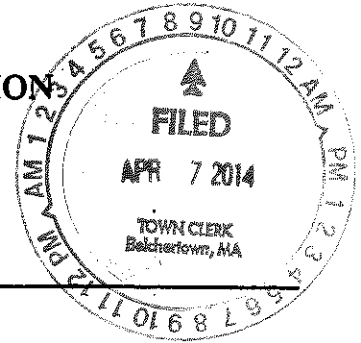




Commonwealth of Massachusetts

Form CPF M101 : STATEMENT OF ORGANIZATION
CANDIDATE'S COMMITTEE
MUNICIPAL FORM
Office of Campaign and Political Finance



File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures

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

1. Committee Name: Elect Mike Knapp
(The name of the committee must include the candidate's last name)

2. Committee Address: 148 Kennedy Rd Belchertown MA 01007

2a. Mailing Address: _____

3. Purpose: To support the election of Mike Knapp

4. Officers:
Chairman: Name Lynette M. Knapp Residential Address 148 Kennedy Rd Zip 01007 Tel. No. 323 8881

Treasurer: Lynette M. Knapp " " " 323 8881

Other officer: _____

Other officer: _____

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

5. Candidate: Michael J. Knapp 148 Kennedy Rd 01007 323-8881

Name Address Zip Tel. No.

6. Office Sought: member, school committee

Title District Party affiliation, if applicable

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature] April 6, 2014
Candidate's signature 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 and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature] 4-6-14
Treasurer's signature Date

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

[Signature] 4-6-14
Chairman's signature Date

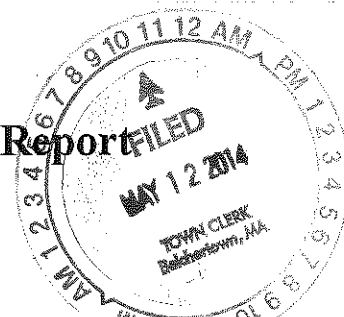




Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk of Election Commission

Fill in Reporting Period dates: Beginning Date: 3-24-14 Ending Date: 5-1-14

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

Michael James Knapp
Candidate Full Name (if applicable)

School Committee
Office Sought and District

148 Kennedy Rd., Belchertown
Residential Address

Telephone Number (optional): 323-8881

Elect Mike Knapp
Committee Name

Lynette Knapp
Name of Committee Treasurer

148 Kennedy Rd., Belchertown
Committee Mailing Address

Telephone Number (optional): 323-8881

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	\$ 888.60
Line 3: Subtotal (line 1 plus line 2)	\$ 888.60
Line 4: Total expenditures this period (page 5, line 14)	\$ 838.60
Line 5: Ending Balance (line 3 minus line 4)	\$ 50.00
Line 6: Total in-kind contributions this period (page 6)	0.00
Line 7: Total (all) outstanding liabilities (page 7)	\$ 838.60
Line 8: Name of bank(s) used:	<u>Florence Savings Bank</u>

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: Lynette Knapp (Treasurer's signature) Date: 5-9-14

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: Michael James Knapp (Candidate's signature) Date: 5/9/2014

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 (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 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.

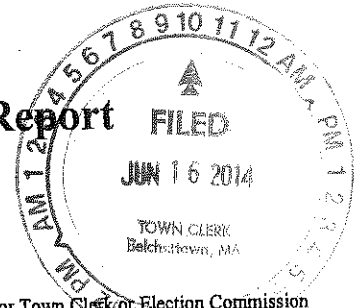
Date Incurred	To Whom Due	Address	Purpose	Amount
4-6-14	MIKE KNAPP	148 Kennedy Rd. Belchertown	Reimbursement for yardsigns	\$321.02
4-11-14	MIKE KNAPP	148 Kennedy Rd. Belchertown	Reimbursement for palm cards	\$109.70
3-24-14	MIKE KNAPP	148 Kennedy Rd. Belchertown	Reimbursement for yard signs	\$291.98
4-29-14	MIKE KNAPP	148 Kennedy Rd. Belchertown	Reimbursent for mailing supplies	\$67.10
4-30-14	MIKE KNAPP	148 Kennady Rd. Belchertown	Reimbursement for stamp	\$49.00
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$838.60



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: 5-2-14 Ending Date: 6-8-14

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

Michael James Knapp
Candidate Full Name (if applicable)

School Committee
Office Sought and District

148 Kennedy Rd, Belchertown MA 01007
Residential Address

Telephone Number (optional): 413-323-8881

Elect Mike Knapp
Committee Name

Lynette Knapp
Name of Committee Treasurer

148 Kennedy Rd, Belchertown MA 01007
Committee Mailing Address

Telephone Number (optional): 413-323-8881

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>\$ 50.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 455.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 505.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 0.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 505.00</u>
Line 6: Total in-kind contributions this period (page 6)	<u>\$ 0.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>\$ 838.60</u>
Line 8: Name of bank(s) used:	<u>Florence Savings Bank</u>

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: Lynette Knapp (Treasurer's signature) Date: 6-11-14

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: Michael Knapp (Candidate's signature) Date: 6-11-2014

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 (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 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.

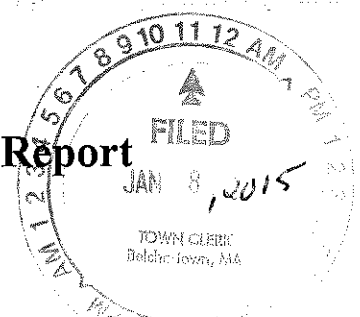
Date Incurred	To Whom Due	Address	Purpose	Amount
4-6-14	Mike Knapp	148 Kennedy Rd. Belchertown	Reimbursement for yard signs	\$321.02
4-11-14	Mike Knapp	148 Kennedy Rd. Belchertown	Reimbursement for palm cards	\$109.70
3-24-14	Mike Knapp	148 Kennedy Rd. Belchertown	Reimbursement for Yard signs	\$291.78
4-29-14	Mike Knapp	148 Kennedy Rd. Belchertown	Reimbursement for mailing supplies	\$67.10
4-30-14	Mike Knapp	148 Kennedy Rd Belchertown	Reimbursement for stamps	\$49.00
Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			\$838.60



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: 6/9/14 Ending Date: 12/31/14

Type of Report: (Check one)

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

Michael James Knapp
Candidate Full Name (if applicable)

School Committee
Office Sought and District

148 Kennedy Rd.
Residential Address

Telephone Number (optional): _____

Elect Mike Knapp
Committee Name

Lynette Knapp
Name of Committee Treasurer

148 Kennedy Rd.
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>505⁰⁰</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>505⁰⁰</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>455⁰⁰</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>50⁰⁰</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>383.60</u>
Line 8: Name of bank(s) used:	<u>Florence Savings Bank</u>

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: Lynette Knapp (Treasurer's signature) Date: 1-7-15

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: Michael James Knapp (Candidate's signature) Date: 1/7/15

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 (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) []

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.

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
3/24	Mike Knapp	148 Kennedy Rd.	Yard Signs (partially reimbursed)	62 ⁵⁸ remain
4/6	Mike Knapp	148 Kennedy Rd	Yard Signs	321 ⁰²
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	383 ⁶⁰