Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

GREENFIELD, MASS
2021 DEC -2 AM 10:48

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/16/2021 Ending Date: 12/01/2021

Type of Report: (Check one)

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

E-mail:

Phone # (optional):

Yes for Greenfield
Committee Name

David Brock
Name of Committee Treasurer

40 Russell Street, Greenfield, MA 01301
Committee Mailing Address

E-mail: yesforgreenfield@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	530.56
Line 2: Total receipts this period (page 3, line 11)	394.99
Line 3: Subtotal (line 1 plus line 2)	925.55
Line 4: Total expenditures this period (page 5, line 14)	925.55
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Greenfield Savings Bank

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: 12/01/2021

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: _____ (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)
10/25/2021	William Benson, 52 Grinnell Street, Greenfield MA 01301	100	
11/17/2021	David Brock, 40 Russell Street, Greenfield, MA 01301	119.99	
10/16/2021	Tim Dolan, 77 Hope Street, Greenfield, MA 01301	30	
11/7/2021	Christine Forgey, 290 Barton Road, Greenfield, MA 01301	25	
10/28/2021	Joanne Hoyt, 28 Silver Street, Greenfield, MA 01031	50	
11/7/2021	Edward Jarvis, 76 Plantation Circle, Greenfield, MA 01301	50	
10/21/2021	Cathy Whitely, 51 Grinnell Street, Greenfield, MA 01301	20	

Line 9: Total Receipts over $50 (or listed above)	394.99	
Line 10: Total Receipts $50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD	394.99	← 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 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
10/26/2021	WHAI	81 Woodward Road, Greenfield, MA 01301	Radio Advertisements	350
11/18/2021	David DeRicco	68 Devins Street, Greenfield, MA 01301	Reimbursement for website expenses	44.3
11/18/2021	David Singer	41 Grinnell Street, Greenfield, MA 01301	Reimbursement for additional lawn sign printing	531.25

Line 12: Total Expenditures over $50 (or listed above)	925.55
Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	925.55

* 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 (continued)

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

* 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 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 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	0

* 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

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 0

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 11/18/2021

Name of Individual Being Reimbursed: David DeRicco

Committee Name: Yes for Greenfield

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/8/2021	Squarespace	225 Varick Street, 12th Floor, New York, NY 10014	Webhosting	$17.00
10/03/2021	Google LLC	1600 Ampitheatre Parkway, Mountain View, CA 94043	Domain registration	$12.00
10/07/2021	Squarespace	225 Varick Street, 12th Floor, New York, NY 10014	Webhosting	$15.30

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	
Line 2: Expenditures $50 or under (not itemized):	44.3
Line 3: TOTAL AMOUNT REIMBURSED:	44.3

Signed under the penalties of perjury:

DCB

Signature of Candidate / Treasurer

Date: 12/01/2021

Please prepare a separate report for each reimbursement check issued by the committee.

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
		Page 2 Total (add to Line 1 on Page 1):		

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 11/18/2021

Name of Individual Being Reimbursed: David Singer

Committee Name: Yes for Greenfield

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/18/2021	Locust Press, Inc.	736 Greenfield Road, Deerfield, MA 01342	Lawn sign printing	$531.25

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	531.25
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	531.25

Signed under the penalties of perjury:

DCB

Signature of Candidate / Treasurer

Date: 12/01/2021

Please prepare a separate report for each reimbursement check issued by the committee.

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
		Page 2 Total (add to Line 1 on Page 1):		