



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 7/9/21 Ending Date: 10/15/21

Type of Report: (Check one)

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

E-mail:

Phone # (optional):

Progressive Coalition of Amherst
Committee Name

Allegra Clark
Name of Committee Treasurer

PO Box 3440 Amherst MA 01001
Committee Mailing Address

E-mail: progressivecoalitionamherst@gmail.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0

Line 2: Total receipts this period (page 3, line 11)

CAO ~~4100~~ 3808

Line 3: Subtotal (line 1 plus line 2)

CA ~~4100~~ 3808

Line 4: Total expenditures this period (page 5, line 14)

CA ~~3604~~ 0

Line 5: Ending Balance (line 3 minus line 4)

423.23

Line 6: Total in-kind contributions this period (page 6)

CA ~~318~~ 216.76

Line 7: Total (all) outstanding liabilities (page 7)

293.27

Line 8: Name of bank(s) used: Florence 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: [Signature] (Treasurer's signature)

Date: 10/24/21

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: _____

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)
10/14/21	Allegra Clark 189 Cherry Lane Amherst MA 01002	\$150	
10/6/21	Toni Cunningham 16 Owen Drive Amherst MA 01002	\$98	
9/15/21	Darcy DuMont 142 Pondview Dr Amherst, MA 01002	\$500	Town Councilor
8/25/21 10/6/21	Charles Fuller 22 Chestnut St Amherst, MA 01002	\$50 \$25	
9/27/21	Michael Greenebaum 10 Chadwick Court Amherst MA 01002	\$100	
9/6/21	Mary Hoyer 75 Woodlot Rd Amherst MA 01002	\$100	
7/30/21	Terry Johnson 15 Teaberry Ln Amherst MA 01002	\$500	retired
10/4/21	T. Stephen Jones 123 Black Birch Trail Florence MA 01062	\$350	retired
9/15/21	Art Keene 25 Dennis Dr Amherst MA 01002	\$100	
9/6/21	Peggy Matthews-Nilsen 27 Teaberry Ln Amherst MA 01002	\$250	Artist/social worker
9/16/21	Edward McGlynn 11 Emerson Ct Amherst MA 01002	\$100	
9/10/21	Sarah McKee 9 Chadwick Ct Amherst MA 01002	\$200	attorney
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			f 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)
9/16/21 9/22/21	Craig Meadows 112 College St Amherst MA 01002	\$50 \$50	
7/27/21 10/21/21	Pat Onanibaku 28 Tamarack Dr Amherst MA 01002	\$100 \$300 	Director/owner, BakuCare
9/8/21	Christina Platt 15 Chestnut St Amherst MA 01002	\$500	consultant
8/17/21	Demetria Shabazz 29 Chapel Rd Amherst MA 01002	\$500	DEI executive, lecturer
Line 9: Total Receipts over \$50 (or listed above)		\$4023	
Line 10: Total Receipts \$50 and under* (not listed above)		\$85	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$4108	f 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
10/27/11	Adams Direct Mail Services	99 Elm St Canaan Hill MA 01301	mailing	\$508.71

Line 12: Total Expenditures over \$50 (or listed above)	
Line 13: Total Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	0

Enter on page 1, line 4 g

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

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
9/10/21	Marla Goldberg-Jamate	193 Pondview Dr Amherst MA 01002	printing costs	\$68.96
10/9/21	Pat Onanibaku	28 Tamarack Dr Amherst MA 01002	printing costs	\$100
10/16/21	Marla Goldberg-Jamate	153 Pondview Dr Amherst MA 01002	printing costs	\$107.05
Line 15: In-Kind Contributions over \$50 (or listed above) CA				168.96 277.05
Line 16: In-Kind Contributions \$50 & under (not listed above)				\$71.80
Line 17: TOTAL IN-KIND CONTRIBUTIONS				216.76 348.85

Enter on page 1, line 6 g

* 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. Page 6

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
	Michael G. ... (AC)			
7/9/21	Jennifer Page	291 Potwine Ln Amherst MA 01002	Post Office Box	\$ 134
8/22/21	Jennifer Page	291 Potwine Ln Amherst MA 01002	Zoom Account	\$ 159.27
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				293.27

Enter on page 1, line 7 g