
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| | Enter on page 1, line 7 → | Line 18: TOTAL OUTSTAND | ING LIABILITIES (ALL) | 0 |

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 |
|---------------|---------------------|-----------------------------------|-----------------------------|-------|
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| | | | | |
| | | Line 15: In-Kind Contributions | over \$50 (or listed above) | 0 |
| | | Line 16: In-Kind Contributions \$ | | 0 |
| | | Line 17: TOTAL IN-KIND CO | | 0 |

^{*} 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.

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