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
	None			

* 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.

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	

Enter on page 1, line 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
	None			

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

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: 1-1-2013 Ending Date: 12-31-2013

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)	COMTE TO RE-ELECT ERNEST LAFLAMME — Committee Name
ERNEST LAFLAMME — Office Sought and District	ROLAND ARCHAMBAULT — Name of Committee Treasurer
CHICOPEE CITY TREASURER — Residential Address	92 CANTERBURY WAY WEST SPFLD MA — Committee Mailing Address
Telephone Number (optional): 865 MONTGOMERY ST CHICOPEE MA. 01013	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	$5709.81
Line 2: Total receipts this period (page 2, line 11)	none
Line 3: Subtotal (line 1 plus line 2)	$5709.81
Line 4: Total expenditures this period (page 3, line 14)	$3424.25
Line 5: Ending Balance (line 3 minus line 4)	$2285.56
Line 6: Total in-kind contributions this period (page 4)	none
Line 7: Total (all) outstanding liabilities (page 4)	none
Line 8: Name of bank(s) used:	1ST NIAGARA

CITY CLERKS OFFICE CITY OF CHICOPEE JAN 21 AM 10:03

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: Roland Archambault (Treasurer's signature) Date: 1-17-14

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.

☐ **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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: X Ernest Laflamme X (Candidate's signature) Date: 1-17-14

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)
	None		

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	

← 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.)

2013 Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10-21	BARTLEY DAID CMTE	25 HILLCREST AVE HOLYOKE MA	CAMPAIGN DONATION	100 00
3-26	CASTLE OF KNIGHTS	1599 MEMORIAL DR CHIC. MA	RETIREMENT ANNOUNCMENT	802.50
1-25	CHIC. ST PATS PARADE CMTE	P.O BOX 871 HOLYOKE MA	DONATION	90.00
2-5	CHIC CHAMBER OF COMMERCE	264 EXCHANGE ST CHICOPEE MA	SHINING STARS	120.00
12-30	CHIC CHAMBER OF COMMERCE	264 EXCHANGE ST CHIC MA	TICKETS	120.00
11-1	CHICOPEE COMP BAND	ROLF AVE CHICOPEE MA	DONATION	100.00
4-29	CHICOPEE ROTARY	P.O. BOX 152 CHICOPEE MA	TICKETS	100.00
3-15	FRIENDS SENIOR CENTER	7 VALLEY VIEW CHICOPEE MA	DONATION	100 00
8-2	GALVIN BILL CMTE	444 WASHINGTON ST BRIGHTON MA	DONATION	100.00
4-3	GOLBA MARIE	83 WARREGAN ST CHIC MA	DONATION SAN DAMIANO GROUP	100 00
11-19	HOLYOKE CATHOLIC H.S	SPRINGFIELD ST CHIC. MA	TICKETS	100 00
12-30	HU-KE-LAU	705 MEMORIAL DR CHIC MA	RETIREMENT PARTY	561.75
12-30	INAUGURAL CMTE	115 SANDTRAP CHIC MA	AD	100.00
12-30	INAUGURAL CMTE	115 SANDTRAP CHIC MA	TICKETS	160.00
2-13	MAINVILLE SANDRA	19 ROY ST CHICOPEE MA	WALCZAK RETIREMENT	90.00
5-15	SWIDER CHUCK CMTE	34 BARIL LANE CHIC. MA	DONATION	100.00
8-2	SUNSHINE VILLAGE	75 LITWIN LN. CHIC MA	DONATION	125.00
5-23	VIEAU JOHN	287 CHICOPEE ST. CHIC. MA	DONATION	100.00
5-1	WELCH J. CMTE	772 UNION ST WEST SPFLD MA	DONATION	100.00

Line 12: Total Expenditures over $50 (or listed above)	3169.25
Line 13: Total Expenditures $50 and under* (not listed above)	255.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD	3424.25

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.