

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1-21-1	
Type of Report: (Check one)	☐ 30 day after election ☐ year-end report ☐ dissolution
James Chip Harrington	Committee to Elect James Chip Harrington (
Candidate Full Name (if applicable)	Committee Name
School Committee	Patricia Gregoire
Office Sought and District	Name of Committee Treasurer
122 Overlook Drive, Ludlow MA 01056	122 Overlook Drive, Ludlow MA 01056
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	\$1,691.51
Line 2: Total receipts this period (page 3, line 11)	\$7,845.00
Line 3: Subtotal (line 1 plus line 2)	\$9,536.51
Line 4: Total expenditures this period (page 5, line	\$14) \$3,785.00
Line 5: Ending Balance (line 3 minus line 4)	\$5,751.51
Line 6: Total in-kind contributions this period (pag	
Line 7: Total (all) outstanding liabilities (page 7)	\$0.00
Line 8: Name of bank(s) used: Chicopee Savings Bar	nk
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is to the best of activity, including all contributions, loans, receipts, expenditures, disbutsements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 3-17-3014
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	conly)
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 bactivity, of all persons acting under the authority or on behalf of this committee in accommittee any liabilities nor made any expenditures on my behalf during this reporting process.	best of my knowledge and belief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee OR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: 3-17-14

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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
1-23-14	Paul Abramson	\$50.00	·	
2-26-14	Thomas Bamford	\$50.00		
1-23-14	Christopher Brunelle	\$100.00	2014 MAR	
3-7-14	Lillian Chenier	\$100.00	T D D D O	
3-7-14	Richard Conrad	\$50.00		
2-12-14	Kevin Czaplicki, 4 Mark Twain Dr. Wilbraham, MA 01095	\$200.00	Self Employed- Contractor	
1-23-14	Brenda D'Angelo	\$50.00		
2-20-14	Tony Dias	\$50.00		
1-23-14	Scott Dimock	\$50.00		
1-23-14	Ann Marie Dunn	\$100.00		
1-23-14	Denise Flanagan	\$50.00		
3-7-14	Speros Frangules	\$100.00		
Line 9: Total Rec	eipts over \$50 (or listed above)	\$0.00		
Line 10: Total Receipts \$50 and under* (not listed above)		\$0.00		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	Continued	← 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.

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.

report an receipts. I	Please include your committee name and a pa	Se hambel on ea		
Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
Date Received	(aiphabeucai asung required)	Amount	(101 CORTIDUCIONS 01 3200 01 more)	
1-23-14	Mark Gaudette	\$50.00		
1-30-14	Maryann Gianni	\$50.00		
2-13-14	Lisa Haluch, 169 Munsing Street, Ludlow, MA 01056	\$200.00	Homemaker SWATT	
2-7-14	Michael Harrington, 18 Edwill Drive, East Longmeadow MA 01028	\$500.00	Owner, Classic Installations - East Longmeadow	
1-23-14	John Hoar	\$50.00	# Og	
1-23-14	Maureen Ingram	\$100.00		
1-23-14	Janet Jolivet	\$50.00		
1-23-14	Michael Kelliher	\$100.00		
1-23-14	Pat Landry	\$100.00		
1-23-14	Sandra Lowney	\$50.00		
1-23-14	Joan Lupa	\$100.00		
2-16-14	John Manganaro, 219 Gamache Drive, Ludlow MA 01056	\$200.00	Owner, Manganaro Home Builders	
Line 9: Total Reco	eipts over \$50 (or listed above)	\$0.00		
Line 10: Total Rec	eipts \$50 and under* (not listed above)	\$0.00		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	Continued	← Enter on page 1, line 2	
	descripts of CCO and under include them in lie			

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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.

TO . 4. 30	Name and Residential Address	A 4	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
1-23-14	Robert Mazur	\$100.00	
2-16-14	Peter Miccoli, 160 Pinewood Drive, Ludlow MA 01056	\$200.00	Owner, Legacy Fire Protection Inc.
1-23-14	James Morin	\$75.00	MAR I TO NEW NOTE
1-23-14	Christopher Murphy	\$100.00	MOTOM D. t.: C.S. OELD
1-23-14	Joseph Queiroga	\$50.00	3
1-23-14	David Rae	\$60.00	
1-23-14	Catherine Robare	\$50.00	
2-14-14	Michael Rodrigues, 26 Cloverhill Rd, Belchertown MA 01007	\$500.00	Owner, Europa Restaurant
1-23-14	Arvi Roffe	\$50.00	
1-23-14	Peter Rossi	\$75.00	
1-23-14	Clark Taylor	\$50.00	
2-16-14	Pedro Vega	\$50.00	
Line 9: Total Rece	ipts over \$50 (or listed above)	\$0.00	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	\$0.00	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	Continued	← 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.

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendary 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.

eport all receipts. Please include your committee name and a page number on each page.)					
Date Received	Name and Residential Address (alphabetical listing required) A		Occupation & Employer (for contributions of \$200 or more)		
2-14-14	Manuel Vital, 450 Ventura Street, Ludlow, MA 01056	\$500.00	Maintenance, Town of Ludlow		
1-23-14	Heidi Vona	\$50.00			
2-16-14	Barbara White	\$100.00	PREC COWN C		
			F LUDE		
			* f		
Line 9: Total Rece	ipts over \$50 (or listed above)	\$4,510.00			
Line 10: Total Receipts \$50 and under* (not listed above) \$3,335.00					
Line 11: TOTAL RECEIPTS IN THE PERIOD \$7,845.00			← 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 requireds

eport 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
2-7-14	GetSet Marketing	207 Worthington Street, 3rd Fir Springfield, MA 01103	Campaign Marketing	\$1,960.00
1-23-14	John Boyle O'Reilly Club	33 Progress Ave, Springfield MA 01104	Hall Rental, Senate Announcement	\$50.00
1-31-14	Polish American Citizens Club	355 East Street, Ludlow MA 01056	Deposit for 3-20-14 Fund Raiser	\$400.00
1-23-14	RMC Strategies	763 Allen Street, Springfield, MA 01118	Consultant	\$550.00
2-12-13	RMC Strategies	763 Allen Street, Springfield, MA 01118	Consultant	\$550.00
3-7-14	RMC Strategies	763 Allen Street, Springfield, MA 01118	Consultant 5	\$275.00
			. 00	
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	\$3,785.00
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	\$0.00
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	\$3,785.00
* If you have ite	If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized			

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

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
			2014 MAR	
			OWNER IN	
			% 0% c. 0%	
	a.	Line 15: In-Kind Contributions	over \$50 (or listed above)	\$0.00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	\$0.00
	Enter on page 1, line 6 g	Line 17: TOTAL IN-KIND C	\$0.00	

^{*} 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.

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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
		,		
			201	
			MAR I	
			D	
			3	
:				
	·			
Enter on page 1, line 7 g Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				\$0.00