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: 04/01/19 Ending Date: 10/18/19

Type of Report: (Check one)

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

CHRISTOPHER W. FELLETTER
Candidate Full Name (if applicable)

SCHOOL COMMITTEE, WARD 4
Office Sought and District

63 RZASA DR, CHICOPEE, MA 01013
Residential Address

E-mail: CFELLETTER@CHICOPEEMACHINE.COM

Phone # (optional): (413) 244-4867

"CANIDATE ONLY"
Committee Name

N/A
Name of Committee Treasurer

N/A
Committee Mailing Address

E-mail: N/A

Phone # (optional):

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SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 11)	400.00
Line 3: Subtotal (line 1 plus line 2)	400.00
Line 4: Total expenditures this period (page 5, line 14)	1,702.54
Line 5: Ending Balance (line 3 minus line 4)	-1,302.54
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	1,749.01
Line 8: Name of bank(s) used:	TD BANK, CAREW ST. SPRINGFIELD, MA

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: _____ (Treasurer's signature) Date: _____

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 that are not otherwise disclosed in this report.

☑ **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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Candidate's signature) Date: 10/23/19

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)
10/16/19	ALFRED LAWRENCE APT. 411, 48 HOLY FAMILY RD. HOLYOKE, MA 01040	$ 150.00	RETIRED
10/16/19	SALLY LAWRENCE APT. 411, 48 HOLY FAMILY RD. HOLYOKE, MA 01040	$ 150.00	RETIRED
10/16/19	WM REPUBLICANS P.O. BOX 4662 SPRINGFIELD, MA 01101-4662	$ 100.00	POL. ACTION COMMITTEE

Line 9: Total Receipts over $50 (or listed above)	400.00
Line 10: Total Receipts $50 and under* (not listed above)	0.00
Line 11: TOTAL RECEIPTS IN THE PERIOD	400.00 ← 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 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)	0.00	
Line 10: Total Receipts $50 and under* (not listed above)	0.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD	0.00	← 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
08/14/19	AMAZON	1516 SECOND AVE. SEATLE, WA 98101	LAWN SIGN STANDS, QTY=50	$42.24
06/19/19	BRADFORD EXCHANGE	9305 N. MILWAUKEE AVE. NILES, IL 60714	CHECKS & DEPOSIT SLIPS FOR CHECKING ACCT.	$29.15
08/09/19	TD BANKNORTH	1360 CAREW ST. SPRINGFIELD, MA 01104	PAPER STATMENT FEE	$1.00
09/10/19	TD BANKNORTH	1360 CAREW ST SPRINGFIELD, MA 01104	PAPER STATEMENT FEE MO. MAINT. FEE	$16.00
10/10/19	TD BANKNORTH	1360 CAREW ST. SPRINGFIELD, MA 01104	PAPER STATEMENT FEE MO. MAINT FEE	$16.00
05/04/19	DAN ALLIE	38 UNION ST WESTFIELD, MA 01085	DESIGN & PRINT HANDOUTS (QTY. 2000)	$302.62
08/05/19	DAN ALLIE	38 UNION ST. WESTFIELD, MA 01085	PROVIDE LAWN SIGNS (QTY. 50)	$314.00
04/06/19	GODADDY	14455 N. HAYDEN RD. SUITE 219 SCOTTSDALE, AZ 85260	DOMAIN NAME REG.	$11.16
09/22/19	GODADDY	14455 N. HAYDEN RD SUITE 219 SCOTTSDALE, AZ 85260	WEB HOSTING MONTHLY FEE	$15.94
05/12/19	NATIONAL PENS	12121 SCRIPPS SUMMIT DR SAN DIEGO, CA 92131	PENS TO HAND OUT	209.30
04/08/19	STAPLES, INC.	591 MEMORIAL DR. CHICOPEE, MA 01020	CAMPAIGN OFFICE SUPPLIES	53.10
05/17/19	STICKERSBANNERS.COM	3720 PEACHTREE CREST DR. DELUTH, GA 30097	BOMPER STICKERS (QTY. 25)	32.03

Line 12: Total Expenditures over $50 (or listed above)	1,042.54
Line 13: Total Expenditures $50 and under* (not listed above)	0.00
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	SEE PG. 5

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
09/06/19	SOCHA SIGNS	8 BROADWAY COURT CHICOPEE, MA 01020	LARGE SIGNS (2)	50.00
10/08/19	TIGER PRESS	50 INDUSTRIAL DR. E. LONGMEADOW, MA 01028	ADDRESSING OCT. MAILER (1330)	198.00
05/03/19	USPS	28 MAIN ST. CHICOPEE, MA 01020	PO BOX RENTAL (OPEN)	46.00
10/08/19	USPS	28 MAIN ST. CHICOPEE, MA 01020	POSTAGE OCT. MAILER (1330)	320.00
10/16/19	USPS	28 MAIN ST. CHICOPEE, MA 01020	P.O. BOX RENTAL (RENEWAL)	46.00
			SUB TOTAL FROM ABOVE	660.00
			SUB TOTAL FROM PG. 4	1,042.54

Line 12: Expenditures over $50 (or listed above)	1,702.54
Line 13: Expenditures $50 and under* (not listed above)	0.00
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	1,702.54

* 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)	0.00
Line 16: In-Kind Contributions $50 & under (not listed above)	0.00
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	0.00

* 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
04/06/19	CHRIS FELLETTER	63 RZASA DR CHICOPEE, MA 01013	LOAN FROM CANDIDATE	11.16
04/08/19	CHRIS FELLETTER	63 RZASA DR. CHICOPEE, MA 01013	LOAN FROM CANDIDATE	45.66
05/03/19	CHRIS FELLETTER	63 RZASA DR. CHICOPEE, MA 01013	LOAN FROM CANDIDATE	46.00
05/04/19	CHRIS FELLETTER	63 RZASA DR. CHICOPEE, MA 01013	LOAN FROM CANDIDATE	302.62
05/12/19	CHRIS FELLETTER	63 RZASA DR CHICOPEE, MA 01013	LOAN FROM CANDIDATE	209.30
05/17/19	CHRIS FELLETTER	63 RZASA DR. CHICOPEE, MA 01013	LOAN FROM CANDIDATE	32.03
06/11/19	CHRIS FELLETTER	63 RZASA DR. CHICOPEE, MA 01013	LOAN FROM CANDIDATE	200.00
08/08/19	CHRIS FELLETTER	63 RZASA DR. CHICOPEE, MA 01013	LOAN FROM CANDIDATE	260.00
08/14/19	CHRIS FELLETTER	63 RZASA DR. CHICOPEE, MA 01013	LOAN FROM CANDIDATE	42.24
10/08/19	CHRIS FELLETTER	63 RZASA DR. CHICOPEE, MA 01013	LOAN FROM CANDIDATE	600.00

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 1,749.01