

**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
* 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.				
Enter on page 1, line 6 →				
Line 15: In-Kind Contributions over \$50 (or listed above)				0
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				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
				0
Enter on page 1, line 7 →				
<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				0



Commonwealth of Massachusetts

**Form CPF M 102: Campaign Finance Report  
Municipal Form**

Office of Campaign and Political Finance

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: *2015 JAN 1 - AUG 31* Beginning Date: *JAN 1, 2014* Ending Date: *AUG 31, 2014*

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)	<i>Chicopee City Dem. Comm.</i> Committee Name
Office Sought and District	<i>MARGARET MORIN</i> Name of Committee Treasurer
Residential Address	<i>79 Crestwood St Chicopee</i> Committee Mailing Address
Telephone Number (optional):	<i>413-592-7910</i> Telephone Number (optional):

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending Balance from previous report	<i>3,419.44</i>
Line 2: Total receipts this period (page 2, line 11)	<i>1,875.00</i>
Line 3: Subtotal (line 1 plus line 2)	<i>5,294.44</i>
Line 4: Total expenditures this period (page 3, line 14)	<i>2,168.35</i>
Line 5: Ending Balance (line 3 minus line 4)	<i>3,126.09</i>
Line 6: Total in-kind contributions this period (page 4)	<i>0</i>
Line 7: Total (all) outstanding liabilities (page 4)	<i>0</i>
Line 8: Name of bank(s) used:	<i>Alden Credit Union</i>

**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: *1-9-2015*

**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: \_\_\_\_\_ (Candidate's signature) Date: \_\_\_\_\_



**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
* 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.				
Enter on page 1, line 6 →				
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

**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
Enter on page 1, line 7 →				
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				0



Commonwealth of Massachusetts

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Municipal Form**

Office of Campaign and Political Finance

CITY CLERK'S OFFICE  
CITY OF CHICOPEE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Aug 23, 2014 Ending Date: Oct 27, 2014

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)	<u>Chicopee City Dem. Comm.</u>
Office Sought and District	<u>MARGARET MORIN</u>
Residential Address	<u>79 Crestwood St Chicopee</u>
Telephone Number (optional):	<u>413-592-9910</u>
Committee Name	<u>Chicopee City Dem. Comm.</u>
Name of Committee Treasurer	<u>MARGARET MORIN</u>
Committee Mailing Address	<u>79 Crestwood St Chicopee</u>
Telephone Number (optional):	<u>413-592-9910</u>

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending Balance from previous report	<u>3,126.09</u>
Line 2: Total receipts this period (page 2, line 11)	<u>1,025.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>4,151.09</u>
Line 4: Total expenditures this period (page 3, line 14)	<u>784.66</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3,366.43</u>
Line 6: Total in-kind contributions this period (page 4)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Alden Credit Union</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.

Signed under the penalties of perjury: Margaret Morin (Treasurer's signature) Date: 1-9-2015

**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**  
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Signed under the penalties of perjury: \_\_\_\_\_ (Candidate's signature) Date: \_\_\_\_\_



**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
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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
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				0

Enter on page 1, line 7 →



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Municipal Form**

Office of Campaign and Political Finance

Commonwealth of Massachusetts  
CITY CLERK'S OFFICE  
CITY OF CHICOPEE

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: 49 Beginning Date: Oct, 28, 2014 Ending Date: Dec, 31st 2014

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)	Chicopee City Dem. Comm.
Office Sought and District	MARGARET MORIN Name of Committee Treasurer
Residential Address	79 Crestwood St Chicopee MA Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional): 413-592-7910

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending Balance from previous report	\$ 3,366.43
Line 2: Total receipts this period (page 2, line 11)	\$ 2,171.00
Line 3: Subtotal (line 1 plus line 2)	\$ 5,537.43
Line 4: Total expenditures this period (page 3, line 14)	\$ 1,881.50
Line 5: Ending Balance (line 3 minus line 4)	\$ 3,655.93
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:	

**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: 1-9-2015

**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: \_\_\_\_\_ (Candidate's signature) Date: \_\_\_\_\_

