



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 02/01/2022 Ending Date: 05/25/2022

Type of Report: (Check one)

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

Terri Leone

Candidate Full Name (if applicable)

Town Council East Longmeadow MA, Hampden County

Office Sought and District

205 Mapleshade Avenue

Residential Address

E-mail: terrileone@gmail.com

Phone # (optional): _____

Committee Name

Name of Committee Treasurer

Committee Mailing Address

E-mail: _____

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>0</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used: <u>N/A</u>	

TOWN CLERK
RECEIVED

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) Date: _____

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: Terri Leone (Candidate's signature) Date: 06/12/2022

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)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				

* 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.



Commonwealth of Massachusetts

Form CPF M109: Statement of Municipal Candidate Not Raising or Expending Campaign Funds

Office of Campaign and Political Finance

File with: Local Election Official (City or Town Clerk)

Candidate's Name: Terri Leone
Office Sought: Town Council- Hampden County
Residential Address: 205 Mapleshade Avenue
City / State / Zip: East Longmeadow MA 01028
E-Mail Address: terrileone@gmail.com Phone Number: 413-526-9973

I hereby certify that I have not opened a campaign bank account for campaign funds because I do not intend to accept contributions or in-kind contributions, make expenditures, including expenditures of my own funds, or incur liabilities for any campaign-related purpose, nor do I currently have any outstanding liabilities for prior campaign-related activity.

- 1. Ending balance from previous report ZERO
2. Total receipts for reporting period ZERO
3. Subtotal ZERO
4. Total Expenditures for reporting period ZERO
5. Ending balance ZERO

TOWN OF EAST LONGMEADOW RECEIVED 2023 JAN 17 A 8:11 TOWN CLERK

After filing this statement, if I decide to raise, accept, or expend funds, or incur liabilities, for a campaign-related purpose, I will immediately notify my local election official in writing, and will file periodic campaign finance reports according to the statutory filing schedule.

Until such notice is on file with the local election official, I certify that the above Zero report will be in effect for each reporting period, in the calendar year in which it is filed, required by Chapter 55 of the Massachusetts General Laws.

This form is valid through December 31 of the year in which it was signed.

SIGNED UNDER THE PENALTIES OF PERJURY:

Handwritten signature of Terri Leone

Candidate's signature:

Date: 01/12/2023