CITY CLERK'S Form CPF M 102:	Campaign Finance Report
	nicipal Form npaign and Political Finance
Commonwealth of Massachusetts TIME: 12: 20 PM	
of Massachusetts I IVIE M	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 01/0	1/2023 Ending Date: 10/20/2023
Type of Report: (Check one)	
Sth day preceding preliminary Image: Sth day preceding election	20 day often election years and remark listed with
Stir day preceding preliminary	30 day after election year-end report dissolution
ASHLEY SHADE	COMMITTEE TO ELECT ASHLEY SHADE
Candidate Full Name (if applicable)	Committee Name
CITY COUNCIL MEMBER-AT-LARGE, CITY OF NORTH ADAMS	THOMAS PINKHASOV
Office Sought and District	Name of Committee Treasurer
33 NORTH CHURCH ST, APT 2R, NORTH ADAMS, MA 01247 Residential Address	33 NORTH CHURCH ST, APT 2R, NORTH ADAMS, MA 01247
E-mail: CONTACT@ASHLEYSHADE.COM	Committee Mailing Address E-mail: CONTACT@ASHLEYSHADE.COM
Phone # (optional):646-854-6211	Phone # (optional): 917-727-1255
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	2369.69
Line 2: Total receipts this period (page 3, line 11)	1682.69
Line 3: Subtotal (line 1 plus line 2)	4052.38
Line 4: Total expenditures this period (page 5, lin	e 14) 1749.46
Line 5: Ending Balance (line 3 minus line 4)	2302.92
Line 6: Total in-kind contributions this period (pa	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Greylock FCU, PayPal	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind c finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bos	x only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in acc incurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury: Andly Alulu	(Candidate's signature) Date: 10/30/2013

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 AddressDate Received(alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)
08/19/2023	DEREK NEWHALL 2 PLUTO LN SOUTH YARMOUTH MA 02664	100.00	
03/13/2023	ERIC MULDER 15462 E EVANS AVE #201 AURORA CO 80013	100.00	
04/01/2023	JEFFERY BISHOP 201 MAIN ST #7J HOUSTON TX 77002	50	
08/18/2023	LORI BOUCHELLE 957 E OLD PHILADELPHIA RD ELKTON MD 21921	52.45	
09/11/2023	MATTHEW DAVIS 40663 N ANCONA CT SAN TAN VALLEY AZ 85140	50	
06/16/2023	NICHOLAS HELLYAR 4717 CAROLINE ST HOUSTON TX 77004	100	
08/12/2023	NICHOLAS HELLYAR 4717 CAROLINE ST HOUSTON TX 77004	100	
04/19/2023	SARAH TURNER 72 ORCHARD ST ADAMS MA 01220	500	OCCUPATION - DOCTOR EMPLOYER - WILLIAMSTOWN MEDICAL ASSOCIATES
		0	
		0	
		0	
		0	
Line 9: Total Receipts over \$50 (or listed above)		1052.45	
Line 10: Total Receipts \$50 and under* (not listed above)		630.24	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1682.69	← 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)
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
Line 9: Total Receip	ots over \$50 (or listed above)	1052.45	
Line 10: Total Recei	pts \$50 and under* (not listed above)	630.24	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1682.69	← 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
04/19/2023	CALENDLY, LLC	115 E MAIN ST STE A1B PMB 123 BUFORD GA 30518	SCHEDULING SOFTWARE	153.00
10/06/2023	PRINTOGRAPH, INC. D/B/A GOTPRINT.COM	7651 N SAN FERNANDO RD BURBANK CA 91505	PRINTING SERVICES	124.24
06/26/2023	KELSEY LYON DESIGN SOLUTIONS	207 YOUNG ST GREENVILLE SC 29609	MARKETING SERVICES	250.00
08/03/2023	KELSEY LYON DESIGN SOLUTIONS	207 YOUNG ST GREENVILLE SC 29609	MARKETING SERVICES	250.00
08/20/2023	KELSEY LYON DESIGN SOLUTIONS	207 YOUNG ST GREENVILLE SC 29609	MARKETING SERVICES	250.00
09/02/2023	KELSEY LYON DESIGN SOLUTIONS	207 YOUNG ST GREENVILLE SC 29609	MARKETING SERVICES	250.00
07/07/2023	LGBTQ VICTORY INSTITUTE	1225 I ST NW WASHINGTON DC 20005	CANDIDATE TRAINING	200.00
01/26/2023	ZOOM VIDEO COMMUNICATIONS, INC.	55 ALMADEN BLVD 6TH FLOOR SAN JOSE CA 95113	VIDEOCONFERENCE SOFTWARE	159.27
				0
				0
Ð				0
				0
		Line 12: Total Expenditures of	over \$50 (or listed above)	1636.51
		Line 13: Total Expenditures \$:	50 and under* (not listed above)	112.95
	Enter on page 1, line 4 \rightarrow	Line 14: TOTAL EXPENDI	TURES IN THE PERIOD	1749.46

* 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	Dument of Ferror 194	
Г		(alphabetical insting)	Autress	Purpose of Expenditure	Amount
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
			Line 12: Expenditures over \$50	(or listed above)	1636.51
		ł	Line 13: Expenditures \$50 and u		112.95
			Line 14: TOTAL EXPENDITU		1749.46

* 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
			č	
[]	[]			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$	50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	

* 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

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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
Enter on page 1, line $7 \rightarrow$		Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	