# *Campaign Finance Tracking Form for Local Election Officials*

*Call OCPF with campaign finance questions at 617-979-8300*

***Candidate or Committee*** Alex Jarrett Year _____

***Report:*** ___ Pre-Preliminary X Pre-Election ___30-Day ___Year-End

**Organization / Providing Materials / Notification** *

_____ Organizational form provided to candidate or committee (M101, M101BQ, M101PC)

_____ Campaign finance report form provided to candidate or committee (M102)

_____ Summary of the campaign finance law provided (OCPF guide booklet)

_____ Filing notice (includes reporting dates, due dates and language concerning late fines)

___ Pre-Preliminary ___Pre-Election ___30-Day ___Year-end

**All forms, guides and notices can be delivered by e-mail*

**Inspecting Reports**

The campaign finance law requires local election officials to "inspect" M102 and M102-0 campaign finance reports within 30 days of a due date.

✓ Correct dates for the relevant reporting period

✓ Signatures

✓ Positive ending balance

N/A If the **M102-0** form is filed, the candidate does not have a committees and has not received any contributions, made any expenditures or incurred any obligations during the reporting period, and does not have a campaign fund in existence.

Contributions (Monetary receipts and in-kind contributions)

N/A **Names and Addresses** for contributions of more than $50

N/A **Occupation and Employer** for contributions of $200 or more

✓ No contributions from corporations, business partnerships, LLCs or LLPs

✓ No contributions from individuals for more than $1,000 (see OCPF's limits chart for other limits) 500

Expenditures

✓ Vendor Names and Addresses for expenditures of more than $50

✓ Purpose information is disclosed

N/A Reimbursements form (R-1s) filed for reimbursements

Date of Inspection 10/25/21

P. Powers

Candidate or Committee Alex Jarrett Year

Report: Pre-Preliminary X Pre-Election 30-Day Year-End

**Organization - Providing Materials Notification**

Organization's form provided to candidate or committee (M102, M104TO, M101TO)

Campaign finance report form provided to candidate or committee (M102)

Summary of the campaign finance law provided (OCPF guide booklet)

Filing notice (includes reporting dates, due dates and language concerning late dues)

Pre-Preliminary Pre-Election 30-Day Year-End

**Inspection Reports**

The campaign finance law requires local election officials to inspect M102 and M102-0 campaign finance reports within 30 days of a due date.

Correct dates for the relevant reporting period

Signatures

Positive ending balance

If the M102-0 form is filed, the candidate does not have a committee and has not received any contributions, made any expenditures or incurred any obligations during the reporting period, and does not have a campaign fund in existence.

Contributions (Monetary receipts and in-kind contributions)

Names and Addresses for contributions of more than $50

Occupation and Employer for contributions of $200 or more

No contributions from corporations, business partnerships, LLCs or LLPs

No contributions from individuals for more than $1,000 (see OCPF limits chart for other limits)

Expenditures

Vendor Names and Addresses for expenditures of more than $50

Purpose information is disclosed

Reimbursements form (R-1s) filed for reimbursements

Date of Inspection 10/25/21

P. Powers

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

Fill in Reporting Period dates: Beginning Date: 1/1/21 Ending Date: 10/15/21

Type of Report: (Check one)

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

Alexander E. Jarrett
Candidate Full Name (if applicable)

City Councilor, Ward 5, Northampton
Office Sought and District

8 High St, Florence, MA 01062
Residential Address

E-mail: alex@alexjarrett. com

Phone # (optional): 413- 320- 4700

Committee to Elect Alex Jarrett
Committee Name

Brett Constantine
Name of Committee Treasurer

52 Willow St, Florence, MA 01062
Committee Mailing Address

E-mail: brett. constantine@gmail. com

Phone # (optional): 413- 387- 9678

## SUMMARY BALANCE INFORMATION:

| | |
|---|---|
| **Line 1:** Ending Balance from previous report | 254. 77 |
| **Line 2:** Total receipts this period (page 3, line 11) | 100.00 |
| **Line 3:** Subtotal (line 1 plus line 2) | 354.77 |
| **Line 4:** Total expenditures this period (page 5, line 14) | 4.80 |
| **Line 5:** Ending Balance (line 3 minus line 4) | 349.97 |
| **Line 6:** Total in-kind contributions this period (page 6) | 0.00 |
| **Line 7:** Total (all) outstanding liabilities (page 7) | 0.00 |
| **Line 8:** Name of bank(s) used: | Florence Bank |

RECEIVED
OCT 25 2021
CITY CLERKS OFFICE
NORTHAMPTON, MA 01060

**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: 10/24/21

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

**Candidate with 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 that are not otherwise disclosed in this report.

**Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

**Signed under the penalties of perjury:** Alexander Jarrett (Candidate's signature) Date: 10/25/21

# Form CPF M 102: Campaign Finance Report
# Municipal Form

**Office of Campaign and Political Finance**

Commonwealth of Massachusetts

File with: City or Town Clerk or Election Commission

**Fill in Reporting Period dates:** Beginning Date: 1/1/21 Ending Date: 10/15/21

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

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

Alexander E. Jarrett

Candidate Full Name (if applicable)

City Councilor, Ward 5, Northampton

Office Sought and District

6 High St, Florence, MA 01062

Residential Address

Email: alex@alexjarrett.com

Phone # (optional) 413- 320- 6700

Committee to Elect Alex Jarrett

Committee Name

Brett Constantine

Name of Committee Treasurer

52 Willow St, Florence, MA 01062

Committee Mailing Address

Email: brett.constantine@gmail.com

Phone # (optional) 413- 387- 9672

## SUMMARY BALANCE INFORMATION:

| | |
|---|---|
| **Line 1:** Ending Balance from previous report | 254.77 |
| **Line 2:** Total receipts this period (page 3, line 11) | 100.00 |
| **Line 3:** Subtotal (line 1 plus line 2) | 354.77 |
| **Line 4:** Total expenditures this period (page 5, line 14) | 4.80 |
| **Line 5:** Ending Balance (line 3 minus line 4) | 349.97 |
| **Line 6:** Total in-kind contributions this period (page 6) | 0.00 |
| **Line 7:** Total (all) outstanding liabilities (page 7) | 0.00 |
| **Line 8:** Name of bank(s) used: Florence Bank | |

RECEIVED
OCT 25 2021
CITY CLERK'S OFFICE
NORTHAMPTON, MA 01060

**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:** 10/24/21

**FOR CANDIDATE FILINGS ONLY:** Affidavit of Candidate: (check 1 box only)

☐ **Candidate with 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 that are not otherwise disclosed in this report.

☐ **Candidate without 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, 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 candidate 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) |
|---|---|---|---|
| 1/25/21 | Nancy Luce<br>107A Old Amherst Rd, Belchertown, MA 01007 | $10.00 | |
| 2/25/21 | Nancy Luce<br>107A Old Amherst Rd, Belchertown, MA 01007 | $10.00 | |
| 3/25/21 | Nancy Luce<br>107A Old Amherst Rd, Belchertown, MA 01007 | $10.00 | |
| 4/25/21 | Nancy Luce<br>107A Old Amherst Rd, Belchertown, MA 01007 | $10.00 | |
| 5/25/21 | Nancy Luce<br>107A Old Amherst Rd, Belchertown, MA 01007 | $10.00 | |
| 6/25/21 | Nancy Luce<br>107A Old Amherst Rd, Belchertown, MA 01007 | $10.00 | |
| 7/25/21 | Nancy Luce<br>107A Old Amherst Rd, Belchertown, MA 01007 | $10.00 | |
| 8/25/21 | Nancy Luce<br>107A Old Amherst Rd, Belchertown, MA 01007 | $10.00 | |
| 9/25/21 | Nancy Luce<br>107A Old Amherst Rd, Belchertown, MA 01007 | $10.00 | |
| 10/25/21 | Nancy Luce<br>107A Old Amherst Rd, Belchertown, MA 01007 | $10.00 | |
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|---|---|---|
| Line 9: Total Receipts over $50 (or listed above) | 100.00 | |
| Line 10: Total Receipts $50 and under* (not listed above) | 0.00 | |
| **Line 11: TOTAL RECEIPTS IN THE PERIOD** | 100.00 | ← 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 A: RECEIPTS

NOTE: 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 identify 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) |
|---|---|---|---|
| 1/25/21 | Nancy Luce<br>1027A Old Amherst Rd, Belchertown, MA<br>01007 | $10.00 | |
| 2/25/21 | Nancy Luce<br>1027A Old Amherst Rd, Belchertown, MA<br>01007 | $10.00 | |
| 3/25/21 | Nancy Luce<br>1027A Old Amherst Rd, Belchertown, MA<br>01007 | $10.00 | |
| 4/25/21 | Nancy Luce<br>1027A Old Amherst Rd, Belchertown, MA<br>01007 | $10.00 | |
| 5/25/21 | Nancy Luce<br>1027A Old Amherst Rd, Belchertown, MA<br>01007 | $10.00 | |
| 6/25/21 | Nancy Luce<br>1027A Old Amherst Rd, Belchertown, MA<br>01007 | $10.00 | |
| 7/25/21 | Nancy Luce<br>1027A Old Amherst Rd, Belchertown, MA<br>01007 | $10.00 | |
| 8/25/21 | Nancy Luce<br>1027A Old Amherst Rd, Belchertown, MA<br>01007 | $10.00 | |
| 9/25/21 | Nancy Luce<br>1027A Old Amherst Rd, Belchertown, MA<br>01007 | $10.00 | |
| 10/25/21 | Nancy Luce<br>1027A Old Amherst Rd, Belchertown, MA<br>01007 | $10.00 | |
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Line 9: Total Receipts over $50 (or listed above) 100.00

Line 10: Total Receipts $50 and under* (not listed above) 0.00

**Line 11: TOTAL RECEIPTS IN THE PERIOD** 100.00 → 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 A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of $200 or more) |
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|---|---|
| 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 A: RECEIPTS (continued)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of $200 or more) |
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# 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 |
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|---|---|
| Line 12: Total Expenditures over $50 (or listed above) | |
| Line 13: Total Expenditures $50 and under* (not listed above) | 4.80 |
| Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD** | 4.80 |

* 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

Write in $ expenditures, commitments to the independent entity, 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. Expenses under $50 and under may be added together, itemized 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 |
|---|---|---|---|---|
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## SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
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|---|---|
| Line 12: Expenditures over $50 (or listed above) | |
| Line 13: Expenditures $50 and under* (not listed above) | |
| 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 those expenditures not itemized above.

## SCHEDULE B: EXPENDITURES (continued)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|---|---|---|---|---|
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# 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) | 0.00 |
| Line 16: In-Kind Contributions $50 & under (not listed above) | 0.00 |
| Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS** | 0.00 |

* 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 C: "IN-KIND" CONTRIBUTIONS

Please identify 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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## 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 OUTSTANDING LIABILITIES (ALL)** 0.00