



Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

TOWN CLERK RECEIVED

2016 MAY 27 AM 11:08

Commonwealth of Massachusetts

File with: EAST LONGMEADOW
 City or Town Clerk or Election Commission

TOWN OF EAST LONGMEADOW

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning	Month	Date	Year	Ending	Month	Date	Year
	1	1	2016		5	20	2016

Type of report: (Check one)

8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

Carleen Eve Fischer Hoffman
 Full Name of Candidate (if applicable)

Town Council
 Office Sought and District

50 Devonshire Terrace
 Residential Address

East Longmeadow, MA 01028
 Tel. No. (optional)

(413) 525-7345

 Committee Name

 Name of Committee Treasurer

 Committee Mailing Address

 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>0</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1,043.47</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>1,043.47</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1,024.50</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>18.97</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>1,024.50</u>
Line 8: Name of bank(s) used	<u>none</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 or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

 Treasurer's signature (in ink)

 Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

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 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:

Carleen E Fischer Hoffman
 Candidate signature (in ink)

5/27/2016
 Date



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK RECEIVED

2016 MAY 27 AM 11: 08

File with: EAST LONGMEADOW
City or Town Clerk or Election Commission

TOWN OF EAST LONGMEADOW

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning 1 1 2016 Ending 5 20 2016

Type of report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Carleen Eve Fischer Hoffman

Full Name of Candidate (if applicable)

Town Council

Office Sought and District

50 Devonshire Terrace

Residential Address

East Longmeadow, MA 01028

(413) 525-7345 Tel. No. (optional)

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>0</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1,043.47</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>1,043.47</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1,024.50</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>18.97</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>1,024.50</u>
Line 8: Name of bank(s) used <u>none</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 or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)

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 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:

Carleen Eve Fischer Hoffman

Candidate signature (in ink)

5/27/2016

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.

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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
5/27/2016	Dollar Tree stores 406 North Main Street East Longmeadow, MA	7	00	Return Items NOT used
5/26/2016	Walgreens 54 Center Square East Longmeadow, MA	11	97	Return of candy not used for candidates night
5/26/2016	A. W. Brown, Shaker Road East Longmeadow, MA	87	28	
5/18/2016	Staples 433 North Main Street East Longmeadow, MA	165	33	
5/3/2016	Latka Communications 204 Southampton Road, Westfield	548	69	
5/11/2016	Latka Communications 204 Southampton Road, Westfield	92	88	
5/13/2016	Latka Communications 204 Southampton Road, Westfield	73	44	
5/18/2016	Walgreens, 54 Center Square East Longmeadow, MA	23	94	
5/10/2016 5/10/2016	Big Lots Dollar Tree Misc expenses/supplies	32	94	
Line 9:	Total receipts in excess of \$50 (or listed above)			
Line 10:	Total receipts \$50 and under* (not listed above)			
Line 11:	TOTAL RECEIPTS IN THE PERIOD	1,043	47	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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

* 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
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7

