

Campaign Finance Tracking Form for Local Election Officials

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

Candidate or Committee _____ <u>Emely Copper</u> _____	Year <u>2021</u>
Report: _____	<input type="checkbox"/> Pre-Preliminary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> 30-Day <input checked="" type="checkbox"/> 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
_____ 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)

- 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's 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

1/20/2022
[Signature]





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: 10/16/2021 Ending Date: 12/31/2021

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

Emily Lyn Coffin
Candidate Full Name (if applicable)
Northampton City Council, Ward 1
Office Sought and District
80 Barrett St Apt D4 Northampton, MA 01060
Residential Address
E-mail: emilylyncoffin@gmail.com
Phone # (optional): _____

Emily Coffin for Ward 1
Committee Name
Jessica Howard
Name of Committee Treasurer
80 Barrett St Apt D4 Northampton, MA 01060
Committee Mailing Address
E-mail: coffinforward1@gmail.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	2,431.16
Line 2: Total receipts this period (page 3, line 11)	1,185.00
Line 3: Subtotal (line 1 plus line 2)	3,616.16
Line 4: Total expenditures this period (page 5, line 14)	3,027.99
Line 5: Ending Balance (line 3 minus line 4)	588.17
Line 6: Total in-kind contributions this period (page 6)	276.25
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: <u>Florence 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 of or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Jessica Howard (Treasurer's signature) Date: 01/19/2022

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: [Signature] (Candidate's signature) Date: 01/19/22



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)
10/24/2021	Joanne Campbell 13 Perkins Avenue Northampton, MA 01060	50.00	
10/26/2021	Thomas Coffin 1417 Manitou Road Santa Barbara, CA 93105	500.00	General Contractor Pacific Electric Solar
10/25/2021	Jane Fleishman 16 Munroe Street Northampton, MA 01060	25.00	
10/16/2021	Avi Flynn 83 Long Plain Road Leverett, MA 01054	50.00	Farm Worker Just Roots
10/24/2021	Nicholas Horton 341 Prospect Street Northampton, MA 01060	100.00	Teacher Amherst College
10/19/2021	Joanna James 84 Ridgewood Terrace Northampton, MA 01060	25.00	
10/26/2021	Nicholas Jones 175 Chestnut Plain Road Whately, MA 01093	25.00	
10/20/2021	Alisa Klein 18 Chestnut Avenue Leeds, MA 01053	50.00	
10/24/2021	Catherine McNally 2 Gleason Road Northampton, MA 01060	100.00	Trainer Self-Employed
10/24/2021	Mary Murphy 94 Pines Edge Drive Northampton, MA 01060	50.00	
10/25/2021	Michael Palmer 30 Francis Street Northampton, MA 01060	10.00	
10/25/2021	Tom Riddell 33 Aldrich Street Northampton, MA 01060	50.00	
Line 9: Total Receipts over \$50 (or listed above)		1,185.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,185.00	← 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)
10/24/2021	Susan Voss 89 Ridgewood Terrace Northampton, MA 01060	100.00	Professor Smith College
10/25/2021	Jonah Zuckerman 82 Jackson Street Northampton, MA 01060	50.00	
Line 9: Total Receipts over \$50 (or listed above)		1,185.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,185.00	← 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 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
10/17/2021	ActBlue Technical Services	366 Summer Street Somerville, MA 02144	service fee	13.84
10/24/2021	ActBlue Technical Services	366 Summer Street Somerville, MA 02144	service fee	18.78
10/31/2021	ActBlue Technical Services	366 Summer Street Somerville, MA 02144	service fee	26.09
11/04/2021	Airtable.com	799 Market Street, Floor 8 San Francisco, CA 94103	Subscription fee - hosting service for spreadsheets organizing doorknocking routes	24.00
12/06/2021	Airtable.com	799 Market Street, Floor 8 San Francisco, CA 94103	Subscription fee - hosting service for spreadsheets organizing doorknocking routes	24.00
10/16/2021	Big Y	136 North King Street Northampton, MA 01060	plates, cutlery, snacks for campaign events	75.67
10/31/2021	Larkin Christie	P.O. Box 515 Whately, MA 01093	reimbursement for event supplies	61.23
10/26/2021	Collective Copies	93 Main Street Florence, MA 01062	postcard mailers	1,525.06
10/25/2021	Florence Bank	176 King Street Northampton, MA 01060	fee to print more checks	4.00
10/31/2021	Kat Freeman	P.O. Box 25 Whately, MA 01093	reimbursement for printing	122.72
10/24/2021	Lucy Krzanowski	164 Main Street Haydenville, MA 01039	ASL interpretation for event	118.00
12/30/2021	Northampton Public Schools	212 Main Street Northampton, MA 01060	rental of outdoor space at Jackson Street School for October campaign event	155.72
Line 12: Total Expenditures over \$50 (or listed above)				3,027.99
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				3,027.99

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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/18/2021	Paradise Copies	21 Conz Street Northampton, MA 01060	20 posters for event	14.88
11/15/2021	Squarespace, Inc.	225 Varick Street, 12th Floor New York, NY 10014	website hosting fee	17.00
12/13/2021	Squarespace, Inc.	225 Varick Street, 12th Floor New York, NY 10014	website hosting fee	17.00
10/25/2021	USPS	37 Bridge Street Northampton, MA 01060	postage for mailers	731.40
10/25/2021	USPS	191 Northampton Street Easthampton, MA 01027	postage for mailers	78.60
Line 12: Expenditures over \$50 (or listed above)				3,027.99
Line 13: Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				3,027.99

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.

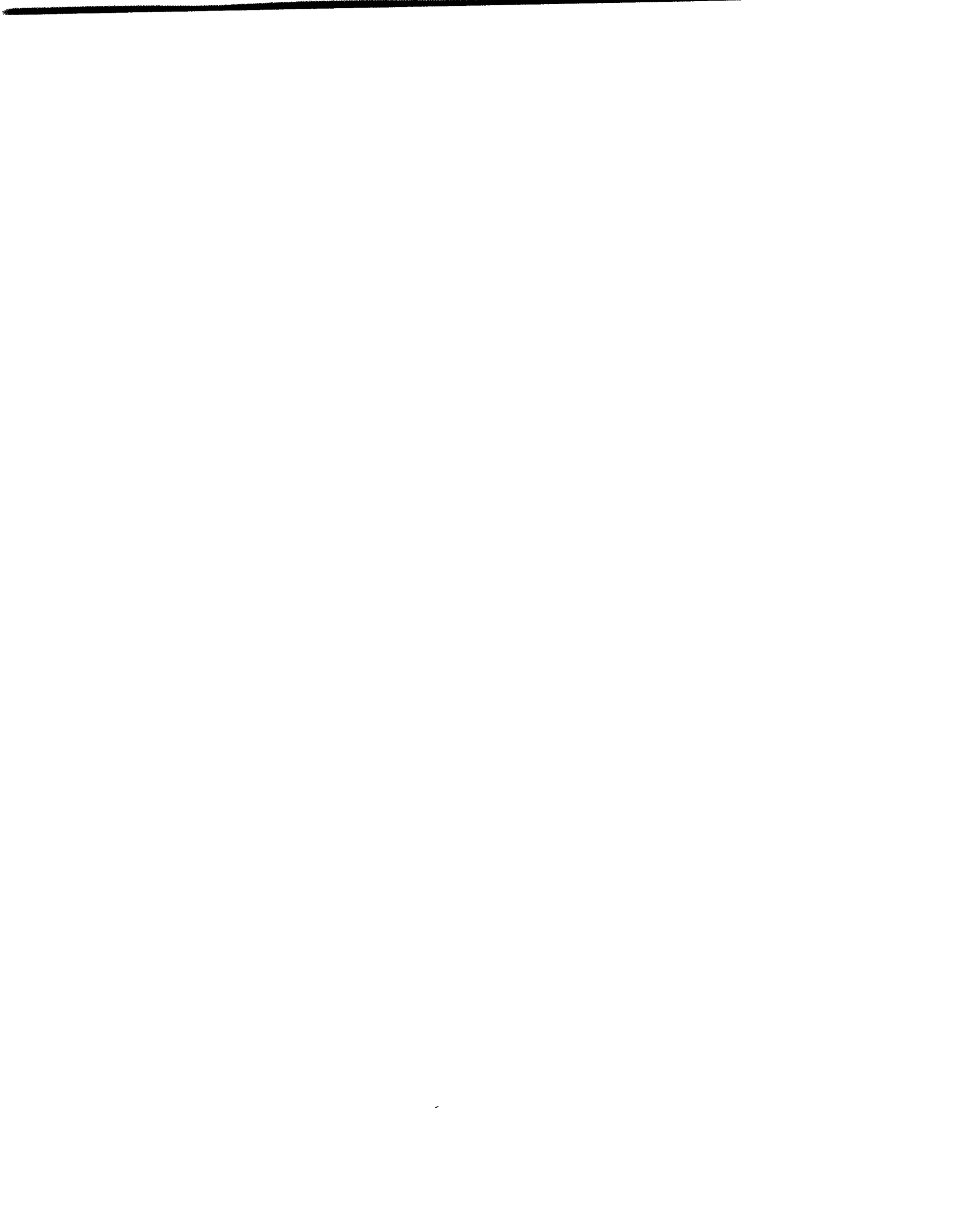


SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
10/23/2021	Emily Coffin	80 Barrett Street, Apt D4 Northampton, MA 01060	120 stickers	34.00
10/30/2021	Emily Coffin	80 Barrett Street, Apt D4 Northampton, MA 01060	400 postcards for door-knocking	242.25
Line 15: In-Kind Contributions over \$50 (or listed above)				276.25
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				276.25

* 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
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	





Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 10/31/2021

Name of Individual Being Reimbursed: Kat Freeman

Committee Name: Emily Coffin for Ward 1

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/17/2021	Staples	125 Westgate Center Drive Hadley, MA 01035	candy, cups, tablecovers and supplies for kids' activity for campaign event	122.72

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 122.72

Line 2: Expenditures \$50 or under (not itemized):

Line 3: TOTAL AMOUNT REIMBURSED: 122.72

Signed under the penalties of perjury:

Jarvis L. Fund
Signature of Candidate / Treasurer

Date: 01/19/2022

Please prepare a separate report for each reimbursement check issued by the committee.





Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
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(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 10/31/2021

Name of Individual Being Reimbursed: Larkin Christie

Committee Name: Emily Coffin for Ward 1

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/24/2021	Walmart	180 North King Street Northampton, MA 01060	candy, cups, tablecovers and supplies for kids' activity for campaign event	61.23

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 61.23

Line 2: Expenditures \$50 or under (not itemized):

Line 3: **TOTAL AMOUNT REIMBURSED:** 61.23

Signed under the penalties of perjury:

Jessica L. Howard
Signature of Candidate / Treasurer

Date: 01/19/2022

Please prepare a separate report for each reimbursement check issued by the committee.

