



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

2015 OCT 26 A 10:30

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning 01 / 06 / 2015 Ending 10 / 21 / 2015

Type of report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

FRANK N. LAPLAMME
Full Name of Candidate (if applicable)
COUNCILOR - AT-LARGE
Office Sought and District
25 BARIL LANE
Residential Address
CHICOPEE, MA 01013
Tel. No. (optional)

Committee to Elect Frank N. LaPlamme
Committee Name
DONALD ST-AMAND
Name of Committee Treasurer
306 GAFFAN ST
Committee Mailing Address
Chicopee, MA 01020
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 11,019.28
Line 2: Total receipts this period (page 2, line 11) \$ 10,765.00
Line 3: Subtotal (line 1 plus line 2) \$ 21,784.28
Line 4: Total expenditures this period (page 3, line 14) \$ 4,864.01
Line 5: Ending balance (line 3 minus line 4) \$ 16,920.27
Line 6: Total in-kind contributions this period (page 4) \$ - 0 -
Line 7: Total (all) outstanding liabilities (page 4) \$ - 0 -
Line 8: Name of bank(s) used Chicopee SAVINGS

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:
Donald St-Amand 10/22/2015
Treasurer's signature (in ink) Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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:
Frank LaPlamme 10/23/15
Candidate signature (in ink) Date

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.

This page may be copied 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)
10/18/2015	BORYCZKA, JOHN 20 MARK ST. CHICOPEE, MA 01020	500 00	OWNER BORYS FINE FURNITURE
10/5/2015	CRANE, ANDREW 44 SANDTRAP LANE, CHICOPEE, MA 01020	150 00	
10/5/2015	GADOURY, JUANNE 90 LAKE SHORE DR, W. BROADFIELD, MA 01585	100 00	
10/5/2015	GULLONI, ANTHONY 15 BOWEY ST. SPRINGFIELD MA 01108	100 00	
10/5/2015	INGRAM, CINDY LOU 77 LARIVIERE DR, CHICOPEE, MA 01020	150 00	
9/24/2015	LAFLAMME, RICHARD J. 730 PROSPECT ST CHICOPEE, MA 01020	150 00	
9/24/2015	LAFLAMME, NOEL 873 MONTGOMERY ST. CHICOPEE MA 01020	150 00	
9/24/2015	Lemay, Joseph 783 MCKINSTRAY AVE, CHICOPEE MA 01020	130 00	
10/5/2015	LESSER Committee P.O. Box 60485 LOWMEADOW, MA 01106	100 00	
10/5/2015	McClelland, Pauline 131 FOURTH AVE. CHICOPEE MA 01020	90 00	
9/24/2015	MURPHY, THOMAS 1 MONARCH PLACE, SPRINGFIELD MA 01144	100 00	
9/24/2015	PROCON, Jeremy 97 ALLISON LANE, LUDLOW, MA 01056	125 00	
9/30/2015	Soillis, Jacqueline 70 RICHMOND WAY, CHICOPEE, MA 01022	90 00	
Line 9: Total receipts in excess of \$50 (or listed above)		1,935 00	
Line 10: Total receipts \$50 and under* (not listed above)		8,830 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		10,765 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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				- 0 -
Line 16: In-kind \$50 and under				- 0 -
Line 17: Total In-kind				- 0 -

Enter on page 1, line 6

* 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
Line 18: OUTSTANDING LIABILITIES (ALL)				- 0 -

Enter on page 1, line 7