

Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

05-17-16P01:23 RCVD

| Fill in R                     | eporting Period dates:  | Beginning Date:  |   | Ending I  | File with: City or Town Cler  Date: | k or Election Commission |
|-------------------------------|---|--|---|---|-------------------------------------|--------------------------|
| ТС                            | D   |  |   | <del></del>                                       |                                     |                          |
| Type of                       | Report: (Check one)   |  |   |   |                                     |                          |
| 8th day                       | y preceding preliminary   | 8th day preceding election   | on 🔀 30 da                                | ay after election                                 | year-end report                     | dissolution              |
| Jennifer S                    | iilva   |  |   |   |                                     |                          |
|                               | Candidate Full Name (if   | applicable)  |   |   | Committee Name                      |                          |
| Select Boa                    | ard, Granby MA Office Sought and I  | District   |   | N.  | C T                                 |                          |
| 16 Aldrich                    | St Granby MA 01033  | District   |   | Na  | me of Committee Treasurer           |                          |
|                               | Residential Add   | ress   |   | C   | ommittee Mailing Address            |                          |
| E-mail:                       | jasilva512@y  | ahoo.com   | E-mail:                                   |   |                                     |                          |
| Phone # (opt                  | tional):  |  | Phone #                                   | (optional):                                       |                                     |                          |
|                               |   | SUMMARY BALA   | NCE INE                                   | ODMATION.   |                                     |                          |
|                               |   | SUMMAKI DALA   | INCE INFO                                 | JRMATION:   |                                     | _                        |
|                               | Line 1: Ending Balan  | ce from previous report  |   |   |                                     | 0                        |
|                               | Line 2: Total receipts  | this period (page 3, line  | e 11)                                     |   | 39.9                                | 98                       |
|                               | Line 3: Subtotal (line  | 1 plus line 2)   |   |   | 39.9                                | 98                       |
|                               | Line 4: Total expendi   | tures this period (page 5  | 5, line 14)                               |   | 39.9                                | 98                       |
|                               | Line 5: Ending Balan  | ce (line 3 minus line 4)   |   |   |                                     | 0                        |
|                               | Line 6: Total in-kind contributions this period (pa   |  |   |   |                                     |                          |
|                               | Line 7: Total (all) outstanding liabilities (page 7)  |  |   |   |                                     |                          |
|                               | Line 8: Name of bank  | x(s) used:   |   |   |                                     |                          |
| Affidavit of                  | Committee Treasurer:  |  |   |   |                                     |                          |
| I certify that activity, incl | I have examined this report including<br>uding all contributions, loans, receipts   | expenditures, disbursements, in  | -kind contribution                        | ns and liabilities for thi                        | s reporting period and represe      |                          |
|                               | rity of all persons acting under the auth   | ority or on behalf of this commi   | ttee in accordance                        | with the requirements (Treasurer)                 | Datas                               |                          |
|                               | er the penaltics of perjury:  NDIDATE FILINGS ONLY:   | Affidavit of Candidates (above   | l: 1 bar anlu)                            | (Treasurer  | s signature)                        |                          |
| Candid I certify activity     | late with Committee and no activity that I have examined this report inclu , of all persons acting under the author d any liabilities nor made any expendit           | independent of the committee<br>ding attached schedules and it is<br>ity or on behalf of this committe | , to the best of my                       |   |                                     |                          |
| I certify finance             | late without Committee OR Candida<br>that I have examined this report inclu-<br>activity, including contributions, loan-<br>gn finance activity of all persons acting | ding attached schedules and it is<br>s, receipts, expenditures, disburse                               | , to the best of my<br>ements, in-kind co | knowledge and belief<br>ontributions and liabilit | ties for this reporting period a    | nd represents the        |

## **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) |  |
| 5/15/2016          | Jennifer Silva<br>16 Aldrich St Granby, MA 01033 | 39.98                 |                                      |  |
|                    |  |                       |                                      |  |
|                    |  |                       |                                      |  |
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|                    |  |                       |                                      |  |
| Line 9: Total Rece | eipts over \$50 (or listed above)                | 39.98                 |                                      |  |
| Line 10: Total Rec | eipts \$50 and under* (not listed above)         |                       |                                      |  |
| Line 11: TOTAL     | RECEIPTS IN THE PERIOD                           |                       | ← Enter on page 1, line 2            |  |

<sup>\*</sup> 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 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 |  |
| 5/16/2016  | Staples Print & Copy      | 125 Westgate Center Drive<br>Hadley, MA 01035 | 2 campaign posters                | 39.98  |  |
|  |                           |   |                                   |        |  |
|  |                           |   |                                   |        |  |
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|  |                           |   |                                   |        |  |
|  |                           | Line 12: Total Expenditures                   | over \$50 (or listed above)       | 39.98  |  |
|  |                           | Line 13: Total Expenditures \$                | 550 and under* (not listed above) |        |  |
|  | Enter on page 1, line 4 → | Line 14: TOTAL EXPEND                         | ITURES IN THE PERIOD              | 39.98  |  |

<sup>\*</sup> 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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# 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 |                             |       |
|               |                           | Line 16: In-Kind Contributions |                             |       |
|               | Enter on page 1, line 6 → | Line 17: TOTAL IN-KIND C       | ONTRIBUTIONS                |       |

<sup>\*</sup> 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 |
|---------------|---------------------------|-------------------------|------------------------|--------|
|               |                           |                         |                        |        |
|               |                           |                         |                        |        |
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|               |                           |                         |                        |        |
|               | Enter on page 1, line 7 → | Line 18: TOTAL OUTSTANI | DING LIABILITIES (ALL) |        |