Campaign Finance Tracking Form for Local Election Officials

Call OCPF with campaign finance questions at 617-979-8300

Candidate or Committee Committee to Elect Emily Sarafy-Cox Year 2019

Report: ___ Pre-Preliminary _X_ Pre-Election ___30-Day ___Year-End

Organization / Providing Materials / Notification *

_____ Organizational form provided to candidate or committee (M101, M101BQ, M101PC)

_____ Campaign finance report form provided to candidate or committee (M102)

_____ Summary of the campaign finance law provided (OCPF guide booklet)

_____ Filing notice (includes reporting dates, due dates and language concerning late fines)

___ Pre-Preliminary ___Pre-Election ___30-Day ___Year-end

**All forms, guides and notices can be delivered by e-mail*

Inspecting Reports

The campaign finance law requires local election officials to "inspect" M102 and M102-0 campaign finance reports within 30 days of a due date.

X Correct dates for the relevant reporting period

X Signatures

X Positive ending balance

N/A If the **M102-0** form is filed, the candidate does not have a committees and has not received any contributions, made any expenditures or incurred any obligations during the reporting period, and does not have a campaign fund in existence.

Contributions (Monetary receipts and in-kind contributions)

✓ **Names and Addresses** for contributions of more than $50

✓ **Occupation and Employer** for contributions of $200 or more 9/18/19 Receipt of $200

✓ No contributions from corporations, business partnerships, LLCs or LLPs

N/A No contributions from individuals for more than ~~$1,000~~ 500 (see OCPF's limits chart for other limits)

Expenditures

✓ Vendor Names and Addresses for expenditures of more than $50

✓ Purpose information is disclosed

✓ Reimbursements form (R-1s) filed for reimbursements

Date of Inspection 11/14/2019

P. Powers

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

RECEIVED
OCT 28 2019
CITY CLERKS OFFICE
NORTHAMPTON

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/10/19 Ending Date: 10/18/2019

Type of Report: (Check one)

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

Emily Serafy-Cox Candidate Full Name (if applicable)	Committee to Elect Emily Serafy-Cox Committee Name
School Committee - Ward 3 Office Sought and District	Stacey Dakai Name of Committee Treasurer
21 Orchard Street, Northampton, MA 01060 Residential Address	21 Orchard Street, Northampton, MA 01060 Committee Mailing Address
E-mail: emilyfornorthampton@gmail.com	E-mail: emilyfornorthampton@gmail.com
Phone # (optional): 612-695-2555	Phone # (optional): 612-695-2555

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	1,231.00
Line 3: Subtotal (line 1 plus line 2)	1,231.00
Line 4: Total expenditures this period (page 5, line 14)	924.91
Line 5: Ending Balance (line 3 minus line 4)	306.09
Line 6: Total in-kind contributions this period (page 6)	598.50
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Northampton Cooperative 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: Stacey Dakai (Treasurer's signature) Date: 10/26/19

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: 10/26/19

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)
5/21/19	Stacey Dakai 150 North Street Northampton, MA 01060	100.00	
6/29/19	Ramla Sahid 3666 43rd St., #5, San Diego, CA 92105	100.00	
7/16/19	Chris Genese 602 Quincy St NW Washington, DC 20011	100.00	
7/16/19	Robin Garwood 2816 39th Ave S. Minneapolis, MN 55406	100.00	
7/30/19	Katrin Heins 216 Hastings Street Cincinatti, OH 45219	100.00	
9/8/19	Mark Greenberg 12601 Carmel Canyon Road San Diego, CA 92130	200.00	

Line 9: Total Receipts over $50 (or listed above)	700.00	
Line 10: Total Receipts $50 and under* (not listed above)	531.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD	1,231.00	← 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
6/20/19	Emily Serafy-Cox	21 Orchard Street Northampton, MA 01060	Printing of rack cards at Collective Copies - Form CPF R-1 attached	192.84
7/23/19	Emily Serafy-Cox	21 Orchard Street Northampton, MA 01060	Reimbursement of website at wix.com - Form CPR R-1 attached	185.50
9/3/19	Emily Serafy-Cox	21 Orchard Street Northampton, MA 01060	Reimbursement for payment of lawn signs at Collective Copies - Form CPF R-1 attached	189.92
10/6/19	Emily Serafy-Cox	21 Orchard Street Northampton, MA 01060	Reimbursement for payment of lawn signs/rack cards at Collective Copies - Form CPR R-1 attached	237.41

	Line 12: Total Expenditures over $50 (or listed above)	805.67
	Line 13: Total Expenditures $50 and under* (not listed above)	119.24
Enter on page 1, line 4 →	**Line 14: TOTAL EXPENDITURES IN THE PERIOD**	924.91

* 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
6/1/19	Seth Gregory Seth Gregory Design 126 Main Street, Northampton, MA	18 Northern Avenue Northampton, MA 01060	Graphic Design Services for Rack Cards and Yard Signs	500.00

	Line 15: In-Kind Contributions over $50 (or listed above)	500.00
	Line 16: In-Kind Contributions $50 & under (not listed above)	98.50
Enter on page 1, line 6 →	**Line 17: TOTAL IN-KIND CONTRIBUTIONS**	598.50

* 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)**		

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: 6/20/19 - 10/6/19

Name of Individual Being Reimbursed: Emily Serafy-Cox

Committee Name: Committee to Elect Emily Serafy-Cox

CPF ID Number (if applicable):

Telephone Number (optional): 6126952555

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
6/20/19	Collective Copies	93 Main Street Florence, MA 01062	Printing of rack cards	192.84
7/23/19	Wix.com	500 Terry Francois Blvd, 6th Floor San Francisco, CA 94158	Website	185.50
9/3/19	Collective Copies	93 Main Street Florence, MA 01062	Yard Signs	189.92
10/6/19	Collective Copies	93 Main Street Florence, MA 01062	Yard Signs/Rack Cards	237.41

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	805.67
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	805.67

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/24/19

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

CPFRI Emily Seraty-Cox

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):		