



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: 1/1/16 Ending Date: 12/31/16

Type of Report: (Check one)

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

David Amo
Candidate Full Name (if applicable)

Ward Councilman
Office Sought and District

77 Fairway Dr Chicopee
Residential Address

Telephone Number (optional): 413-584-9603

Comm to Elect David Amo
Committee Name

Christine Amo
Name of Committee Treasurer

77 Fairway Dr Chicopee
Committee Mailing Address

Telephone Number (optional): 4135949603

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>7.27</u>
Line 2: Total receipts this period (page 2, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>7.27</u>
Line 4: Total expenditures this period (page 3, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>7.27</u>
Line 6: Total in-kind contributions this period (page 4)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	<u>2746.07</u>
Line 8: Name of bank(s) used:	<u>Chicopee Savings / Westfield Savings</u>

CITY CLERK'S OFFICE
CITY OF CHICOPPEE

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: Christine P. Amo (Treasurer's signature) Date: 1/20/17

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: [Signature] (Candidate's signature) Date: 1/20/17

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

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
9/21-10/23 2009	Amo Household Acct	72 Fairway Dr Chicopee MA 01020	Markers 369.24 Signs 864.13 Ads 240.00	1473.47
10/8-10/16 2009	Paul Rogers	Sheridan St Chicopee MA 01020	Dem Comm Bkfst 75 Copies 6.35 Supplies 13.48	119.83
10/28-11/09 2009	Amo House Hold Acct		Ads 760.14 Food 6089 + 50.84	871.85
11/2/09	Paul Rogers		Supplies	13.54
12/20/13	Amo Household Acct		Ball 40 pay for Ad	50.00
Oct/Nov 2014	Amo Household Acct		Postage 164.00 Envelopes 53.43	217.43
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	2746.07