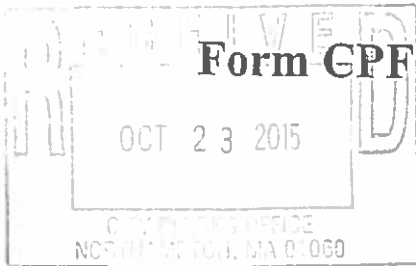




Commonwealth of Massachusetts



Form GPF 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: July 1, 2015 Ending Date: October 20, 2015

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

Elaine M. Reall
Candidate Full Name (if applicable)
Trustee - Forbes Library
Office Sought and District
12 East St., Northampton, Ma. 01060
Residential Address
Telephone Number (optional): 413-585-1624

Committee to Elect Elaine Reall
Committee Name
Frances CORREVEAU
Name of Committee Treasurer
12 East St, Northampton, Ma. 01060
Committee Mailing Address
Telephone Number (optional): 413-585-1624

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>00.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 2,550.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 2,550.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2,023.09</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>526.91</u>
Line 6: Total in-kind contributions this period (page 6)	<u>300.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>468.28</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: [Signature] (Treasurer's signature) Date: 10-22-2015

OR 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: Elaine M. Reall (Candidate's signature) Date: 10-22-2015

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.

"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)
9/5/2015	Fran CORRIVEAU 12 East Street NORTHAMPTON, MA	\$100. ⁰⁰	
9/9/2015	William Rosen 35 Maynard Road Northampton, MA. 01060	\$100. ⁰⁰	
9/9/2015	Dr. Maribeth Erb Ms. Mary Finn 19 Gleason Rd., Northampton	\$200	The Optical Studio Pleasant St., Northampton
9/9/2015	Patricia Shaughnessy 182 Chestnut St. Florence, MA.	\$100	
9/9/2015	Barbara Arrighi 93 Franklin St. Northampton, MA.	\$100	
9/9/2015	Kathleen Becker 5 Fifth Avenue Northampton, MA.	\$100	
11/9/2015	David Stevens 1376 Westhampton Road Florence, MA.	\$100	
1/9/2015	Alex Ghiselin 164 Riverside Drive Florence, MA.	\$75. ⁰⁰	
1/9/2015	Jodi Kirschner 9 Oakridge Circle Easthampton, MA.	\$250. ⁰⁰	Retired systems Analyst
9/2015	Linda Enghagen 5 Fifth Ave Northampton, MA.	\$250. ⁰⁰	Professor / UMass.
12/9/2015	Cynthia Langley 419 Fairway Village Leeds, MA. 01053	\$100. ⁰⁰	
12/2015	Eric + Sandra Lucentini Crescent Street Northampton, MA.	\$250. ⁰⁰	Self-employed attorneys
Total Receipts over \$50 (or listed above)			
Total Receipts \$50 and under* (not listed above)			
TOTAL RECEIPTS IN THE PERIOD			

← Enter on page 1, line 2
 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)
10/13/2015	Patrick Goggins 671 N. Farms Rd. Florence, MA, 01062	\$200.00	GOGGINS Real Estate/ Rental

Line 9: Total Receipts over \$50 (or listed above)	2,025.00
Line 10: Total Receipts \$50 and under* (not listed above)	\$525.00
Line 11: TOTAL RECEIPTS IN THE PERIOD	2,550.00

← Enter on page 1, line 2

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, in committee records, and reported on line 13.

"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
8/29/2015	Collective Copies	93 Main St, Florence, Ma. 01062	Literature	168.41
9/9/2015	Roberto's Restaurant	Pleasant St Northampton, MA	Room - Campaign Kickoff	232.28
9/23/2015	Fran Corriveau	12 East St Northampton, MA.	Face Book Ad boosts	\$ 50.00
10/5/2015	On-The-Button	59 59 Nonotuck St St Florence, MA 01062	Lawn signs Florence, MA.	327.06
10/7/2015	Collective Copies	93 Main St. Florence, Ma. 01062	Literature + post cards	425.54
10/20/2015	Daily Hampshire Gazette	Conz street Northampton, MA 01060	advertising	729.80
Line 12: Total Expenditures over \$50 (or listed above)				1,933.09
Line 13: Total Expenditures \$50 and under* (not listed above)				90.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,023.09

Enter on page 1, line 4 →

ave itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

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 listed 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
9/9/2015	Richard Dubuc	248 Spring Grove St Florence, MA 01062	Guitar performance at kickoff	\$200. ⁰⁰
Line 15: In-Kind Contributions over \$50 (or listed above)				200.00
Line 16: In-Kind Contributions \$50 & under (not listed above)				100.00
Line 17: TOTAL IN-KIND CONTRIBUTIONS				300.00

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
10/5/2015	Elaine Keall	12 East St North, MA.	postage	\$350.00
9/5/2015	Elaine Keall	12 East St North, MA.	Campaign banner	\$44.36
9/9/2015	Elaine Keall	12 East St Northampton, MA	Kichoff flowers	32.94
10/14/2015	Elaine Keall	12 East St North, MA.	Dunkin Donuts/ Calvin Coolidge	\$6.99
10/9/2015	Elaine Keall	12 East St North, MA	voter list	\$34.00
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	468.29