



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED AND FILED
OCT 30 2017 20

At 9 o'clock 30 minutes AM
Marilyn Homeau
File with: City or Town Clerk or Election Commission Clerk

Fill in Reporting Period dates: Beginning Date: 09/02/2017 Ending Date: 10/30/2017

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

JASON M. LAFOREST
Candidate Full Name (if applicable)
NORTH ADAMS CITY COUNCIL
Office Sought and District
45 VERSAILLES AVE
Residential Address
E-mail: jason4nama@gmail.com
Phone # (optional): 413-663-4587

Committee Name
Name of Committee Treasurer
Committee Mailing Address
E-mail:
Phone # (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1455.01</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1455.01</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1455.01</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	

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: _____ (Treasurer's signature) Date: _____

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: [Signature] (Candidate's signature) Date: 10/30/2017

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)
8/7/17	JASON M. LAFOREST 45 VERSAILLES AVE N. ADAMS ST 914 01247	229.50	NURSE WILLIAMSTON COMPANY
8/10/17	JASON M. LAFOREST 45 VERSAILLES AVE N. ADAMS ST 914 01247	171.30	NURSE WILLIAMSTON COMPANY
8/11/17	JASON M. LAFOREST 45 VERSAILLES AVE N. ADAMS ST 914 01247	208.20	NURSE WILLIAMSTON COMPANY
8/23/17	JASON M. LAFOREST 45 VERSAILLES AVE N. ADAMS ST 914 01247	50.01	NURSE WILLIAMSTON COMPANY
8/28/17	JASON M. LAFOREST 45 VERSAILLES AVE N. ADAMS ST 914 01247	477	NURSE WILLIAMSTON COMPANY
9/13/17	JASON M. LAFOREST 45 VERSAILLES AVE N. ADAMS ST 914 01247	250.48	NURSE WILLIAMSTON COMPANY

Line 9: Total Receipts over \$50 (or listed above) 1386.43

Line 10: Total Receipts \$50 and under* (not listed above) 68.58

Line 11: TOTAL RECEIPTS IN THE PERIOD 1455.01

f 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.

