



Form CPF M 102: Campaign Finance Report

Municipal Form

AMENDED

Sma

CITY CLERK'S OFFICE Office of Campaign and Political Finance
CITY OF CHICOPEE

Fill in Reporting Period date: JAN 21 P 3:58 Beginning Date: 1-1-13 Ending Date: 10-18-13 File with: City or Town Clerk or Election Commission

Type of Report: (Check one)

- 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

STANLEY J. WALCZAK
Candidate Full Name (if applicable)

WARD 9 COUNCILOR
Office Sought and District

33 LARIVIERE DR. CHICOPEE
Residential Address

Telephone Number (optional): _____

COMM. TO ELECT STANLEY WALCZAK
Committee Name

SANDRA MAINVILLE
Name of Committee Treasurer

19 ROY ST. CHICOPEE, MA.
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

| | |
|--|------------------------------|
| Line 1: Ending Balance from previous report | <u>0</u> |
| Line 2: Total receipts this period (page 2, line 11) | <u>\$ 5,160.</u> |
| Line 3: Subtotal (line 1 plus line 2) | <u>5,160.</u> |
| Line 4: Total expenditures this period (page 3, line 14) | <u>\$ 3,613.45</u> |
| Line 5: Ending Balance (line 3 minus line 4) | <u>\$ 1,546.55</u> |
| Line 6: Total in-kind contributions this period (page 4) | <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | <u>\$ 3,138.54</u> |
| Line 8: Name of bank(s) used: | <u>CHICOPEE SAVINGS BANK</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.

Witnessed under the penalties of perjury: Sandra Mainville (Treasurer's signature) Date: 10/28/13

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.

Witnessed under the penalties of perjury: Stanley J. Walczak (Candidate's signature) Date: 10-28-13

COMM. TO ELECT STANLEY WALCZAK.

P. 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.)

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|--|---|------------|---|
| 9/30 | BELAIR RON COMM. TO ELECT 506 BRITTON ST. CHICOPEE, MA. 01020 | \$ 100. | |
| 9/30 | CLAUDINO, FRANCISCO 63 HIGHLAND AVE CHICOPEE, MA. 01013 | \$ 100. | |
| 9/30 | CZEPIEL, EDWARD 115 CYMAN DR. CHICOPEE, MA. 01013 | \$ 100. | |
| 9/30 | DZIOK, HENRY 10 MUELLER RD. HOLYOKE, MA 01040 | \$ 50. | |
| 10/10 | FEYRE, THOMAS 283 MANDALAY RD. CHICOPEE, MA. 01020 | \$ 50. | |
| 9/23 | HAYWARD NEO 64 HENDRICK ST CHICOPEE, MA. 01020 | \$ 50 | |
| 9/25 | MATRAS, STANLEY 88 RIMMON AVE CHICOPEE, MA. 01013 | \$ 50. | |
| 9/30 | MCCARTHY, LAURA 133 CYRAN ST. CHICOPEE, MA. 01020 | \$ 50. | |
| 9/30 | MCCARTHY COMMITTEE 55 PROVIDENCE ST. CHICOPEE, MA. 01020 | \$ 100. | |
| 10/10 | MICHON, JOHN 22 RAYLO CT. CHICOPEE, MA. 01013 | \$ 50. | |
| 9/18 | MONTEMAGNI, JOSEPH 196 BOSTWICK LANE CHICOPEE, MA. 01020 | \$ 100. | |
| 9/30 | RATTELL, KEITH 40 CARRIAGE RD. CHICOPEE, MA 01013 | \$ 50 | |
| 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 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) |
|---------------|--|----------|---|
| 9/22 | ROBAK, THOMAS 84 NELSON ST. CHICOPEE, MA. 01013 | \$ 50. | |
| 9/20 | ROBERGE, DAN 43 LASKOWSKI LANE CHICOPEE, MA. 01020 | \$ 200. | ELECTRICIAN W. M. E. C. O. |
| 10/2 | ROUILLARD, PAUL 18 LARIVIERE DR. CHICOPEE, MA. 01020 | \$ 100. | |
| 9/29 | SITTARD, CARL 38 FLETCHER DR. CHICOPEE, MA. 01020 | \$ 50. | |
| 9/30 | SWIDER, CHUCK Comm. To Elect 78 WEST ST. CHICOPEE, MA. 01013 | \$ 50. | |
| 9/11 | WALCZAK, STANLEY 33 LARIVIERE DR. CHICOPEE, MA. 01020 | \$ 2000. | LOAN FROM CANDIDATE |
| 9/24 | ZIEMBA, GARY 85 MONROE ST. CHICOPEE, MA. 01020 | \$ 50. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Line 9: Total Receipts over \$50 (or listed above) \$ 3,350.

Line 10: Total Receipts \$50 and under* (not listed above) \$ 1,810.

Line 11: **TOTAL RECEIPTS IN THE PERIOD** \$ 5,160.

← 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 |
|--|--|--|-----------------------------|-------------|
| 10/17 | CASTLE OF KNIGHTS | 1599 MEMORIAL DR. CHICOPEE, MA. 01020 | FUNDRAISER DINNER | \$ 2,474.91 |
| 9/11 | CHICOPEE POST OFFICE | 100 CENTER ST. CHICOPEE, MA. 01013 | STAMPS | \$ 92. |
| 10/3 | CHICOPEE POST OFFICE | 100 CENTER ST. CHICOPEE, MA 01013 | STAMPS | \$ 184. |
| 8/8 | SIGN TECHNIQUES INC. | 361 CHICOPEE ST. CHICOPEE, MA. 01013 | LAWN SIGNS | \$ 668.31 |
| 8/27 | WALAS, MARK | 183 CHICOPEE ST. CHICOPEE, MA. 01013 | FUNDRAISER EVENT TICKETS | \$ 84. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Line 12: Total Expenditures over \$50 (or listed above) | | | | 3,503.22 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | 110.23 |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | 3613.45 |

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 16 on page 1.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|---|---------------------|---------------------|--|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| * 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) | |
| Enter on page 1, line 6 → | | | Line 16: In-Kind Contributions \$50 & under (not listed above) | |
| | | | Line 17: TOTAL IN-KIND CONTRIBUTIONS | 0 |

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 |
|---------------------------|-----------------|----------------------------------|---|---------------|
| 9-11-13 | STANLEY WALCZAK | 33 LARIVIERE DR. CHICOPEE, MA | LOAN FROM BANK | \$ 2000. |
| 8-27-13 | STANLEY WALCZAK | 33 LARIVIERE DR. CHICOPEE, MA | LOAN FROM CANDIDATE | \$ 1138.54 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Enter on page 1, line 7 → | | | Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | \$3138.54 |