

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
8-1-2013	Gerry Geoffrion	785 New Ludlow Rd South Hadley MA 01075	T-Shirts	\$275.00
Line 15: In-Kind Contributions over \$50 (or listed above)				\$275.00
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				\$275.00

* 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.

Enter on page 1, line 6 →

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
9-16-13	Shane D. Brooks	62 Beasley Ave	Printing Expense	\$78.00
Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				\$78.00

Enter on page 1, line 7 →



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

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: ²⁰¹⁴ JAN 21 Beginning Date: 10/29/13 Ending Date: 1/21/14

Type of Report: (Check one)

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

Shane Brooks Candidate Full Name (if applicable)	Committee to Elect Shane Brooks Committee Name
Ward 2 Council Office Sought and District	Season Bryant Name of Committee Treasurer
62 Beasley Ave Chicopee Residential Address	62 Beasley Ave Chicopee Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1412.60
Line 2: Total receipts this period (page 3, line 11)	1025.00
Line 3: Subtotal (line 1 plus line 2)	2437.60
Line 4: Total expenditures this period (page 5, line 14)	2311.22
Line 5: Ending Balance (line 3 minus line 4)	126.38
Line 6: Total in-kind contributions this period (page 6)	228.00
Line 7: Total (all) outstanding liabilities (page 7)	78.00
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: Season Bryant (Treasurer's signature) Date: 1/20/14

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.
- 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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Shane Brooks (Candidate's signature) Date: 1/20/14

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)
11/18/13	William Johnson 79 Amherst St Granby MA 01033	500.00	Owner Hampshire Towing
11/15/13	Towing Repair & Collision PAC P.O. Box 95 Granby MA 01033	500.00	PAC CTFID# 80818
10/22/13	Rachael Roy 691 Granby Rd Chicopee MA 01020	25.00	School Principal
Line 9: Total Receipts over \$50 (or listed above)		1025.00	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1025.00	← 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
11/11/13	Alais Solutions	819 Worcester St Indian Orchard MA 01151	mailings	1260.00
11/19/14	Eileen Brooks	62 Beasley Ave Chicopee MA 01020	Election Day Food	66.08
11/19/14	Shane Brooks	62 Beasley Ave Chicopee MA 01020	Sheet cake & Sign materials	133.89
11/2/13	Doggans Deli	140 Broadway St Chicopee MA 01020	Food	80.00
11/19/14	Pychon Press	873 Grattan St Chicopee MA 01020	Envelopes & Printing	228.00
12/29/13	Republican	1860 Main St Springfield MA 01101	Ads	518.25
11/2/13	Walter Tardy	38 Asinof Ave Chicopee MA 01020	McKinley House Bingo donation	25.00
Line 12: Total Expenditures over \$50 (or listed above)				2311.22
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2311.22

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



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

CITY CLERK'S OFFICE
CITY OF CHICOPEE

2014 JAN 21 P 4: 13

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: 1-19-14
Name of Individual Being Reimbursed:	Shane D. Brooks
Committee Name:	The Committee to Elect Shane D. Brooks
CPF ID Number (if applicable):	 Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/2/13	BJ's	Chicopee ma	Sled Cakes Fundraiser	65.85
9/4/13	Home Depot	Chicopee ma	wood for 4x8 Signs	68.04

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$133.89
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	\$133.89

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 1/19/14

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



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

CITY CLERK'S OFFICE
CITY OF CHICOPEE

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
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2014 JAN 21 P 4: 13

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:		1-19-14
Name of Individual Being Reimbursed:	Eileen Brooks	
Committee Name:	The Committee to Elect Shane D. Brooks	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/4/13	Big Y Foods		Election Day Food	\$66.08

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	66.08
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	66.08

Signed under the penalties of perjury:



 Signature of Candidate / Treasurer

Date: 1/19/14

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