



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

GREENFIELD, MASS

2021 OCT 21 PM 12:19

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/04/2021 Ending Date: 10/15/2021
CITY CLERK

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	0
Line 2: Total receipts this period (page 3, line 11)	1,609
Line 3: Subtotal (line 1 plus line 2)	1,609
Line 4: Total expenditures this period (page 5, line 14)	1,078.44
Line 5: Ending Balance (line 3 minus line 4)	530.56
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:	<u>Greenfield Savings Bank</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) Date: 10/20/21

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)
10/5/21	William Benson 52 Grinnell Street Greenfield, MA 01301	100	Community Relations, ServiceNet
10/12/21	William Benson 52 Grinnell Street Greenfield, MA 01301	100	Community Relations, ServiceNet
10/4/21	David Brock 40 Russell Street Greenfield, MA 01301	100	
10/8/21	Peter Brown 24 James Street Greenfield, MA 01301	100	
10/14/21	Michael Cachat Jr. 14 Frederick Road Greenfield, MA 01301	40	
10/12/21	Philip Elmer-Dewitt 28 Chestnut Hill Greenfield, MA 01301	100	
10/4/21	Amy McMahan 8 Osgood Street Greenfield, MA 01301	100	
10/5/21	Stephanie Meehleder 410 Chapman Street Greenfield, MA 01301	40	
10/8/21	Benjamin Miner 284 Chapman Street Greenfield, MA 01301	50	
10/7/21	Amy Moscaritolo 43 Country Club Road Greenfield, MA 01301	50	
10/13/21	Charles Roberts III 15 Chestnut Hill Greenfield, MA 01301	100	
10/9/21	Rachel Roberts 52 Madison Circle Greenfield, MA 01301	50	
Line 9: Total Receipts over \$50 (or listed above)		930	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		930	← 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)
10/10/21	Garth Shaneyfelt 26 Grinnell Street Greenfield, MA 01301	50	
10/5/21	David Singer 41 Grinnell Street Greenfield, MA 01301	400	Lawyer; Retired
10/4/21	Martin Cardona 24 Vernon Street Greenfield, MA 01301	49	
10/12/22	Linda Smith 788 Bernardston Road Greenfield, MA 01301	50	
10/4/21	Kirsten Wedegartner 75 Riddell Street Greenfield, MA 01301	30	
10/8/21	Evelyn Wulfkuhle 75 Prospect Street Greenfield, MA 01301	100	
Line 9: Total Receipts over \$50 (or listed above)		679	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		679	← 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
10/15/21	Evelyn Wulfkuhle	75 Prospect Street Greenfield, MA 01301	Reimbursement for Locust Press lawn sign printing	1,078.44
Line 12: Total Expenditures over \$50 (or listed above)				1,078.44
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,078.44

* 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)	
			Line 14: TOTAL EXPENDITURES IN THE PERIOD	

Enter on page 1, line 4 →

* 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)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
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. Page 6

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
10/4/21	David DeRicco	68 Garfield Street Greenfield, MA 01301	Reimbursement for webhosting and domain registration	27.3
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	27.3