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: 1/6/2017 Ending Date: 10/20/2017

Type of Report: (Check one)

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

FRANK N. LAFLAMME
Candidate Full Name (if applicable)

COUNCILOR-AT-LARGE
Office Sought and District

25 BARIL LANE Chicopee, MA 01013
Residential Address

E-mail: FLaflamme@charter.net

Phone # (optional): 413-348-6271

Committee to Elect Frank N. LaFlamme
Committee Name

Donald St. Amand
Name of Committee Treasurer

386 Grattan St. Chicopee MA 01020
Committee Mailing Address

E-mail: DSTAM33157@AOL.COM

Phone # (optional): 413-533-0560

SUMMARY BALANCE INFORMATION:

Line 1:	Ending Balance from previous report	15,224.25
Line 2:	Total receipts this period (page 3, line 11)	3,815.00
Line 3:	Subtotal (line 1 plus line 2)	19,039.25
Line 4:	Total expenditures this period (page 5, line 14)	1,345.30
Line 5:	Ending Balance (line 3 minus line 4)	17,693.95
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:	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: Donald St Amand (Treasurer's signature) Date: 10/23/2017

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: Frank Laflamme (Candidate's signature) Date: 10/23/2017

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)
10/12/2017	BOROWSKI, BRENDA 61 BAY STATE RD HOLYOKE, MA 01040	60.00	
10/12/2017	CROWLEY, MICHAEL 78 WILBRAHAM RD. HAMPDEN, MA 01036	100.00	
10/16/2017	HEBERT, THEODORE 75 PEASE AVE. WEST SPRINGFIELD MA 01089	100.00	
10/12/2017	KAEBLE, MICHAEL 11 CASEY DR CHICOPEE MA 01020	90.00	
10/16/2017	LAFLAMME, NOEL 873 MONTGOMERY ST CHICOPEE MA 01020	150.00	
10/16/2017	LYONS, THOMAS 380 E. MAIN ST CHICOPEE, MA 01020	100.00	
10/12/2017	NAWROCKI, EUGENE 25 SHERIDAN ST CHICOPEE, MA 01020	75.00	
10/16/2017	ONDRICK, THEODORE 171 JEAN CIRCLE CHICOPEE, MA 01020	200.00	TED ONDRICK COMPANY, CHICOPEE, MA OWNER

Line 9: Total Receipts over $50 (or listed above)	875.00
Line 10: Total Receipts $50 and under* (not listed above)	2,940.00
Line 11: TOTAL RECEIPTS IN THE PERIOD	3,815.00 ← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

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
2/15/2017	CHICOPEE CHAMBER of COMMERCE	264 EXCHANGE ST CHICOPEE MA 01013	2 TICKETS - 2017 SHINING STAR GALA	120.00
2/18/2017	Committee to ELECT ANTHONY GULLINI	1441 MAIN ST Ste 220 Springfield, MA 01103	FUNDRAISER	100.00
9/29/2017	INK PRODUCTS	25 GROVE ST CHICOPEE, MA 01020	PRINTING 2,000 FUNDRAISER Tickets	179.56
10/1/2017 10/1/2017	STAPLES INC.	591 Memorial DR. Chicopee MA 01020	OFFice Supplies INK, PAPER, Envelopes	205.33
10/2/2017	STAPLES INC	591 Memorial DR CHICOPEE MA 01020	OFFice Supplies INK, ENVELOPES	223.41
10/2/2017	U.S. Postal Service	MAIN ST. CHICOPEE, MA 01020	STAMPS FOR FUNDRAISER MAILING	98.00
10/3/2017	U.S. Postal Service	MAIN ST CHICOPEE, MA 01020	STAMPS FOR FUNDRAISE MAILING	147.00
10/5/2017	U.S. Postal Service	MAIN ST CHICOPEE, MA 01020	STAMPS FOR FUNDRAISER MAILING	147.00

Line 12: Total Expenditures over $50 (or listed above)	1,220.30
Line 13: Total Expenditures $50 and under* (not listed above)	125.00
Line 14: TOTAL EXPENDITURES IN THE PERIOD	1,345.30

Enter on page 1, line 4 →

* 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

Line 12: Expenditures over $50 (or listed above)	
Line 13: Expenditures $50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	

Enter on page 1, line 4 →

* 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 6 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 –
Line 17: TOTAL IN-KIND CONTRIBUTIONS	– 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

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** -0-