Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

RECEIVED JAN 22 '19 AM 8:45 FOIA/PUBLIC RECORDS COMMISSION

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/17/2018 Ending Date: 12/31/2018

Type of Report: (Check one)

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

Kitty Axelson-Berry
Candidate Full Name (if applicable)

Jones Library Trustee, Amherst MA
Office Sought and District

89 Stony Hill Rd. Amherst MA 01002
Residential Address

E-mail: axelsonberryk@gmail.com

Phone # (optional):

Axelson-Berry for Jones Trustee
Committee Name

Christina Platt
Name of Committee Treasurer

75 Chestnut Street, Amherst, MA 01002
Committee Mailing Address

E-mail: cwplatt@pacbell.net

Phone # (optional): 413-335-1114

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	# 85
Line 2: Total receipts this period (page 3, line 11)	150
Line 3: Subtotal (line 1 plus line 2)	235
Line 4: Total expenditures this period (page 5, line 14)	235
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	320
Line 8: Name of bank(s) used:	Peoples Bank, Amity St, Amherst, MA 01002

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: Christina Platt (Treasurer's signature) Date: 1/19/19

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: Kitty Axelson-Berry (Candidate's signature) Date: 1/19/19

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)
March 24, 2018	Terry S. Johnson 15 Teaberry Lane Amherst, MA. 01002	$50	
March 27, 2018	Sarah McKee 9 Chadwick Court Amherst, MA. 01002	50	

Line 9: Total Receipts over $50 (or listed above)	100
Line 10: Total Receipts $50 and under* (not listed above)	50
Line 11: TOTAL RECEIPTS IN THE PERIOD	$150 ← 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
March 27, 2018	Collective Copies	71 South Pleasant Street Amherst, MA 01002	Xerox copies	78
Dec. 29, 2018	Christina Platt	75 Chestnut Street Amherst, MA. 01002	Partial repayment for loan to campaign	157

	Line 12: Total Expenditures over $50 (or listed above)	$235
	Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 →	**Line 14: TOTAL EXPENDITURES IN THE PERIOD**	$235

* 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over $50 (or listed above)	
Line 16: In-Kind Contributions $50 & under (not listed above)	
Line 17: TOTAL IN-KIND CONTRIBUTIONS	

Enter on page 1, line 6 →

* 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
March 15, 2018	Christina Platt	75 Chestnut Street	Remaining amount of loan to campaign for postcard printing	320

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** $320

PeoplesBank
330 Whitney Avenue, Holyoke, MA 01040
RETURN SERVICE REQUESTED
413.538.9500
info@bankatpeoples.com
bankatpeoples.com

Member FDIC DIF EQUAL HOUSING LENDER

Account Number: 1057138943
Statement Date: Dec 01, 2018 thru Dec 31, 2018

002763

CHRISTINA W PLATT
A-B FOR JONES TRUSTEE
75 CHESTNUT ST
AMHERST MA 01002-1863

Summary - All Accounts

Product	Account #	Ending Balance
Free Business Checking	1057138943	$0.00

Free Business Checking - 1057138943

Date	Transaction Description	Withdrawal	Deposit	Balance
	BEGINNING BALANCE			**$157.23**
Dec 31	Total Withdrawals	157.23		
	ENDING BALANCE			**$0.00**

Withdrawals and Debits

Date	Transaction Description	Amount
Dec 31	Eff. 12-29 Closeout Withdrawal	-157.23

Balance Summary

Date	Balance	Date	Balance	Date	Balance	Date	Balance
Dec 31	0.00						

Overdraft/Returned Item Fees

Fee Type	Total For This Period	Total Year-to-Date
Total Overdraft Fees	$0.00	$0.00
Total Returned Item Fees	$0.00	$0.00

Account Summary

Previous Date	Beginning Balance	Deposits	Interest Paid	Withdrawals	Fees	Ending Balance
Dec 01, 2018	157.23	0.00	0.00	157.23	0.00	0.00

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