Form CPF M101: STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM

Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of the candidate's committee as follows:

**CANDIDATE:**
Full Name: Gail Gramarossa
Residential Address: 39 North Main Street
City / State / Zip: Belchertown, MA 01007
E-Mail Address: qgramarossa@charter.net
Party Affiliation: unenrolled

**OFFICE SOUGHT/PURPOSE:**
Title: Selectman
District: Belchertown

**COMMITTEE:**
Name of Committee: Gail Gramarossa Select Board Committee
(Committee mailing address must include the candidate's last name)
Committee Mailing Address: 39 North Main Street
City / State / Zip: Belchertown, MA 01007
Phone #: (413) 323-4489

**OFFICERS:**
Chairman: Cliff McCarthy
Residential Address: 39 North Main Street
City / State / Zip: Belchertown, MA 01007
Phone #: (413) 323-4489
Treasurer: James Brown
Residential Address: 311 Enoch Sanford Road
City / State / Zip: Belchertown, MA 01007
Phone #: 413-668-6665
Email: jebrown.10d@gmail.com

*Public employee may not serve as treasurer of any political committee (see reverse).

(Complete and attach a Form CPF M A 101, if necessary, with other officers and finance committee, if any.)

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate's signature: [Signature]
Date: 4/28/18

I hereby accept the office of Treasurer of the above-named committee. I affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election; 2) if after my acceptance of this office I become an appointed public employee, I must resign this position and notify OCPF of my resignation; and 3) a candidate may not serve as treasurer of the political committee organized on his/her behalf.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer's signature: [Signature]
Date: 5/3/18

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman's signature: [Signature]
Date: 4/28/18
Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

Fill in Reporting Period dates: 
Beginning Date: 4/1/18  Ending Date: 5/13/18

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

Gail Gramarossoa
Candidate Full Name (if applicable)
Board of Selectman, Belchertown
Office Sought and District
39 North Main Street
Residential Address
E-mail: glgramarossoa@charter.net
Phone #: (optional): (413) 323-4489

Gail Gramarossoa Selectboard Committee
Committee Name
James Brown
Name of Committee Treasurer
39 North Main St., Belchertown, MA
Committee Mailing Address
E-mail: gailforbelchertown@gmail.com
Phone #: (optional): (413) 323-4489

SUMMARY BALANCE INFORMATION:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ending Balance from previous report</td>
<td>$0</td>
</tr>
<tr>
<td>2</td>
<td>Total receipts this period (page 3, line 11)</td>
<td>$170.00</td>
</tr>
<tr>
<td>3</td>
<td>Subtotal (line 1 plus line 2)</td>
<td>$170.00</td>
</tr>
<tr>
<td>4</td>
<td>Total expenditures this period (page 5, line 14)</td>
<td>$546.76</td>
</tr>
<tr>
<td>5</td>
<td>Ending Balance (line 3 minus line 4)</td>
<td>$-376.76</td>
</tr>
<tr>
<td>6</td>
<td>Total in-kind contributions this period (page 6)</td>
<td>$0</td>
</tr>
<tr>
<td>7</td>
<td>Total (all) outstanding liabilities (page 7)</td>
<td>$346.76</td>
</tr>
<tr>
<td>8</td>
<td>Name of bank(s) used:</td>
<td>NORTH BROOKFIELD SAVINGS</td>
</tr>
</tbody>
</table>

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: ___________________________ (Treasurer's signature) Date: 5/8/18

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

☒ Candidate with Committee and no activity independent of the committee
☐ 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: ___________________________ (Candidate's signature) Date: 5/7/18
## 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.)

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Name and Residential Address (alphabetical listing required)</th>
<th>Amount</th>
<th>Occupation &amp; Employer (for contributions of $200 or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/14/18</td>
<td>SHIRLEY McCARTHY 211 BALT MORE BLVD PASSAIC NJ 07055</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Line 9: Total Receipts over $50 (or listed above)  

100.00

Line 10: Total Receipts $50 and under* (not listed above)  

70.00

Line 11: TOTAL RECEIPTS IN THE PERIOD  

170.00

* If you have itemized receipts of $50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.  

Enter on page 1, line 2

Page 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 report all expenditures. Please include your committee name and a page number on each page.)

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>To Whom Paid (alphabetical listing)</th>
<th>Address</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/10/18</td>
<td>MASS. MUNICIPAL ASSESSOR</td>
<td>1 WINTHROP SQUARE BOSTON MA 02110</td>
<td>COPY OF SELECT BOOK</td>
<td>$3,850</td>
</tr>
<tr>
<td>4/13/18</td>
<td>AS PRINT.COM</td>
<td>ONLINE</td>
<td>POSTCARDS</td>
<td>$7,477</td>
</tr>
<tr>
<td>4/13/18</td>
<td>SIGNS ON THE CHEAP</td>
<td>ONLINE</td>
<td>SIGNS</td>
<td>$4,412</td>
</tr>
</tbody>
</table>

Line 12: Total Expenditures over $50 (or listed above) $546.76

Line 13: Total Expenditures $50 and under* (not listed above) $0

Line 14: TOTAL EXPENDITURES IN THE PERIOD $546.76

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

Enter on page 1, line 4 →
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.

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>To Whom Due</th>
<th>Address</th>
<th>Purpose</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/18</td>
<td>GAIL GRAMAROSA</td>
<td>39 N. MAIN ST B</td>
<td>BOOK, POSTCARDS SIGNS</td>
<td>546.76</td>
</tr>
</tbody>
</table>

Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) 546.76
Form CPF M 102: Campaign Finance Report Municipal Form
Office of Campaign and Political Finance

Fill in Reporting Period dates:  
Beginning Date: 5/14/18  
Ending Date: 6/14/18

Type of Report: (Check one)
☐ 8th day preceding preliminary  ☐ 8th day preceding election  ☑ 90 day after election  ☐ year-end report  ☐ dissolution

GAIL GRAMAROSA  
Candidate Full Name (if applicable)
SEOC OR S RETURN COMMITTEE  
Committee Name
39 NORTH MAIN ST. BELCHERTOWN  
Office Sought and District
JAMES G. BROWN  
Name of Committee Treasurer
39 NORTH MAIN ST. BELCHERTOWN  
Committee Mailing Address
E-mail: GLGRAMAROSAC HaTNER.NET  
E-mail: GAILERCELBGPORD@G MAI.COM  
Residential Address
Phone # (optional):

SUMMARY BALANCE INFORMATION:

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ending Balance from previous report</td>
<td>-$376.76</td>
</tr>
<tr>
<td>2</td>
<td>Total receipts this period (page 3, line 11)</td>
<td>745.00</td>
</tr>
<tr>
<td>3</td>
<td>Subtotal (line 1 plus line 2)</td>
<td>368.24</td>
</tr>
<tr>
<td>4</td>
<td>Total expenditures this period (page 5, line 14)</td>
<td>404.37</td>
</tr>
<tr>
<td>5</td>
<td>Ending Balance (line 3 minus line 4)</td>
<td>-$36.13</td>
</tr>
<tr>
<td>6</td>
<td>Total in-kind contributions this period (page 6)</td>
<td>$0</td>
</tr>
<tr>
<td>7</td>
<td>Total (all) outstanding liabilities (page 7)</td>
<td>404.37</td>
</tr>
<tr>
<td>8</td>
<td>Name of bank(s) used:</td>
<td>NORTH BROOKFIELD SAVINGS</td>
</tr>
</tbody>
</table>

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.

Date: 6/14/18

Signed under the penalties of perjury:  
(Treasurer's signature)
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: ______________________  ____________________
(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.)

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Name and Residential Address (alphabetical listing required)</th>
<th>Amount</th>
<th>Occupation &amp; Employer (for contributions of $200 or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/23/18</td>
<td>LINDA BARRON, VIRGINIA</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>5/6/18</td>
<td>SUE KNEPP, SECOMERTOWN, MA</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>Line 9: Total Receipts over $50 (or listed above)</td>
<td>200.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>--------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Line 10: Total Receipts $50 and under* (not listed above)</td>
<td>545.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Line 11: TOTAL RECEIPTS IN THE PERIOD</strong></td>
<td>745.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.)

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>To Whom Paid (alphabetical listing)</th>
<th>Address</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/5/18</td>
<td>SOUTHEASTCHAP.COM</td>
<td>ONLINE</td>
<td>SIGNS</td>
<td>404.37</td>
</tr>
<tr>
<td>Line</td>
<td>Description</td>
<td>Amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Total Expenditures over $50 (or listed above)</td>
<td>$404.37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Total Expenditures $50 and under* (not listed above)</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>14</strong></td>
<td>TOTAL EXPENDITURES IN THE PERIOD</td>
<td>$404.37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* 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 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.

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>To Whom Due</th>
<th>Address</th>
<th>Purpose</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/5/19</td>
<td>GAIL GRABKOSA</td>
<td>31 NORTH MAIN ST</td>
<td>SIGNS 6</td>
<td>404.37</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BECONERTOWN LA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) 404,37
Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 6/18/18 Ending Date: 12/31/18

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

SAIL GRAMAROSA
Candidate Full Name (if applicable)

SELECT BOARD, BECHERTOWN
Office Sought and District

39 NORTH MAIN ST, BECHERTOWN
Residential Address

E-mail: SAILGRAMAROSA@GMAIL.NET
Phone # (optional): 

Committee Name

JAMES E. BROWN
Name of Committee Treasurer

39 NORTH MAIN ST, BECHERTOWN
Committee Mailing Address

E-mail: SAILFORBECHERTOWN@GMAIL.COM
Phone # (optional): 

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report $-36.13

Line 2: Total receipts this period (page 3, line 11) $0

Line 3: Subtotal (line 1 plus line 2) $-36.13

Line 4: Total expenditures this period (page 5, line 14) $0

Line 5: Ending Balance (line 3 minus line 4) $-36.13

Line 6: Total in-kind contributions this period (page 6) $0

Line 7: Total (all) outstanding liabilities (page 7) $404.37

Line 8: Name of bank(s) used: NORTH BROOKFIELD SAVINGS

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 of, or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: ___________________________ (Treasurer's signature) Date: 6/18/19

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.

Signed under the penalties of perjury: ___________________________ (Candidate's signature) Date: 11/12/19
**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.

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>To Whom Due</th>
<th>Address</th>
<th>Purpose</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/5/18</td>
<td>Gail Gramakosky</td>
<td>35 North Main St</td>
<td>$4,600</td>
<td>404.37</td>
</tr>
</tbody>
</table>

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) 404.37**