Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

Commonwealth of Massachusetts

CITY CLERK'S OFFICE
CITY OF CHICOPEE
2019 OCT 28 P 4:00

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan. 1, 2019 Ending Date: Oct. 18, 2019

Type of Report: (Check one)

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

Victor Michael Anop
Candidate Full Name (if applicable)

Chicopee Assessor
Office Sought and District

103 Bridle Path Rd. Chicopee, Ma.
Residential Address

E-mail:

Phone # (optional):

Anop Assessor Comm.
Committee Name

Shirley A. Anop
Name of Committee Treasurer

103 Bridle Path Rd. Chicopee, Ma
Committee Mailing Address

E-mail:

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	$ 419.49
Line 2: Total receipts this period (page 3, line 11)	$ 3,930.36
Line 3: Subtotal (line 1 plus line 2)	$ 4,349.85
Line 4: Total expenditures this period (page 5, line 14)	$ 1,200.00
Line 5: Ending Balance (line 3 minus line 4)	$ 3,149.85
Line 6: Total in-kind contributions this period (page 6)	$ 308.00
Line 7: Total (all) outstanding liabilities (page 7)	$ 2,000.00
Line 8: Name of bank(s) used:	Polish National 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: Shirley A. Anop (Treasurer's signature) Date: 10/28/19

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: Victor Michael Anop (Candidate's signature) Date: 10/28/19

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
ALL: 10/15/19	See: Schedule A (attached)		

Line 9: Total Receipts over $50 (or listed above)	$	1,145.36
Line 10: Total Receipts $50 and under* (not listed above)	$	2,785.00
Line 11: TOTAL RECEIPTS IN THE PERIOD	$	3,930.36

← 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 10/15/19

RECEIPTS $50 AND OVER FOR THIS PERIOD

Occupation	LAST NAME, 1st NAME	ADDRESS	AMOUNT
Ret.	Allyn, Robert	212 Summit Ave. Chic.	75.00 2377
Ret.	Barabani, Paul	138 Austin St. Chic.	50.00 115
Ret.	Borucki, Joseph	4 Dover Rd. So. Hadley	60.00 1384
Ret.	Chojnacki, Stephen	28 Taylor St. Granby	100.00 4413
Lawyer	Colaccino, Frank	57 Thistledown, Suff. Ct.	100.00 1683
Ret.	DiLascia, Alfred	16 Ginger Dr. Chic.	150.00 2551
Lawyer	DiSanti, Gerard	117 Park Ave. W. Spld.	100.00 2357
Ret.	Drake, Denise	18 Pondview Dr. Chic.	50.00 369
Ret.	Lapa, Henry	57 Gill St. Chic	60.00 3219
Ret.	Lichwan, Paul	36 Kelso Ave. W. Spld.	100.00 1593
Ret.	Martell, Debrorah	43 West Ave. Ludlow	50.00 2026
Ret.	Martineau, Judith	1104 Granby Rd. Chic.	50.00 4716
Ret.	McGee, Thomas	P.O. Box 668 So. Hadley	100.00 7525
Ret.	Roy, Norman	60 Fair St. Chic.	100.00 3005
	Polish Nat. Credit Union		$1.36 (interest)
		Total	$1,145.36

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/15/19	Collegian Court	89 Park St. Chicopee, Ma 01013	Food for 10/15/19 Event	$1,200

Line 12: Expenditures over $50 (or listed above)	$1,200
Line 13: Expenditures $50 and under* (not listed above)	—
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	$1,200

* 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9/30/19	Victor M. Anop	103 Bridle Path Rd. Chicopee, MA 01013	Stamps	$55.00
10/1/19	Victor M. Anop	same	tickets	$18.00
10/2/19	Victor M. Anop	same	letters & envelopes	$235.00

Line 15: In-Kind Contributions over $50 (or listed above)	$290.00
Line 16: In-Kind Contributions $50 & under (not listed above)	$ 18.00
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	$308.00

* 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
10-21-13	Victor M. Anop	103 Bridle Path Rd Chicopee, Ma 01013	Loan	$2,000

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** $2,000