

Form CPF M 102: Campaign Finance Report Municipal Form RECORDED

File with: City of A own Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: JANUARY 1, 2018 Ending Date: MAY 1, 2018 ERIC
Type of Report: (Check one)
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution
Chelsea Berry Candidate Full Name (if applicable) Committee Name Name of Committee Treasurer P.D.BOX 60 PAST GLANBY, CT 06076 Committee Mailing Address E-mail: berry heducation as gualican Phone # (optional):
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: Westfield Bank
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 embedded finis committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Condidate with Committee and no activity independent of the committee 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: (Candidate's signature)

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.)

	eport 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	(for contributions of \$200 or more)			
4/13/18	Ronald Beaudoin 195 Mort Vivy Rd Sorthwele, MA	200-	Owner Boardon Electric UC			
4/16/18	Chelser Berry 106 Coes Hill 50 thurst, Ms Sarch Crapo/Susa Crapo 74 Gother 51 West Robberg, MT	120-				
4/20/18	Sarch Crap/SusaCrapo 74 Gordon 51 West Rosburg, MT	150-				
	,					
Line 9: Total Rece	ipts over \$50 (or listed above)	470-				
	eipts \$50 and under* (not listed above)	424 312				
	RECEIPTS IN THE PERIOD	894.12	Enter on page 1, line 2 d include only those receipts not itemized above.			

^{*} 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.)

report an expend	report all expenditures. Please include your committee name and a page number on each page.)				
Data Paid	To Whom Paid	Addware	Dunness of Evnanditure	Amount	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
4//	Southwoods	610 College Hary	Lacon Signs (Deposit)	117	
15/10		Southwick MA		117	
14/. /18	Southwards	11	Thank you courds	47.02	
1101				7/	
14/ /18	Sartherard	10	Sign Balance	144-91	
1101				/ /	
4/18/18	Southwoods	11	Sign Deposit	62.15	
1001				02	
111	6 4 . 1-	11	C. (0.10.	00	
19/20/18	Southwoods	11	Signs of Post Cares	99.61	
1201					
4/1/2	NIC	568 College Hwy	End/10 flee	15 00	
1/18/18	Day Gond		Food/Coffee	45.00	
		Southwick, MA			
11/ /10	Facebook	1 Hadara WAY	Adjustish	12 93	
150/18		Menlo Park, CA	Aductisty	13.93	
		Tall the state of			
14/ 100	Parks and lee	954 College Hwy	Buch Spice Robert	100.00	
120/10		Joshwelz, MA		100.00	
4/ 118	Southwards	610 College Hay	Signs	74.30	
127/10	Southwards	610 College Hay Southwide MA		1	
	90000000				
	PM 12: ERK				
54					
%ವ					
	OWA -	· · · · · · · · · · · · · · · · · · ·			
2 mg C					
12 1.052 E	9	Line 12: Total Expenditures over	er \$50 (or listed above)	597.97	
•		*			
Line 13: Total Expenditures \$50 and under* (not listed above)				105.95	
	Turk to the first of the	Line 14. TOTAL EVDENING	IDECIN THE DEDIOD	202 02	
•	Enter on page 1, line $4 \rightarrow$	include them in line 12. Line 13 sh		703 2	

^{*} 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 A: RECEIPTS (continued)

	Name and Residential Address	Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
<u> </u>			
ew of			
		And the second s	
Line 9: Total Rece	ipts over \$50 (or listed above)		
	eipts \$50 and under* (not listed above)		
in 11- TOTAL	DECEIDTS IN THE DEDICE		<u> </u>
	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 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
4/16/18	Kurt Saunders	120 Congamoné Rd Southwick, MA	Porchese of Signs (lewn)	120-
9/25/17	Maureer Berry	106 Coes Hill Southwick, MA	Sign Deposit	30-
TWICK				
F SOUR				
	2			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	120-
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	50 -
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	170-

^{*} 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.

Page 6

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
	·				
	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 EXPENDIT	URES 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 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
HWCK	ë			
2080 2080 308				
A COLOR				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

FOWH OF SOUTHWICK PECORDED

(aesachusetts	ZUIB JUN -8 PM 12: 35
e with: y or Town Clerk or Election Commission Please print or type all i	nformation, except signatures.
Fill in dates: Reporting Period Beginning Month 5 Date 2	Year 2018 Month 6 Date 7 Year 2018 Ending
Type of report: (Check one) ☐8th day preceding preliminary ☐8th day preceding elec	tion 30 day after election year-end report dissolution
Chelse, Berg Full Name of Candidate (if applicable) School Country Touthwick Office Sought and District 106 Coes H. J. Southwick, M.	Committee Name Committee Name Committee Name Committee Treasurer P.O. BOX 60 Fast Grays, CT 06076
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 1: Ending balance from pro Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this p Line 5: Ending balance (line 3 minu Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabilities 2: Name of healt(s) used to be	(page 2, line 11)
Line 8: Name of bank(s) used we Affidavit of Committee Treasurer:	HAY 12 ISANK
I certify that I have examined this report including attached schedules and it is	· · · · · · · · · · · · · · · · · · ·
Treasurer's signature (in ink)	Date
FOR CANDIDATE FILINGS	ONLY: (CANDIDATE MUST SIGN BELOW)
	tee s, to the best of my knowledge and belief, a true and complete statement of all campaign 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 apting 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:

Candidate signature (in ink)

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.

number on e Date Received			ount	Occupation & Employer (for contributions of \$200 or more)
4				
in the state of th				
			, 100	
		· •		
Line 9: T	otal receipts in excess of \$50 (or listed above)			
Line 10: T	otal receipts \$50 and under* (not listed above)	700 4	00	
Line 11: T	OTAL RECEIPTS IN THE PERIOD	200	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.

Page 2

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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
5/1	Southwoods	GO College HWY Southwel MA	Signs	74	31
5/8	Sathwait	11	Postcal	75	70
5/5	Mo. Muphy	538 Colle Huz Swthwel A	Food & Drink	108	ಬ
6/1	No. Muphy Freebook	538 Colle Huz Swthwil A 1 C/cola Way Mulo Pak, A	Ad	16	07
				:	
				-	
				. *	
		Line 12:	Expenditures over \$50	258	01
			Expenditures \$50 and under*	16	67
I	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	274	08

^{*}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 3

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
			In-kind over \$50 In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} 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: OUTSTANDING LIABILITIES (ALL)		

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	2018 Ending Date: January 18, 2019
Type of Report: (Check one)	ay after election V year-end report dissolution
8th day preceding preliminary 8th day preceding election 30 d	ay after election year-end report dissolution
Candidate Full Name di applicable) School Comm. Hee Manifer Southwick Office Sought and District 106 Coes Hill Rcl Southwick, MA Residential Address E-mail: Berry 4 Education & Gmail. Com E-mail:	Committee Name Cristin M. Cossman Name of Committee Treasurer O. Box 60 East Granby, CT 06026 Committee Mailing Address Berry 4 Education @ Gmail. Com #(optional):
SUMMARY BALANCE INFO	ORMATION:
Line 1: Ending Balance from previous report	\$66.12
Line 2: Total receipts this period (page 3, line 11)	0-
Line 3: Subtotal (line 1 plus line 2)	\$66.12
Line 4: Total expenditures this period (page 5, line 14)	\$66.012
Line 5: Ending Balance (line 3 minus line 4)	0-
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Westfield	Bank
Affidavit of Committee Treasurer: It certify that I have examined this report including attached schedules and it is, to the best of my known activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contribution finance activity of all persons acting under the authority of this committee in accordance Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)	ns and liabilities for this reporting period and represents the campaign
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 activity, of all persons acting under the authority or on behalf of this committee in accordance w incurred any liabilities nor made any expenditures on my behalf during this reporting period.	
Candidate without Committee OR Candidate with independent activity filing separate rep I certify that I have examined this report including attached schedules and it is, to the best of my finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind oc campaign finance activity of all persons acting under the authority or on behalf of this committee	knowledge and belief, a true and complete statement of all campaign ontributions and liabilities for this reporting period and represents the e in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature)

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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	(for contributions of \$200 or more)		
]]			
			Language Control Contr		
ne 9: Total Recei	pts over \$50 (or listed above)				
ne 10: Total Rece	ipts \$50 and under* (not listed above)				
44 FOTAL I	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.

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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		A Control of the Cont	
ine 0: Total Pecci	ts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	0	← 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.)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		100000000000000000000000000000000000000			
				1	
				H ====	
				1	
		Line 12: Total Expenditures ov	er \$50 (or listed above)		
		Zine iz. Iour Expenditures 00			
		Line 13: Total Expenditures \$50	and under* (not listed above)	VL 17	
		- I out Diponditues 400	(IIII IIIIIII (IIIIIII IIIIIIII IIIIIIII	100.1C	
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	Kac 17	
		include them in line 12. Line 12 a		400.10	

^{*} 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

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SCHEDULE B: EXPENDITURES (continued)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
		ANNOUNCE PROPERTY AND	The state of the s		
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				
	f you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized				

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

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	¥ [†]		

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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
- Oldstand				
		- The second sec		
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions		
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	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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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
				Salara de Caración
44 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4				
				Name of the Administration of the Administra
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	Ó

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LOWN CLERK

3:21 JUN 16 PM 3:51

TOWN OF SOUTHWICK