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
2020 JAN 21 A 11:59

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/19/2019 Ending Date: 12/31/2019

Type of Report: (Check one)

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

Frank N. Lafamme	Committee to Elect Frank N. Laflamme
Candidate Full Name (if applicable)	Committee Name
Councilor-At-Large	Suzanne M. Laflamme
Office Sought and District	Name of Committee Treasurer
25 Baril Lane, Chicopee, MA 01013	25 Baril Lane, Chicopee, MA 01013
Residential Address	Committee Mailing Address
E-mail: FLAFLAMME@CHARTER	E-mail: sueLaflamme59@gmail.com
Phone # (optional): 348-6271	Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	18,908.38
Line 2: Total receipts this period (page 3, line 11)	8,585
Line 3: Subtotal (line 1 plus line 2)	27,493.38
Line 4: Total expenditures this period (page 5, line 14)	3,710.12
Line 5: Ending Balance (line 3 minus line 4)	23,783.26
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	Westfield Bank

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: Suzanne M Laflamme (Treasurer's signature) Date: 1/20/20

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: Frank N Laflamme (Candidate's signature) Date: 1/20/20

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)
10/23/19	Coakley-Rivera, Cheryl 67 Rowland Street Springfield, MA 01107	100.00	
10/21/19	Committee to Elect Anthony Gulluni 1441 Main Street Ste. 220 Springfield, MA 01103	100.00	
10/23/19	Committee to Elect Eric Lesser 60 Shaker Rd. Ste. 11 East Longmeadow, MA 01028	100.00	
10/21/19	Committee to Elect George Balakier 129 Saratoga Avenue Chicopee, MA 01013	15.00	
10/21/19	Committee to Elect Nick Cocchi P. O. Box 4697 Springfield, MA 01101	50.00	
10/21/19	Crane, Andrew 44 Sandtrap Way Chicopee, MA 01020	125.00	
10/21/19	Crane, Tina 44 Sandtrap Way Chicopee, MA 01020	100.00	
10/21/19	Duval, Renee 61 Massachusetts Avenue Chicopee, MA 01013	100.00	
10/21/19	Hurley, Mary 15 Fields Drive East Longmeadow, MA 01028	100.00	
10/21/19	Ingram, Cindy 77 Lariviere Drive Chicopee, MA 01020	150.00	
10/21/19	Laflamme, Noel 873 Montgomery Street Chicopee, MA 01013	150.00	
10/21/19	Lamontagne, Adam 44 Montclair Street Chicopee, MA 01013	100.00	
Line 9: Total Receipts over $50 (or listed above)			
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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)
10/21/19	Marchand, Joel 5 Wellesley Circle South Hadley, MA 01075	150.00	
11/2/19	Procon, Jeremy John 166 Westover Road Chicopee, MA 01020	200.00	CEO Interstate Towing
11/7/19	The Wagner Committee P. O. Box 431 Chicopee, MA 01020	100.00	

Line 9: Total Receipts over $50 (or listed above)	1640.00
Line 10: Total Receipts $50 and under* (not listed above)	6945.00
Line 11: TOTAL RECEIPTS IN THE PERIOD	8585.00 ← 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
10/21/19	Bernadino's Bakery	105 Exchange Street Chicopee, MA 01013	Rolls/Sheet Cake for Fundraiser Dinner	405.72
11/18/19	Castle of Knights	1599 Memorial Drive Chicopee, MA 01020	Fundraiser Dinner Event	2730.62
10/20/19	Chicopee Democratic City Committee	P. O. Box 931 Chicopee, MA 01014	Annual Democratic Breakfast Ticket	50.00
11/11/19	Dunkin Donuts	820 Memorial Drive Chicopee, MA 01020	Coffee/Donuts for Election Day	242.15
10/21/19	Pynchon Press	873 Grattan Street Chicopee, MA 01020	2500 Tickets for Fundraiser Event	265.63

Line 12: Total Expenditures over $50 (or listed above)	3694.12
Line 13: Total Expenditures $50 and under* (not listed above)	16.00
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	3710.12

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

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

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

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

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)** [ ]