

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission Beginning Date: 10/31/2017 **Ending Date:** 12/06/2017 Fill in Reporting Period dates: Type of Report: (Check one) 30 day after election year-end report 8th day preceding election dissolution 8th day preceding preliminary NAYLOR COMMITTEE LATONIA MONROE NAYLOR Candidate Full Name (if applicable) Committee Name SPRINGFIELD SCHOOL COMMITTEE WILLIE-MAE DYER Office Sought and District Name of Committee Treasurer 107 RANNEY STREET, SPRINGFIELD MA 01108 107 RANNEY STREET, SPRINGFIELD MA 01108 Committee Mailing Address Residential Address LATONIAMNAYLOR@GMAIL.COM LATONIA4SCHOOLS.COM E-mail: E-mail: 413-455-0432 Phone # (optional): Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 207.09 948.97 Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) 1,156.06 Line 4: Total expenditures this period (page 5, line 14) 912.09 243.97 Line 5: Ending Balance (line 3 minus line 4) 250 Line 6: Total in-kind contributions this period (page 6) 0 Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: PeoplesBank 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. Date: 12/07/2017 Signed under the penalties of perjury: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (checks) 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. Date: 12/07/2017 (Candidate's signature)

SCHEDULE A: RECEIPTS

See spreadsheat

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.)

Name and Residential Address			Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
1				
		1		
ine 9: Total Rece	ipts over \$50 (or listed above)	600		
			4	
ine 10: Total Rece	eipts \$50 and under* (not listed above)	348.97		
			4	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	948.97	← Enter on page 1, line 2	
ine 11: TOTAL RECEIPTS IN THE PERIOD 948.5				

			SCHEDOLE	SCHEDULE A: RECEIP 13				
								OCCUPATION & EMPLOYER
DATE RECEIVED		NAME		RESIDENTIAL ADDRESS			AMOUNT	(for contributions of \$200 or more)
First		Last	Street	City	State	Zip Code		
10/31/17 Eddie	o o	Corbin	102 Balboa Drive	Springfield	ma	01119	\$75.00	
11/03/17 John		Davis	101 Woodsley Road	Longmeadow	ma	01029	\$100.00	\$100.00 Executive, John & Irene E. Davis
11/03/17 Committee to	mittee to	Elect Bud Williams	155 Overlook Drive	Springfield	ma	01118	\$50.00	
10/31/17 JP		Morgan	164 Saint James Avenue	Springfield	ma	01109	\$125.00	
11/01/17 Jessica	Sign	Collins	89 Amherst Road	South Hadley	ma	01075	\$100.00	
10/26/17 Nancy	20	Urbschat	257 Fort Pleasant Ave.	Springfield	Ma	01108	\$100.00	
12/04/17 Phylllis	Illis	Osbourne	1641 S. Branch Parkway	Springfield	Ma	01027	\$50.00	
			Line 9: Total Receipts over \$50 (or listed above)	(or listed above)			\$600.00	
			Line 10: Total Receipts \$50 and under (not listed above)	d under (not listed abov	(e)		\$348.97	
			Line 11: TOTAL RECEIPTS IN THE PERIOD	THE PERIOD			\$948.97	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
a			
×			
Line 9: Total Rec	eipts over \$50 (or listed above)		
Line 10: Total Rec	ceipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2
		a Q Line 10 show	Ild include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

See spreadsheet

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.)

eport an expend	To Whom Paid	ittee name and a page number on	1	
Data Daid		Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	Turpose of Expenditure	TRINOUNIE
	1	1	11	
		¥	1	
5 ×		1	1	
1				
]]	
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	859.23
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	52.77
		1		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	912.09
		r include them in line 12. Line 13 s		L

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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	S	SCHEDULE B: EXPENDITURES		
DATE RECEIVED TO	TO WHOM PAID	ADDRESS	PURPOSE OF EXPENDITURE	AMOUNT
	dot	orial Ave #1 ingfield, MA 01089	Election Day Signs	(\$106.25)
		198 Norman St		
10/31/2017 ILS	S	West Springfield, MA 01089	Mailer	(\$103.99)
11/13/2017 NEPM		15 Main St, Wilbraham, MA 01095	Campaign T-shirts	(\$267.09)
		48 Grove Street, Suite 202		
11/6/2017 NGP Van, Inc.		Somerville, MA 02144	Robo Call	(\$155.19)
11/3/2017 Th	11/3/2017 The Republican Co.	1860 Main St, Springfield, MA 01103	Campaign Ad	(\$226.80)
		LINE: 12: TOTAL EXPENDITURES OVER \$50 (OR LISTED ABOVE)	OR LISTED ABOVE)	(\$859.32)
		LINE 13: TOTAL EXPENDITURES \$50 AND UNDER (NOT LISTED ABOVE)	IDER (NOT LISTED ABOVE)	(\$52.77)
		LINE 14:TOTAL EXPENDITURES		(\$912.09)

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid		D 6 F	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
		e		
		L 10 F 11 05	0 (listed also)	
		Line 12: Expenditures over \$5	U (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Entar on man 1 line 4 ->	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	
		r include them in line 12. Line 13.		

^{*} 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
11/07/2017	LaTonia Monroe Naylor	107 Ranney Street, Springfield MA 01108	Food for Volunteers	250
		Line 15: In-Kind Contribution	ns over \$50 (or listed above)	250
			s \$50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	250

^{*} 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.

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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 OUTSTAN	DING LIABILITIES (ALL)	0