

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK TOWN OF SANDWICH

JUN 0 7 2010

File with: RECEIVED & RECORDED Please print or type all information, except signatures. City or Town Clerk or Election Commission Fill in dates: Month Date 2010 Reporting Period Beginning 2010 **Ending** Type of report: (Check one) vear-end report ☐8th day preceding election □30 day after election ☐8th day preceding preliminary Gene tarini Full Name of Candidate (if applicable) ommittee Name Selectmen Town of Jak Office Sought and District Name of Committee Treasurer 568-888-6130 888-6130 Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) 1030 60 Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) 1712.84 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: reasurer's signature (in ink) Date FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

fidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee
ertify 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
mpaign 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
to 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
ertify 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
mpaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period
d represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of
G.L. c. \$5. Signed under the penalties of perjury:
G.L. c. p5.  Signed under the penalties of perjury:  (0-3-10)  Applidate signature (in ink)  Date
priidate signature (in ink)

### 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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Name and Residential Address Received (alphabetical listing required)		Amount		Occupation & Employer (for contributions of \$200 or more	
4/2/10	Parini Ann	100	_		
•	25142 Cranes Roost Circle Goffriens Lees burge Fla 34748				
	s Keyes Tom	50			
	179 Old Colony Rd Saudwick	a			
5/6/10			82		
	Parini Geno 6 Piccodo Ody Rd Sandwich Ma				
	· · · · · · · · · · · · · · · · · · ·				
*:					
				·	
Line 9:	Total receipts in excess of \$50 (or listed above)		:		
Line 10:	Total receipts \$50 and under* (not listed above)				
Line 11: 7	FOTAL RECEIPTS IN THE PERIOD	370	82	Enter on page 1, line 2	

<sup>\*</sup> 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.

This page may be copied 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 Address Purpose of Expension			Purpose of Expenditure	e Amount	
Date Paid	(alphabetical listing)	Address Turpose of Expenditure			-
	(aiphabeteat noting)	15 Fakan ave	Push Pecies		
4/30/10	Carley Direct	S. Yamosth Ma 02	644 + Mailings	399	24
,	Enterprise Nous p	50 Depost Ble paso Falmouth Ma	odvertisement 02540	104	00
	Enterprise Nous	50 depot Que	1 1 20 1 -	156	80
	Party amoreca	1070 Iyannough Rd Hyannio Ma 02 Route GA	Reception 601 Supplies	40	24
	British Boor Co	upany Sandwich	Na Reception	220	8Z
	Bank charges	Bout of america	Book charges	80	05
6/3/0		6 Piccadologia	dissolution	30	25
, ·					
		,			
				·	
				. '	
		Line 12:	Expenditures over \$50		
		Line 13:	Expenditures \$50 and under*		
	Enter on page 1, line 4		TOTAL EXPENDITURES	1030	90

<sup>\*</sup>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 3

## 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		·		
				:
·····				
		Line 15	: In-kind over \$50	
		Line 16	: In-kind \$50 and under	
	Enter on page 1, line 6	Line 1'	7: Total In-kind	0

<sup>\*</sup> 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
3/8/10	Leve Parini	Le piccadellegled Souderich Ma	how to muite	\$ 125.00
3/15/10	il	NI .	Loan to commit	\$ 500.00
3/15/10		ll	paid for elections	ر. ا کلار (. <i>ن</i> د
5/6/10	lι	и	been to commente	220.82
			v	
•	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	1712.84

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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June 5, 2010

Gene Parini 6 Piccadilly Road Sandwich, MA 02563 (H) 508-888-6130

I, Gene J. Parini forgive the following loans to my campaign for Town of Sandwich Selectmen for 2010.

1. 03/08/2010	Loan to Committee in the amount of	\$125.00
2. 03/15/2010	Loan to Committee in the amount of	\$500.00
3. 03/15/2010	Loan to Committee in the amount of	\$867.02
4. 05/06/2010	Loan to Committee in the amount of	<u>\$220.82</u>

Total \$1,712.84

Sincerely,

Gene J. Parini

TOWN CLERK TOWN OF SANDWICH

JUN 07 2013

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