

Fill in Reporting Period dates:

# Form CPF M 102: Campaign Finance Report City of Sprin

**Municipal Form** 

City of Springfield, MA.

Office of Campaign and Political Finance

January 1, 2024

Beginning Date:

**Ending Date:** 

JAN 23 2025

Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	30 day after election vear-end report dissolution			
Joesiah I. Gonzalez	CTE Joesiah Gonzalez			
Candidate Full Name (if applicable)	Committee Name			
Springfield School Committee, Wards 1 & 3	Candido Delmoral			
Office Sought and District	Name of Committee Treasurer			
136 Orchard St Springfield MA 01107  Residential Address	122 Massasoit St Springfield MA 01107  Committee Mailing Address			
E-mail: joesiah1997@gmail.com	E-mail: joesiah1997@gmail.com			
Phone #: 413-306-7715	Phone # : 413-306-7715			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	1,059.53			
Line 2: Total receipts this period (page 3, line 12)	9,319.00			
Line 3: Subtotal (line 1 plus line 2)	10,378.53			
Line 4: Total expenditures this period (page 5, line 15)	3,080.0031			
Line 5: Ending Balance (line 3 minus line 4)	7,295.22			
Line 6: Total in-kind contributions this period (page 6,	line 18)			
Line 7: Total (all) outstanding liabilities (page 7, line 1	9)			
Line 8: Total out-of-pocket expenses this period (page 8)	3, line 22)			
Line 9: Name of bank(s) used:	50nk			
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:  Onl/22/2025				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)			
	e best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, g 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 finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the			
Signed under the penalties of perjury: Joesiah Gonzale:				

## **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)		Occupation & Employer (for contributions of \$200 or more)
10/30/24	Robert L. Bolduc 49 Woodsley Rd Longmeadow MA 01106	500.00	Founder, Hope for Youth Foundation
09/29/24	Vanessa Calderon-Rosado 66 Rustlewood Rd Milton MA	100.00	Executive, Inquilinos Boricuas en Accion
10/30/24	Tricia Canavan 3 Meadowood Dr South Hadley MA 01075	100.00	CEO, Tech Foundry
10/30/24	Jose Claudio 100 Clayton St Springfield MA 01107	100.00	COO, NNCC, Inc.
10/31/24	JORGE COLON 10 Beaumont Ave Chicopee MA	100.00	Self Employed , North End Funeral Home
10/30/24	Eduardo Colon 78 Penrose St Springfield MA 01109	100.00	Self Employed, North End Funeral Home
10/30/24	John Cook 37 Pineywoods Ave Springfield MA 01108	100.00	President, Springfield Technical Community College
10/30/24	Anelson Delacruz 121 Johnson St, 1 Springfield MA	250.00	Self Employed
10/30/24	Audren Des 1394 Main St Springfield MA 01103	500.00	Self Employed, L&A Mens Shop
10/30/24	Cynthia Escribano 197 Wollaston St Springfield MA	100.00	Principal, Springfield Public Schools
11/07/24	Veronica Garcia 33 Van Buren Ave Springfield MA	100.00	Not Employed
10/7/24	Ricardo Garib 57 Sycamore Ln Chicopee MA	150.00	Senior Admin, Springfield Public Schools
10/30/24	Cindy Gaynor, 19 Devonshire Dr	100.00	Real Estate, DFG

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Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
10/30/24	Gumersindo Gomez 46 Laurel St Springfield MA 01107		Executive Director, Bilingual Veterans Outreach Center	
10/30/24	Robert Gonzalez 157 Croyden Ter Springfield MA 01104	1,000.00	Officer, Springfield Police Department	
10/30/24	Liandro Gonzalez 443 Soule Rd Wilbraham MA	100.00	Insurance Agent, Homeland Insurance Network	
10/30/24	Virgilio Gonzalez 291 State St Beclhertown MA 01007	100.00	CFO, NNCC,Inc.	
10/30/24	Herbert Greenspan PO Box 693 Becket MA 01223-3749	54.00	Retired	
10/30/24	Douglas C. Johnson 31 Mattoon St Springfield MA 01103	1,000.00	Physician, Self Employed	
10/30/24	Anne Kandilis 10 Crescent Hill Springfield MA 01105	125.00	Director, EOC	
10/9/24	Thomas Kegelman 649 East Pleasant Amherst MA		Executive, HCDI	
09/30/24	Richard Kingston 22 Chatsworth Rd Granby CT	100.00	Real Estate, Nwrecc	
10/30/24	Maria Ligus 37 Julia Ave Chicopee MA 01020	100.00	Executive Director, NNCC, Inc.	
10/30/24	Andrew Melendez 471 Beech St Holyoke MA	100.00	Executive, LEDC	
10/30/24	Joseph Monroy 54 Draper Ave Westwood MA	100.00	SVP IT, PeoplesBank	
10/30/24	Jose Monroy 120 Poplar St Chico	100.00	Retired	

# **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address  Date Received (alphabetical listing required) Am		Occupation & Employer (for contributions of \$200 or more)
10/30/24	Shannon Mumblo 10 Longfellow Rd Wilbraham MA 01095-1842		Founder, Shannon Mumblo Consulting
10/30/24	Alfonso Nardi 406 Longhill St Springfield MA 01108		Self Employed Architect
10/30/24	Nadia Nilleron 615 Boardman St Sheffield MA 01257	200.00	Ship Engineer
10/30/24	Edward Nunez 49 Aberdale Dr Springfield MA 01129	100.00	Self Employed, NRGRE
10/07/24	Frank Rojas 30015 Rose Blossom Dr Murrieta CA	100.00	Education, Bay Path University
10/30/24	Frank Rojas 30015 Rose Blossom Dr Murrieta CA	100.00	Education, Bay Path University
10/30/24	Norman Roldan 26 Middle St Springfield MA 01104	1,000.00	IT Specialist, Baystate Health
10/30/24	TORLEIF STUMO 615 Boardman St Sheffield MA	100.00	Ships Engineer, American Maritime Officers
10/30/24	Carlos Rivera 440 Roosevelt Ave Springfield MA 01118	250.00	Self Employed, Entertainment
10/30/24	Amalgamated Transit Union 640 Page Bivd. Room 106 Springfield MA 01104	250.00	
Line 10: Total Rec	eipts over \$50 (or listed above)	8,254.00	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Receipts \$50 and under (not listed above)		1,065.00	should include only those receipts not itemized above.
Line 12: TOTAL	RECEIPTS IN THE PERIOD	9,319.00	← Enter on page 1, line 2

#### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
2/13/24	Italo Fini LC	99 Eastern Alle	Political	2,506:00
		WorcesterMA	Political Consulting	
al condona	Profesional Contraction of the C			
De821000	CHECK STATE OF THE			
12/19/24	White uch	1500 Main St	Compaign	400-00
	White uch Brewery	1500 Main St Springfilld MA	Campaian Holiday Anty	
			<u> </u>	

# **SCHEDULE B: EXPENDITURES (continued)**

	To Whom Paid	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
				] []	
				11	
				11	
				]	
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		Line 13: Expenditures over \$50	(or listed above)	2,90600	
should includ	clude them in line 13. Line 14 de only those expenditures not itemized above.	Line 14: Expenditures \$50 and under (not listed above)		197.00	
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDITURES IN THE PERIOD			

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
* If you have \$50 and under	itemized in-kind contributions of include them in line 16. Line 17	Line 16: In-Kind Contributions ove	er \$50 (or listed above)	
	ude only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	
Enter on page 1, line 6 → Line 18: TOTAL IN-KIND CONTRIB		RIBUTIONS IN THE PERIOD		

# **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
				i
Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				

## SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Name and Address of Vendor				
Date Paid	(alphabetical listing required)	Amount	Purpose of Expenditure	
			İ	
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		]		
		1		
	:	j		
		i		
			{	
Line 20: Total Itemize	ed Out-Of-Pocket Expenditures Over \$50		# If you have out of market amount of 650	
(or listed above)			* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21	
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and		should include only those expenditures not		
under (not listed above)			itemized above.	
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			Enter on page 1, line 8	