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 1, 2013 Ending Date: Oct 18, 2013

Type of Report: (Check one)

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

John L. Vieau	Committee to Elect John L. Vieau
Candidate Full Name (if applicable)	Committee Name
Chicopee City Council, Ward 3	Elaine M. O'Grady
Office Sought and District	Name of Committee Treasurer
287 Chicopee Street, Chicopee, MA 01013	287 Chicopee Street, Chicopee, MA 01013
Residential Address	Committee Mailing Address
Telephone Number (optional): (413) 536-8838	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,570.12
Line 2: Total receipts this period (page 3, line 11)	2,940
Line 3: Subtotal (line 1 plus line 2)	4,510.12
Line 4: Total expenditures this period (page 5, line 14)	1,956.16
Line 5: Ending Balance (line 3 minus line 4)	2,553.96
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:	United 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: Elaine M. O'Grady (Treasurer's signature) Date: Oct 28, 2013

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: _____ (Candidate's signature) Date: 10-28-13

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)
May 23, 2013	George, Robert 70B Munger Rd. Chicopee MA 01020	100	
May 23, 2013	Laflamme, Ernest 865 Montgomery St. Chicopee MA 01020	100	
May 23, 2013	Lamothe, Gia 254 Beauchamp Terr. Chicopee MA 01013	80	
May 23, 2013	Phillips, William III 123 Terimar St. Chicopee MA 01013	100	
May 23, 2013	Procon, Jeremy 1660 Westover Rd Chicopee MA 01020	150	
May 23, 2013	Vieau, Lynn 100 Beaumont Ave. Chicopee MA 01013	80	
May 23, 2013	Yee, Andrew 17 Sycamore Knolls South Hadley, MA 01075	100	
Line 9: Total Receipts over $50 (or listed above)		710	
Line 10: Total Receipts $50 and under* (not listed above)		2,230	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,940	← 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)
	N/A See page 2		

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 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
May 23, 2013	Cavalier Restaurant	366 Chicopee St Chicopee, MA 01013	Venue, food, service for fundraiser	865.48
Aug 23, 2013	Galvin (Bill) Committee	444 Washington Street Boston, MA 02135	Campaign Contribution	100
May 5, 2013	Manyak, Sherry	287 Chicopee St. Chicopee, MA 01013	Reimbursement - R-1 Attached Paper, envelopes, ink for fundraiser mailing	70.37
Oct 1, 2013	Manyak, Sherry	287 Chicopee St. Chicopee, MA 01013	Reimbursement - R-1 Attached Paper, envelopes, stamps for fundraiser mailings	109.31
Aug 23, 2013	Vieau, John	287 Chicopee St. Chicopee, MA 01013	Reimbursement R-1 attached Lawn signs & Wire stakes	611

Line 12: Total Expenditures over $50 (or listed above)	1,756.16
Line 13: Total Expenditures $50 and under* (not listed above)	200
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	1,956.16

* 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
	N/A See page 4			

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 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
Line 16: In-Kind Contributions $50 & under (not listed above)	0
Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**	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.

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

Commonwealth of Massachusetts

Form CPF R 1 : Itemization of Reimbursements
Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: Sherry Manyak

Committee Name: Committee to Elect John L Vieau CPF ID #:

Amount of Reimbursement: $70.37

Date of Reimbursement: 5/5/2013

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
4/28/13	Walmart 591 Memorial Dr. Chicopee MA 01020	Paper, labels, ink for fundraiser letters	66	12
		Expenditures in excess of $50 (listed above)	66	12
		Expenditures $50 and under (not listed above)	4	25
		TOTAL AMOUNT REIMBURSED	70	37

Signed under the penalties of perjury:

Claire M. Vieau 5/5/2013

Signature of Candidate/Treasurer **Date**

Please use a separate sheet for each reimbursement check issued.

Formerly Form 203A

12/96

Commonwealth of Massachusetts

Form CPF R 1 : Itemization of Reimbursements
Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual Being Reimbursed: John Vieau

Committee Name: Committee to Elect John L. Vieau CPF ID #:

Amount of Reimbursement: 611.00

Date of Reimbursement:

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount	
8/23/2013	Build A Sign.com 11525A Stonehollow Dr. Ste 100 Austin, TX 78758	Lawn Signs + wire stakes	611	00
		Expenditures in excess of $50 (listed above)	611	00
		Expenditures $50 and under (not listed above)		
		TOTAL AMOUNT REIMBURSED	611	00

Signed under the penalties of perjury:

Claire M. O'Shady 8/23/2013

Signature of Candidate/Treasurer **Date**

Please use a separate sheet for each reimbursement check issued.

Formerly Form 203A

12/96

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 10/1/13

Name of Individual Being Reimbursed: Sherry Manyak

Committee Name: Committee to Elect John L. Vieau

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/6	Bigy	650 Memorial Dr. Chicopee MA 01020	Postage Stamps 200	92.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	92.00
Line 2: Expenditures $50 or under (not itemized):	17.31
Line 3: TOTAL AMOUNT REIMBURSED:	109.31

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 10/1/13

Please prepare a separate report for each reimbursement check issued by the committee.