



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: Jan 1, 2021 Ending Date: Dec 31, 2021

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

Dorothy S. Pam
Candidate Full Name (if applicable)
Amherst Town Councilor District 3
Office Sought and District
229 Amity Street, Amherst MA 01002
Residential Address
E-mail: DorothyPam3@gmail.com
Phone # (optional): (860) 309-6606

Dorothy Pam of District 3
Committee Name
Barbara Pearson
Name of Committee Treasurer
229 Amity Street, Amherst MA 01002
Committee Mailing Address
E-mail: VoteforDorothy@dorothyPam.com
Phone # (optional): (413) 256-3435

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	46.79
Line 2: Total receipts this period (page 3, line 11)	2,738
Line 3: Subtotal (line 1 plus line 2)	2,785
Line 4: Total expenditures this period (page 5, line 14)	2,782
Line 5: Ending Balance (line 3 minus line 4)	3
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	<u>5-College Federal Credit Union/ Paypal</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: Barbara Pearson (Treasurer's signature) Date: 1/18/2022

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: Dorothy S. Pam (Candidate's signature) Date: 1/18/2022

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)
Nov. 1, 2021	Inge Ackermann 59 Sunset Ave, Amherst MA	25	Retired
July 26, 2021	Alison and Marshall Ash 174 Lincoln Ave., Amherst MA	250	Retired
Oct. 10, 2021	Alison and Marshall Ash 174 Lincoln Ave., Amherst MA	250	Retired
Oct 1, 2021	Kitty Axelrod-Berry 15 Teaberry Lane, Amherst MA	36	Retired
Oct 30, 2021	Jeanne and Hardy Ballantine 90 McClellan St. Amherst MA	27	Retired
Oct 30, 2021	Rosemary Cowell 104 Dana St. Amherst MA	40	Professor, University of Massachusetts Amherst
Aug 27, 2021	Steve and Katie George 23 Dana St, Amherst MA	75	Retired
Nov 1, 2021	Deb Gold Amity St. Amherst MA	50	Self-employed, Life Coach
Oct 1, 2021	Hilda Greenbaum 298 Montague Rd, Amherst MA	25	Retired
Sep 27, 2021	Bob and Hwei-Ling Greeney 76 McClellan St. Amherst MA	30	University professor, Holyoke CC, Holyoke MA Social worker, self employed
Sep 12, 2021	Shirley Griffin 20 Beston St, Amherst MA	100	retired
Sep. 9, 2021	Terry Johnson 15 Teaberry Lane, Amherst MA	100	retired
Line 9: Total Receipts over \$50 (or listed above)		1,008	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,738	← 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)
Jul 26, 2021	Steve and Sharon Judge 151 Amity Street, Amherst MA	400	Retired
Oct 22, 2021	Steve and Sharon Judge 151 Amity Street, Amherst MA	100	Retired
Oct 28, 2021	Thomas and A.J. Lardner 175 Amity St Amherst MA	50	Retired
Oct 28, 2021	Suzannah and Sandy Muspratt 38 N. Prospect St. Amherst MA	50	Retired
Oct 17, 2021	Pat Ononibaku 28 Tamarack Dr. Amherst MA	50	Self-employed, Baku Care, LLC
Sep 25, 2021	Robert and Dorothy Pam 229 Amity St. Amherst MA	200	(loan) University Professor, Holyoke Comm. Colleger
Oct 22, 2021	Barbara and Wilbur Pearson 11 Paige St. Amherst MA	200	Retired
Oct 30, 2021	Lorna and Dale Peterson 234 Lincoln Ave. Amherst MA	30	Retired
Oct 30, 2021	Kenneth Rosenthal 53 Sunset Ave. Amherst MA	150	Retired
Oct 30, 2021	Linda Slakey 18 Nutting Av. Amherst MA	100	Retired
Nov 1, 2021	David Sloviter 194 Lincoln Ave. Amherst MA	50	Executive, Norwood Laboratories
Sep 16, 2021	Rachel Vigderman 243 Amity St. Amherst MA	200	Homemaker
Oct 28, 2021	Bruce and Greta Wilcox 191 Lincoln Ave, Amherst MA	50	Retired
Line 9: Total Receipts over \$50 (or listed above)		1,630	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,738	← 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)
Oct. 31, 2021	Paige Wilder 73 Fearing St. Amherst MA	50	Retired
Nov. 1, 2021	Horst and Karin Winter 14 Elm St. Amherst MA	50	University Professor, University of Massachusetts Amherst/ Retired
Line 9: Total Receipts over \$50 (or listed above)		100	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		2738	← 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
Oct. 5, 2021	Collective Copies	71 S. Pleasant St Amherst MA 01002	Printing Flyers #519 Printing Mailers #522	1,261
Nov. 4, 2021	Paypal	Paypal.com	Fees for processing donations	18
Oct 3, 2021	Right Angle, Inc	686 Westhampton Road Florence MA 01062	web site hosting, quarterly charge (April-Dec 2021)	225
Dec. 5, 2021	Right Angle, Inc.	686 Westhampton Road Florence MA 01062	web design	500
Oct. 11, 2021	Staples	125 Westgate Center Dr. Hadley MA 01035	envelopes and labels	32
Oct 4, 2021	Sunraise Printing	322 Russell St Hadley MA 01035	Lawn Signs (40) w/ stands	494
Sept 8, 2021	Town of Amherst	4 Boltwood Ave. Amherst MA 01002	Street list books 9-8 & 9-21	20
Oct. 12, 2021	USPS	145 University Dr. Amherst MA 01002	stamps/ mailings 10/12-10/26	232
Line 12: Total Expenditures over \$50 (or listed above)				2,782
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2,782

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
				0
			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	0

* 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
				0

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 0