



Form CPF M101 PC: STATEMENT OF ORGANIZATION
POLITICAL ACTION COMMITTEE
MUNICIPAL FORM

Office of Campaign and Political Finance

File with:
City or Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a political action committee as follows:

1. Name: (see note 1)

Sheila Chabot

2. Address:

53 Hollow Rd

2a. Mailing Address:

PO Box 803

3. Purpose: (see note 2)

election of candidates

3a. Specific issues
and interests:

Planning Board members

4. Officers: (see note 3)

Name

Residential Address

Zip

Tel. No.

Chairman:

Sheila Chabot 53 Hollow Rd Wakes 01081 413-245-1235

Treasurer:

Same as above

Other officer:

Other officer:

Attach additional page, if necessary, with other officers and finance committee, if any

The chairman and treasurer of a political committee should be aware that provisions of M.G.L. c. 55 specify that each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts for a period of six years from the date of the relevant election; no expenditures shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents; and, that all funds of a political committee shall be kept separate from any personal funds of any officers, members or associates of such committee.

I hereby accept the office of Chairman of the above-named committee. I am aware that a candidate or elected official may not serve as chairman of a political action committee except as authorized by M.G.L. c. 55, s. 5A.

SIGNED UNDER THE PENALTIES OF PERJURY,

Sheila Chabot
Chairman's signature

6/3/14
Date

I hereby accept the office of treasurer of the above-named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports. I am aware that an appointed public employee may not serve as treasurer of a political committee. I am also aware that a candidate or elected official may not serve as treasurer of a political action committee except as authorized by M.G.L. c. 55, s. 5A.

SIGNED UNDER THE PENALTIES OF PERJURY,

Sheila Chabot
Treasurer's signature

6/3/14
Date



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:

1-1-2014

Ending Date:

6-19-2014

Type of Report: (Check one)

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

0.00

Line 2: Total receipts this period (page 3, line 11)

397.00

Line 3: Subtotal (line 1 plus line 2)

397.00

Line 4: Total expenditures this period (page 5, line 14)

397.00

Line 5: Ending Balance (line 3 minus line 4)

- 0 -

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:

Courtesy Bank Personal Chq.

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:

Shirley Chabot

(Treasurer's signature)

Date:

6/3/14

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:

(Candidate's signature)

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.

(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)
5/23/14	Sheila Chabou	397 ⁰⁰	Self
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

* 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 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
5/23/14	Roberts + Sons Printing	PO Box 956 Palmer, Ma 01069	Flyers	256.47
5/24/14	U.S. Postmaster	Wales, Ma 01081	Mailing	140 ⁵³
			Line 12: Total Expenditures over \$50 (or listed above)	
			Line 13: Total Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	

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