



# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

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110PM  
CITY CLERKS OFFICE  
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1 January 2017 Ending Date: 20 October 2017

Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

DENNIS BIDWELL  
Candidate Full Name (if applicable)  
City Council Ward 2  
Office Sought and District  
19 FORBES AVE  
Residential Address  
E-mail: dbidwell@bidwelladvisors.com  
Phone # (optional): 413-584-2732

Committee to Elect Dennis Bidwell  
Committee Name  
KEVIN LAKE  
Name of Committee Treasurer  
19 FORBES AVE  
Committee Mailing Address  
E-mail: KEVIN.L.LAKE@gmail.com  
Phone # (optional): 413-320-2337

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1486.17</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1,395.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2,881.17</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>719.97</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2,161.20</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>FBRANCE 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: Kevin Lake (Treasurer's signature) Date: 26 Oct 2017

**FOR CANDIDATE FILINGS ONLY: 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: Dennis P. Bidwell (Candidate's signature) Date: 10/27/17

**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)
	SEE Attached Sheet		

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.

Committee To Elect Dennis Bidwell  
 Form CPF M 102  
 Schedule A: Receipts

<u>Date Received</u>	<u>Last Name</u>	<u>First Name</u>	<u>Address (Northampton unless stated)</u>	<u>Amount</u>	<u>Occupation</u>	<u>Employer</u>
5/10/2017	Jonas	Robert	PO box 34 Ashfield< MA 01330	\$ 250.00	Writer	Self
5/10/2017	Bissell	Robert and Janet	36 Maynard Rd	\$ 100.00	Pediatrician, Med Tech	Retired
5/17/2017	Hicks and Rosenberg	Katy and Henry	3 James Ave	\$ 30.00	Physicians	BayState and CDH
5/19/2017	Griggs	Alfred	9 Barrett Place	\$ 250.00	Retired	Retired
5/22/2017	Griggs	Sally	9 Barrett Place	\$ 250.00	Retired	Retired
6/13/2017	Diamond	Bill and Harriet	141 Grove St	\$ 50.00	Artist, Professor	Self, UMASS
6/20/2017	Lake	Kevin and Sallie Deans	35 Washington Ave	\$ 100.00	Retired	Retired
7/10/2017	Lyon	Martha	313 Elm St	\$ 100	Landscape Architect	Self
7/10/2017	Parikh	Pranay	22 Jewett	\$ 100	Physician	BayState
7/10/2017	Guardia	Niko	9 Ahwaga St	\$ 75	Artist	Self
7/10/2017	Hourihan	Michael	127 Round Hill Rd	\$ 10.00	Artist	Self
9/18/2017	Goldman	Jonathan	589 Burts Pit Rd, Florence	\$ 50	Student	Brandeis
8/20/2017	Lyman	Henry	60 Ward Ave	\$ 30.00	Poet	Self
				\$ 1,395.00		

## 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
22 Jan	River Valley Coop	Hartford St.	Welcome immigrant signs	150.03
2 Feb	Leila Lawrence	PO Box 342 Londonderry VT 05148	Newsletter	137 <sup>50</sup>
21 June	Leila Lawrence	PO Box 342 Londonderry VT 05148	Newsletter	150 <sup>00</sup> / <sub>100</sub>
29 Aug	Leila Lawrence	PO Box 342 Londonderry VT 05148	Newsletter	150 <sup>00</sup>
20 Oct	Paradise Copies	Car St Northampton	Campaign flyers	132 <sup>44</sup>
Line 12: Total Expenditures over \$50 (or listed above)				719.97
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				719.97

\* 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	<i>none</i>			
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 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				<i>6</i>

\* 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 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	<u>0</u>

None

0