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: Jan 22, 2019 Ending Date: Oct 28, 2019

Type of Report: (Check one)

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

James K. Tillotson
Candidate Full Name (if applicable)

City Councilor-At-Large
Office Sought and District

34 Harvey St.
Residential Address

E-mail: jtillie447@aol.com

Phone # (optional):

Committee to Elect James K Tillotson
Committee Name

Joan M. Tillotson
Name of Committee Treasurer

34 Harvey St.
Committee Mailing Address

E-mail: jtillie447@aol.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1:	Ending Balance from previous report	$ 9,532.41
Line 2:	Total receipts this period (page 3, line 11)	250.73
Line 3:	Subtotal (line 1 plus line 2)	9,783.14
Line 4:	Total expenditures this period (page 5, line 14)	1,785.11
Line 5:	Ending Balance (line 3 minus line 4)	7,988.03
Line 6:	Total in-kind contributions this period (page 6)	-0-
Line 7:	Total (all) outstanding liabilities (page 7)	-0-
Line 8:	Name of bank(s) used:	Bank of America

CITY CLERK'S OFFICE
CITY OF CHICOPEE
2019 OCT 25 A 5

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: Joan M Tillotson (Treasurer's signature) Date: 10/24/19

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the 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 OR Candidate with independent activity filing separate report

☐ 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: James K. Tillotson (Candidate's signature) Date: 10/24/19

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 9: Total Receipts over $50 (or listed above)	-0-	
Line 10: Total Receipts $50 and under* (not listed above)	250.73	
Line 11: TOTAL RECEIPTS IN THE PERIOD	250.73	← 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/17/19	Reminder Publications	East Longmeadow MA	Advertising	$440.00
10/8/19	The Republican Spfld, MA	Main St Spfld, MA	Advertising	$928.11
10/9/19	Turley Publications	24 Water St Palmer, MA 010	Advertising	$332.00
10/15/19	Committee to Elect John Vieu	Chicopee St Chicopee, MA	Fund Raiser Event	$75.00

Line 12: Expenditures over $50 (or listed above)	1,775.11
Line 13: Expenditures $50 and under* (not listed above)	20.00
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	1,795.11

* 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

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 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	

* 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

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