

Form CPF M 102: Campaign Finance Report the Hadley APR 0 3 2017

Municipal Form Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Town Clerk

Fill in Reporting Period dates: Beginning Date: 01/0	01/2017	Ending I	Date: 04/03/2017				
Type of Report: (Check one) ☐ 8th day preceding preliminary ☑ 8th day preceding election	☐ 30 day	after election	year-end report	dissolution			
Andrea G. Miles	Andrea	Miles for South	Hadley Select Board				
Candidate Full Name (if applicable) South Hadley Select Board	Committee Name Charles Miles						
Office Sought and District			ne of Committee Treasurer				
80 Riverboat Village Road South Hadley MA 01075	80 Rive		ad South Hadley MA 01	.075			
Residential Address E-mail: andrearandall83@gmail.com	E-mail:	Co	mmittee Mailing Address cmiles@umass.edu				
Phone # (optional): 202-412-2433	Phone # (o	ptional);	202-412-243				
SUMMARY BALANC	E INFOI	RMATION:					
Line 1: Ending Balance from previous report		milantin arabitu santu riiman anan aramu mu annan	rena nije per kjeskina je izmonkoli pri zakonaje kia pokaziva i pravim kje i pokazi i pravim krajiva i nekonaj	0			
Line 2: Total receipts this period (page 3, line 11))		\$1,0	30			
Line 3: Subtotal (line 1 plus line 2)	1999-1992 - 1999-1999-1999-1999-1999-199	\$1,0	30				
Line 4: Total expenditures this period (page 5, lin		\$573.0	9				
Line 5: Ending Balance (line 3 minus line 4)			\$456.9	1			
Line 6: Total in-kind contributions this period (pa	ige 6)			0			
Line 7: Total (all) outstanding liabilities (page 7)	***************************************	NATES OF STREET STREET STREET STREET	\$10	00			
Line 8: Name of bank(s) used: Florence Bank							
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 ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign inance 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. Committee Treasurer: Committee In accordance with the requirements of M.G.L. c. 55. Date:							
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox 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.							
indidate without Committee OR Candidate with independent activity filing set a 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 activity under the authority or on behalf of this	best of my kno , in-kind contri	butions and liabilitie	s for this reporting period ar	nd represents the			
Signed under the penalties of perjury:	or	(Candidate's	signature) Date:	1/2/1			

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.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	SEE ATTACHED SPREADSHEET		
]	
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		<u> </u>	
To suppose a source of the sou			
ATT-12 city conservation and the second and the sec			
e 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)		
		Particular translation and tra	
e 11: TOTAL F	RECEIPTS IN THE PERIOD	1,030 -	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)	
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The state of the s				
ne 9: Total Receipt	s over \$50 (or listed above)			
ne 10: Total Receipt	ts \$50 and under* (not listed above)			
ne 11: TOTAL RE	CEIPTS IN THE PERIOD	+	Enter on page 1, line 2	

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 rt 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 2 William to a superior of the control of the	Andrea G. Miles	80 Riverboat Village Road South	Reimbursement (see attached	Amount
3/10/2017		Hadley MA 01075	CPF R1)	\$345.8
4/2/2017	Andrea G. Miles	80 Riverboat Village Road South Hadley MA 01075	Reimbursement (see attached CPF R1)	\$227.2
				A CONTRACT OF THE PROPERTY OF
MATERIAL CONTROL OF THE PARTY O				
TOTAL PROPERTY AND ADMINISTRATION AND ADMINISTRATIO				
10.00				
		Line 12: Total Expenditures over		\$573.09
	<u> </u>	Line 13: Total Expenditures \$50	and under* (not listed above)	
		Line 14: TOTAL EXPENDITU		\$573.

^{*} 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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SCHEDULE B: EXPENDITURES (continued)

<u> </u>	To Whom Paid Continued						
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount			
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William Committee of the Market Committee of the Committe			The state of the s				
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		The second secon		and the state of t			
			Post Control of the C				
		Line 12: Expenditures over \$50	(or listed above)				
	The state of the s	Line 13: Expenditures \$50 and u	nder* (not listed above)	3-24-24-24-24-24-24-24-24-24-24-24-24-24-			
	Enter on page 1 line 4 ->	Line 14: TOTAL EXPENDITU	IRES IN THE DEDIOD	A Control of the Cont			
		include them in line 12. Line 12 ch	i				

^{*} 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
			Prince	
Printer and the second				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	MONEY OF THE PROPERTY OF THE P
		Line 16: In-Kind Contributions S	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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
3-1 to 3-30	Charles Miles	80 Riverboat Village Road South Hadley MA 01075	Facebook Ads	\$100
				priorities to this management is a second
				The Artist Artis
	Enter on page 1 line 7 =	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALI)	\$100

Schedule A: Receipts

Date Received	Name	Residential Address		Amount	Occupation & Employer (for contributions of \$200 or more)
3/6/17	7 Aguiar, Krystle	104 Old Center St	Middleboro, MA 2346	25	
3/6/1	7 Aldrich, Brenda	79 Howard St	Belchertown, MA 1007	100)
3/2/1	7 Boehner, Deborah A.	28 Westbrook Rd	South Hadley, MA 01075	25	
3/5/1	7 Bouley, Sally	809 Broad St.	Murray, KY 42071-3023	25	
3/5/17	7 Burt, Amy	7 Raven Drive	Hudson, NH 3051	25	
3/6/17	7 Crites, James	307 Victoria Pointe	Lagrange, GA 30240-6309	50	
3/16/17	7 Dalton, Christy	1740 E. Westcott Ct	Visalia, CA 93292	5	
3/7/17	⁷ Etelman, Sarah	9 Garden Street	South Hadley, MA 1075	50	
3/4/17	Garcia, Allyson M.	1 Harvard St	South Hadley, MA 01075	13	
3/25/17	Gelinas, James W	272 Aldrich Street	Beichertown, MA 1007	25	
3/5/17	Greenfield, Pat	130 East St	South Hadley, MA 1075	100	
3/8/17	John M. Quinlan	308 Amity Street	Amherst, MA 01002	13	
3/8/17	Joyce M. Quinlan	308 Amity Street	Amherst, MA 01002	13	
3/6/17	Lawrence, Julie	18 Haystack Way	Lake Placid, NY 12946	100	
3/6/17	linde, kyla	6533 84th st	lubbock, TX 79424	100	
3/5/17	Miles, Anna	429 Amy Blvd	Temple, GA 30179	25	
3/6/17	Miles, Rhonda	1400 Roberta Dr. Apt 2308	Marietta, GA 30008	25	
3/15/17	Miles, Rhonda	1400 Roberta Dr. Apt 2308	Marietta, GA 30008	25	
3/4/17	Newton, Susan L.	25 Jewett Lane	South Hadley, MA 01075	25	
3/25/17	Olberding, Mary K	272 Aldrich Street	Belchertown, MA 1007	25	
3/5/17	Price, Donna	650 Pepperwood Lane	Stone Mountain, GA 30087	25	
3/2/17	Pyle, Christopher H.	35 Woodbridge St	South Hadley, MA 01075	13	
3/2/17	Pyle, Cynthia F.	35 Woodbridge St	South Hadley, MA 01075	13	
3/6/17	Ryan, Michael	1102 State Road	Plymouth, MA 2360	25	
3/5/17	Santangelo, Micheal	9 Westview Drive	Wallingford, CT 6492	25	
3/4/17	Schnitzer, Andrew J.	1 Harvard St	South Hadley, MA 01075	13	
3/2/17	Skar, Runa	10 Promenade Way	South Hadley, MA 01075	13	
3/5/17	Sulfivan, Paul	4918 St Elmo Ave Apt 210	Bethesda, MD 20814	50	
3/4/17	Therien, Nathan A.	25 Jewett Lane	South Hadley, MA 01075	25	
3/26/17	Walsh, Theresa 8	24 Jewett Lane	South Hadley, MA 01075	25	
3/2/17	Wassermann, Runa	10 Promenade Way	South Hadley, MA 01075	13	



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 3/10/2017							
Name of Individ	lual Being Reimbursed:	Andrea Mile	es			Personal and the second	eganizari promote era birtikolita eta 1800-ta eta 1800-ta eta 1800-ta eta 1800-ta eta 1800-ta eta 1800-ta eta
Committee Nam	ne:	Andrea Mile	es for South Hadley S	elect Board		one Construction on the constitution of the co	
CPF ID Number (if applicable): Telephone Number (optional): 202-412-24			.2-2433				
		ITEML	ZE EXPENDITURE	ES IN EXCES	S OF \$50		
Date Paid	Vendor Na	ne	Vendor Ac	ldress	Purpose of Exp	enditure	Amount
3/6/2017	Pure Buttons		4930 Chippewa Rd, 44256	Medina OH	Campaign Buttons		\$65.26
3/6/2017	Super Cheap Signs		9200 Waterford Ce Suite #100 Austin		Campaign Signs		\$265.41
	(Include items listed on	Page 2) →	Linc 1: Expenditure	s in excess of	\$50 (itemized above):		330.67
			Line 2: Expenditure	s \$50 or under	(not itemized):		15.18
Line 3: TOTA				MOUNT REI	MBURSED:		345.85
Signed under the	e penalties of perjury:	<u> </u>				***	****

Please prepare a separate report for each reimbursement check issued by the committee.

Signature of Candidate / Treasurer

Date: 3/10/2017

9200 Waterford Centre Blvd.

Suite 100

Austin, TX 78758

Order #030617010

Order Date: 2017-03-06 09:29:15

Bill To:

Ship To:

Andrea Randall 80 Riverboat Village Rd South Hadley, MA, 01075 Andrea Randall 80 RIVERBOAT VILLAGE RD SOUTH HADLEY, MA, 01075-1353

Item ID #	Product	Quantity	Price
208726	Yard Signs	50	\$400.00
208720	18x24, 2 Sides, 2 Color	50	\$189.00
208727	Yard Signs		
208727	HALF-Sized Wire Stakes	50	\$39.50
Shipping Service: Che	eap Rush (get it by Mar 15)	Subtotal	\$228.50
Credit Card Type: Visa	a (9997)	Тах	\$0.00
		Shipping	\$73.83
		Discount	\$36.92
		Total	\$265.41

ank you! We appreciate your order.

Magnera (al maria)

SUBTOTAL: \$30.00

RUSH (RUSH (SHIPS WITHIN 3 BUSINESS \$15.00

TAX (0.00%): \$0.00

SHIPPING (UPS 2ND DAY AIR): \$20.26

ACCOUNT INFO

Charles Miles

ACCOUNT charles@sheehanmiles.net

202-412-2433

Charles Miles

.LLING 80 Riverboat Village Road

ADDRESS South Hadley, Massachusetts 01075

United States

Charles Miles

SHIPPING 30 Riverboat Village Road

ADDRESS South Hadley, Massachusetts 01075

United States

PAYMENT INFO

METHOD: Visa

CARD NUMBER XXXX-XXXX-XXXX-1890



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

			Da	te of Reimbursement: 4/2/2017	
Name of Individ	lual Being Reimbursed: [Andrea Mil	es	Terretter (Schrödelanen Brown vor gereinfeligt für Ande beschen das en wegen zu er men Anthon (Besche beschen	on ann an an ann an ann ann ann ann ann
Committee Nam	ne:	Andrea Mil	es for South Hadley Select Board		The state of the s
CPF ID Number	r (if applicable):		Telephone	e Number (optional): 202-	412-2433
		ITEMI	ZE EXPENDITURES IN EXCE	SS OF \$50	
Date Paid	Vendor Nam	e	Vendor Address	Purpose of Expenditure	Amount
3/10/2017	Town of South Hadley		116 Main Street, SOuth Hadley MA 01075	Votor lists	\$100
3/16/2017	Staples		436 Southbridge Street Suite 2 Auburn MA 01501	Print color brochures	\$56.29
3/31/2017	Yarde Tavern		3 Hadley Street, South Hadley MA 01075	Host meet and greet event "South Hadley Women Run"	\$70.95
3					
	(Include items listed on F	'age 2) →	Line 1: Expenditures in excess o	f \$50 (itemized above):	227.24
Line 2: Expenditures \$50 or under (not itemized):					
Line 3: TOTAL AMOUNT REIMBURSED: 227.24				227.24	
igned under the	e penalties of perjury:	7	\bigcirc		

Please prepare a separate report for each reimbursement check issued by the committee.

Signature of Candidate / Treasurer

Date: 4/2/17

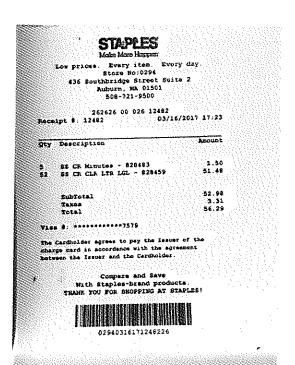




TABLE 1003 CHECK 32

8.00 Trivento 7.00 KID TENDER 7.00 KID TENDER KID CHZ BURG 7.00 SPRING ROLL 10.00 9.00 MALAFEL PRETZEL STIC 7.00 8.00 LIGUOR GLASS SODA GLASS SODA 2.50 2.50 3.00 SIDE FRIES

SUBTOT 71.00 TAX 4.95 TOTAL 75.95

Thank you for choosing to dine with us,

