

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: Macco	May 10, 2021
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election [30 day after election year-end report dissolution
Stephen Anthony Choinack, Candidate Full Name (if applicable) Granby Select Doard Office Sought and District 28 Taylor Street Granby, MA Residential Address E-mail: Phone # (optional): (4/3) 467-9601	Committee Name Name of Committee Treasurer Committee Mailing Address E-mail: Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	-0-
Line 2: Total receipts this period (page 3, line 11)	3343.87
Line 3: Subtotal (line 1 plus line 2)	3343.87
Line 4: Total expenditures this period (page 5, lin	e 14) 3343.87
Line 5: Ending Balance (line 3 minus line 4)	and the same of th
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	NA
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be	ox only)
Candidate with Committee	e best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	nis candidate in accordance with the requirements of M.G.L. c. 55.
- A A IA B	Date: May 92021

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)
Date Received	(aiphanetear insting required)		(-5.5)
Line 9: Total Rece	ipts over \$50 (or listed above)	0	
Line 10: Total Rece	eipts \$50 and under* (not listed above)	0	
Line 11: TOTAL	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 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
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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 B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3/11/21	Signs on the Cheap	11525A Stovehold OR. Suite 100 Austin Tx, 7875	LOWD SIGNS	\$478.16
4/19/21	Same as above	Same as above	// //	#387,22
4/29/21	Tiger Bress	50 Industrial DR E. Longmeadow MA	Poolcards	456000
4/29/21	Hampshire Daily Gazette	115 CONZ St. Noetnampten MM	Newspaper Ads Weekly	\$17800
5/5/21	Tiger Press	50 Industral Dr. E. Lorgmadow MA	Postage onJob	\$336.10
5/6/21	Hampshire Duly	115 Copiz St. Northampdon MA	New Paper Ads AD Daily	194,39
	1	Line 12: Expenditures over \$5	0 (or listed above)	#3,343.87
		Line 13: Expenditures \$50 and	under* (not listed above)	-0-
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		\$3,343,87

^{*} 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

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
Enter on page 1, line 4 →									To Whom Paid (alphabetical listing)
Line 14: TOTAL EXPENDITURES IN THE PERIOD	Line 13: Total Expenditures \$50 and under* (not listed above)	Line 12: Total Expenditures over \$50 (or listed above)							Address
URES IN THE PERIOD	and under* (not listed above)	ਤਾ \$50 (or listed above)							Purpose of Expenditure
0	0	0			·				Amount

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

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1			
Line 9: Total Red	ceipts over \$50 (or listed above)	0	
Line 10: Total Re	ceipts \$50 and under* (not listed above)	0	
Line 11. TOTAL	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 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.

ate Incurred	To Whom Due	Address	Purpose	Amount
			ANDING LIABILITIES (ALL)	



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

JUN 17 2021 PM12:14

E.H.: D	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	24 10, 2021 Ending Date: June 17, 2021
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	☑ 30 day after election ☐ year-end report ☐ dissolution
Stephen Anthony Choinacki Candidate Full Name (if applicable) Granby Select board Office Sought and District	Committee Name Name of Committee Treasurer
28 TAYLORST. GRANBY, MA	
E-mail:	Committee Mailing Address E-mail:
Phone # (optional):	Phone # (optional):
CHMM ADV DALAN	CE DIEGDIA TION
SUMINIARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	-0-
Line 2: Total receipts this period (page 3, line 1)	I) — — —
Line 3: Subtotal (line 1 plus line 2)	-0-
Line 4: Total expenditures this period (page 5, li	ne 14) # 4/2.34
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (p	page 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	NONE
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in	d contributions and liabilities for this reporting period and represents the campaign n accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the company of the contributions.	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, and period that are not otherwise disclosed in this report. The best of my knowledge and belief, a true and complete statement of all campaign ats, in-kind contributions and liabilities for this reporting period and represents the this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of pariury	Date: 6/16/2/

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 of the report, if additional pages are required to

	Name and Residential Address	ge number on e	
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			(
Line 9: Total Recei	pts over \$50 (or listed above)	0	
Line 10: Total Rece	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 shoul	Id 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 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	
5/10/21	PARADISE COPIES	21 Conz Street Northempton, MA.	CODIES	\$61,41	
5/10/21	STAPLES	591 Hemoria CDR. Chicopae, HA.	LABECS	31.86	
5/11/21	STAPLES	Same as above	ENVELOPES	44.09	
5/11/21	'USPS	63W. Statest. Granky, MA	POSTAGE	275,00	
		Line 12: Total Expenditures over	er \$50 (or listed above)	A336.41	
		Line 13: Total Expenditures \$50		15.93	
***	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		4/2.34	
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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				0
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	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

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SCHEDULE D: LIABILITIES

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Date Incurred	To Whom Due	Address	Purpose	Amount
				Ö
				and the second s