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
				0
				0
				0
				0
				0

* 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)	0
Line 16: In-Kind Contributions $50 & under (not listed above)	0
Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

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
				0
				0
				0
				0
				0
				0

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	0

Enter on page 1, line 7 →

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ward 5

CITY CLERK'S OFFICE
CITY OF CHICOPEE
2016 JAN -8 P 12:23

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Oct 18th 2015 Ending Date: Dec. 31, 2015

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):

Office Sought and District:

Residential Address:

Telephone Number (optional):

Committee Name: Chicopee City Dem. Comm.

Name of Committee Treasurer: MARGARET MORIN

Committee Mailing Address: 79 Crestwood St Chicopee MA 01020

Telephone Number (optional): 413-592-7910

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	$ 3 500.35
Line 2: Total receipts this period (page 2, line 11)	$ 2 050.00
Line 3: Subtotal (line 1 plus line 2)	$ 5,550.35
Line 4: Total expenditures this period (page 3, line 14)	$ 1,641.97
Line 5: Ending Balance (line 3 minus line 4)	$ 3908.38
Line 6: Total in-kind contributions this period (page 4)	0
Line 7: Total (all) outstanding liabilities (page 4)	0
Line 8: Name of bank(s) used:	Alden Credit Union

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: Margaret Morin (Treasurer's signature) Date: 1-5-2016

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: Margaret Morin (Candidate's signature) Date: 1-5-2016

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)
10/19/2015	Henry Twiggs SPFld Dem. Comm. 78 Westminster St SPFld MA	75.00	
10/19/2015	Mary Hurly SPFld MA	100.00	
10/26/2015	Comm. to Elect Richard Neal SPFld MA	100.00	
10/26/2015	Deborah Stydkowicz Frontenac St Chicopee MA 01020	100.00	
11/12/2015	Carpenters Local 108 79 Oakland St SPFld MA 01108	100.00	
Line 9: Total Receipts over $50 (or listed above)		$ 475.00	
Line 10: Total Receipts $50 and under* (not listed above)		$ 1,575.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		$ 2 050.00	← 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
10/12/2015	things Remembered gifts	Holyoke MALL @ Ingleside Holyoke MA	Plaques for Breakfast Gifts	133.69
10/12/2015	Dinn Brothers	Taylor St Holyoke MA	Plaques for Guests	65.60
10/18/2015	Castle of Knights	Castle of Knights 159 Memorial Dr Chicopee MA	Food @ Breakfast	1,208.81
10/18/2015	Al Kendal	14 Dakota Dr. Chicopee MA 01013	Donations for Breakfast	75.00
11/13/2015	Mike Pease	Bonnemile ave Chicopee, MA.	Rep Jim Welsh Campain donation	100.00
			Line 12: Total Expenditures over $50 (or listed above)	$ 1,583.10
			Line 13: Total Expenditures $50 and under* (not listed above)	$ 58.87
		Enter on page 1, line 4 →	**Line 14: TOTAL EXPENDITURES IN THE PERIOD**	$ 1641.97

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