

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

**Office of Campaign and Political Finance** 

Fill in Reporting Period dates: Beginning Date:	File with:       City or Town Clerk or Election Commis         1/1/2022       Ending Date:       5/3/2022
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding elect	tion 30 day after election year-end report dissolution
	Southwick Democratic Town Committee
Candidate Full Name (if applicable)	Committee Name
	Jennifer Belden
Office Sought and District	Name of Committee Treasurer
	P.O. Box 976, Southwick, MA 01077
Residential Address	Committee Mailing Address
-mail:	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BAL	LANCE INFORMATION:
Line 1: Ending Balance from previous report	ort 354.08
Line 2: Total receipts this period (page 3, lin	ne 11) 435.00
Line 3: Subtotal (line 1 plus line 2)	789.08
Line 4: Total expenditures this period (page	e 5, line 14) 50.00
<b>Line 5:</b> Ending Balance (line 3 minus line 4)	) 739.08
Line 6: Total in-kind contributions this period	od (page 6) 192.00
Line 7: Total (all) outstanding liabilities (pa	age 7) 0
Line 8: Name of bank(s) used: Berkshire Ban	ık]
tivity, including all contributions, loans, receipts, expenditures, disbursements, i	the best of my knowledge and belief, a true and complete statement of all campaign finance in-kind contributions and liabilities for this reporting period and represents the campaign
nance activity of all persons acting under the authority or on behalf of this commission under the penalties of perjury:	nittee in accordance with the requirements of M.G.L. c. 55. <i>Locotto (Front Grand G</i>

### 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:

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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 vear. 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)
3/14/2022	Darryl Sak 34 Berkshire Ave Southwick, MA 01077	225.00	Stop & Shop Supermarket Home Food Delivery
Line 9: Total Recei	pts over \$50 (or listed above)	225.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	210.00	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	435.00	← 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.

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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.

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Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
1/31/2022	Deb Herath	3 Shore Rd Southwick, MA 01077	Annual fee for Zoom membership	192.00
		Line 15: In-Kind Contributions	over \$50 (or listed above)	192.00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	192.00

\* 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 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
	Southwick Animal Shelte	11 Depot St	In memory of George LeBlance	
4/27/2022		Southwick, MA 01077		50.00
			_	
				[]
		[ []		
				]
		Line 12: Total Expenditures ov	er \$50 (or listed above)	50.00
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	50.00

\* 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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Fill in Repo	orting Period dates:	Beginning Date: 5/4	2022	Ending Date: 6 9 2022	2000 (1996) 
	cort: (Check one)	8th day preceding election	🖾 30 da	y after election year-end report	dissolution
	Candidate Full Name (if		Su	ok Democratic Town Commit Committee Name	ittee
· · · · · · · · · · · · · · · · · · ·	Office Sought and I		81	Jennike Belden Name of Committee Treasurer Jorth Longyard Rd Swr, M	NA OIDTT
E-mail: Phone # (optiona	Residential Addr	ess	E-mail: Phone # (	Committee Mailing Address jenniebird@comcost.net optional):	
		SUMMARY BALANC	E INFO	PRMATION:	
	Line 1: Ending Balan	ce from previous report	-	\$739.08	
	Line 2: Total receipts	this period (page 3, line 11)		\$576.00	
	Line 3: Subtotal (line	1 plus line 2)		1314.08	
	Line 4: Total expendit	tures this period (page 5, line	e 14)	600.00	
	Line 5: Ending Baland	ce (line 3 minus line 4)		\$ 714.08	
	Line 6: Total in-kind	contributions this period (pa	ge 6)		
	Line 7: Total (all) out	standing liabilities (page 7)			
	Line 8: Name of bank	(s) used: Berksm	rie BA	0 K	
I certify that I hav activity, including finance activity of Signed under the FOR CANDI Candidate w	all contributions, loans, receipts, Fall persons acting under the author penalties of perjury: DATE FILINGS ONLY: with Committee I have examined this report include	expenditures, disbursements, in-kind cority or on behalf of this committee in a second	ontributions accordance v x only) best of my k	-	ts the campaign してしていたいのでの of all campaign finance
incurred any Candidate w I certify that finance active	liabilities nor made any expenditu vithout Committee I have examined this report includ- ity, including contributions, loans,	res on my behalf during this reporting ing attached schedules and it is, to the receipts, expenditures, disbursements	period that a best of my k in-kind con	nowledge and belief, a true and complete statement tributions and liabilities for this reporting period and accordance with the requirements of M.G.L. c. 55.	of all campaign I represents the
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)
3/15/22. (dep. 613)	Jane Stanton PO Box 754 SWK MA 01077	\$25	Dues and the trange of a sur-
4/13/22 (dep 6/3)	Deb Helath 3 Shore Rd Sux MA OIDT TUNDO	450	Dies   Doration \$25
5 5 22 (dep 6 3)	Nancy Zdun 14 Jeffrey Grele swk MA 01077	\$500	Retried - \$475-Donation /Dues
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	S. P. State		
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a <sub>N</sub> 6005 - 2	na stalina politika na stalina Politika na stalina politika na stalina politika politika politika politika politika politika politika politika Politika politika poli	para en la companya de la companya d La companya de la comp	atoris (Experience Sectoris) (15) discription control a Sectority (17) (15) discription (17) a control a spectro of the sectority (17) adding at a control at the one of the sectority (17) (17) adding a control at the one of the sectority (17)
		na į kuritos arkas	December : J. M. S. M. 109 (V. A. 109 / 2000 / 2000 / 2000 / 2000 / 2000 / 2000 / 2000 / 2000 / 2000 / 2000 / 2
Line 9: Total Recei	pts over \$50 (or listed above)	\$550	n an abril a strictisti vertika i firsti Maria A
Line 10: Total Rece	ipts \$50 and under* (not listed above)	\$25	negati an el 2 encles e encator esperator esperator esperator. Auxoriation al finitares Conservation x
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	\$575	<ul> <li>Back of the second state of the second state of the back second state of the second state of</li></ul>

\* 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
613122	Cheis Pratt		Laron Signs - Town Electron	\$600.00
		Line 12: Total Expenditures over	er \$50 (or listed above)	600
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$ Line 14: TOTAL EXPENDITURES IN THE PERIOD 600			

\* 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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
алараан улсан алар улс 	ાં માન્ય પ્રાથમિક છે. આ ગામ પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્રાથમિક પ્ પ્રાથમિક પ્રાથમિક પ્ર		<ul> <li>Second A. General Marco Secondary (1980)</li> <li>General Commission Starse include Four commission</li> <li>Factor Vision Vision</li> </ul>
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Line 9: Total Recei	pts over \$50 (or listed above)	······································	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL 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.

# OCPF E-File Receipt, Report ID/Confirmation #2609294

## FILER INFORMATION

CPF ID:	70515
Filer Name:	Southwick DEMTC

### REPORT INFORMATION

Report Type Description:	Year-end Report
Reporting Period:	10/22/2022 - 12/31/2022
Filing Date:	Friday, January 13, 2023

### FINANCIAL SUMMARY

Start Balance:	\$614.08
Receipts Itemized Total:	\$0.00
Receipts Unitemized Total:	\$0.00
Total Receipts:	\$0.00
Expenditures Itemized Total:	\$66.00
Expenditures Unitemized Total:	\$0.00
Total Expenditures:	\$66.00
Ending Balance:	\$548.08
Inkinds Total:	\$0.00
Liabilities Total:	\$0.00
Out of Pocket Total:	\$0.00

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 $(1,1) = \frac{1}{2} \sum_{i=1}^{n} \frac{1}{2} \sum_{i=1}^$ 

 $(A_{ij}) = (A_{ij}) + (A_{ij})$ 



Commonwealth of Massachusetts

# Form CPF 102 WTC: Campaign Finance Report Office of Campaign and Political Finance

File with: Director Office of Campaign and Political Finance One Ashburton Place Rm. 411 Boston, MA 02108 (617) 979-8300

CPF ID# 70515 1/13/2023

Reporting Period: Beginning: 10/22/2022 Ending: 12/31/2022

Type of Report: 2022 Year-end Report

Southwick	DEMTC
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Committee Name

Jennifer Belden

Name of Committee Treasurer

8 North Longyard Road

Southwick, MA 01077

Committee Address

SUMMARY BALANCE INFORMATION	
Ending balance from previous report:	\$614.08
Total receipts this period:	\$0.00
Subtotal:	\$614.08
Total expenditures this period:	\$66.00
Ending Balance:	\$548.08
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$0.00
Total outstanding liabilities:	\$0.00
Name of Bank Used:	Berkshire Bank

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 over \$50 and under may be added together from committee records, and reported on line 13.

Date Name and Address	Amount Purpose	
12/5/2022 Zdnn, Nancy	\$66.00	
	Total Itemized Expenditures:	\$66.00
	Total Unitemized Expenditures:	\$0.00
	Total Expenditures:	<u>\$66.00</u>

# Schedule R: Reimbursements

DateReimbursee12/5/2022Zdun, Nancy

Total Amount \$66.00



Commonwealth

of Massachusetts

Form CPF R1: Itemization of Reimbursements Office of Campaign and Political Finance

File with: Director Office of Campaign and Political Finance One Ashburton Place Rm. 411 Boston, MA 02108 (617) 979-8300

CPF ID# 70515 1/13/2023

Zdun Individual Being Reimbursed \$66.00 Amount of Reimbursement Southwick DEMTC Committee Name 12/5/2022 Date of Reimbursement

DateName And Address12/5/2022US Postal Service653 College HighwaySouthwick, MA 01077

Amount Purpose \$66.00 PO Box 2022-2023