

# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance TOWN OF EAST LONGMEADOW RECEIVED

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File v	vith:				
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e with: y or Town Clerk or Election Commission Please print or type all information, except signature:	TOWN CLERK
Fill in dates: Month Date Year Month Reporting Period Beginning January 1 2009 Ending Dece	Date Year ember 31 2009
Type of report: (Check one)  □8th day preceding preliminary □8th day preceding election □30 day after election	n Øyear-end report □dissolution
Selectman - East Longmeadow  Office Sought and District  834 Somers Rd, E Long, MA  Enrico John Vi  Name of Con 834 Somers Rd,	ittee Name .llamaino, Jr mittee Treasurer E Long, MA Mailing Address
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) 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) Line 8: Name of bank(s) used Monson Savings	\$ 2,446.30 \$ 8,270.00 \$ 10,716.30 \$ 1,943.94 \$ 8.772.36 \$ 0.00 \$ 14,316.99
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and be finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with Signed under the penalties of perjury:  Trensurer's signature (in ink)  FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUSTERS CANDIDATE MUSTERS CANDID	iabilities for this reporting period and represents the in the requirements of M.G.L. c. 55.  Date  T SIGN BELOW)  Hief, a true and complete statement of all campaign uirements of M.G.L. c. 55. I have not received any abilities for this reporting period and represents the
Signed under the penanties of perjury:  Candidate signature (tiylink)	//4/10 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 illumize 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

number on each page.

number on e Date Received	ate Name and Residential Address		unt	Occupation & Employer (for contributions of \$200 or more)
12/10	Berman, Milton 120 Barndoor Rd Suffield, CT	250.	00	Letter Sent
10/6	Blanchard, Mary 5 Powder Hill Rd E Long	100.	00	
10/6	Bonavita, Carmela 118 Soutibrook Rd E Long	250.	00	Retired
12/31	Boyajian, David 49 Edgewood Ave Longmeadow	100.	00	
10/6	Callahan, Janet 25 Blanchard St Palmer	100.	0.0	
12/16	Cambo, Anasticia 31 High Pine Cr Wilbraham	100.	00 -	
10/6	Capua, Ralpii 72 Prospect Hills E Long	250.	00	Letter Sent
12/16	Cimini, Donald 251 Mapleshade Ave E Long	250.	00	Letter Sent
12/19	Crupi, Louise 25 High St Stoneham	100	20	
11/19	D'Amato, Matthew 10 Highlandview Ave E Long	100.	00	
10/6	DeLisle, Gary 45 Taylor St E Long	60.	00_	
10/6	Federici, Paul 19 Ham den Rd E Long	75 <b>.</b>	00	
10/6	Fitzgerald, Frank 46 Center Sq E Long	100	0.0	·
10/5	Garvey, James 32 Old Farm Road E Long	100.	00	
10/1	Houle, Dina 272 Maple St E Long	100.	00	
Line 9:	Total receipts in excess of \$50 (or listed above)	SEE		
	Total receipts \$50 and under* (not listed above)	NEXT		
	TOTAL RECEIPTS IN THE PERIOD	PAGE		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.

Page 2

#### 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 themize 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

number on each page.

Date Received	Name and Residential Address Amount		unt	Occupation & Employer (for contributions of \$200 or more)
10/5	Howart <b>h,</b> Robert 24 Ridge Rd Ham den	100	.00	
10/6	Johnston, Carol 3 Pineywoods Dr E Long	100	.00	
10/1	Kane, Donna 211 Pinehurst Dr E Long	1.00	٥٥	
12/16	Lamotte, Timothy 16 Victoris Ln Wilbraham	250	00	Letter Sent
12/19	Lees, Brian 5 Millbrook Cr E Long	75	00	
12/16	Læmanski, Michael 131 Brookhaven Dr E Long	1.0.0	00.	
10/6	Levine, Elizabetı 164 Parker St E Long	100	00	
10/6	Lyons, William 1 Federal Ln Wilbraham	250	00	Letter Sent
12/31	Malley, Tina 13 <b>8</b> Tanglewood Dr E Long	200	00	Letter Sent
10/6	Morel, Craig 35 Cross M: adow Rd E Long	200	00	Letter Sent
12/16	Mottolo, Richard 432 Park St North Reading	250	00	Letter Sent
	Raczkowski, Adam 37 Timber Dr E <u>Long</u>	√ <b>7</b> 5.	00	4.
10/6	Steley, Christopher 1414 Main St Springfield	200	00	Owner Seeley Investments
10/6	Tisei, Richard 703 Main St Wakefield	500	0.0	State Se nator Commonwealth of MA
10/1	Turnberg, Elaine 251 Somers Rd E Long	100.	00	
Line 9:	Total receipts in excess of \$50 (or listed above)	SEE	<u> </u>	
Line 10:	Total receipts \$50 and under* (not listed above)	NEXT	<del> </del>	
Line 11: TOTAL RECEIPTS IN THE PERIOD			1	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.

Page 2

# 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 Humize 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)
12/16	Vancini, Alan 104 Orcard Rd E Long	150.	0.0	
0/5	Villamaino, Teresa 50 Rease Rd E Long	150.	00	
0/6	Waniewski, Julie 63 Castlegate Dr Springfield	250.	00	Intter Sent
2/16	Weeks, David 1258 Williams St Longmeadow	100-	00	
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			ļ	
				·
			-	
I ina O	Total receipts in excess of \$50 (or listed above)	5,28	5.00	
Line 10.	Total receipts \$50 and under* (not listed above)	2,98	ł	1
Line 10.	TOTAL RECEIPTS IN THE PERIOD			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 Page 2 abovc.

#### **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 (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
11/14	Crimson Press	36 Cambridge Par Cambridge, MA	k Printing	610	94
5/1	Radcliffe Reason	63 Heatherstone E Long, MA	Donation	125	00
I1/28	U.S. Post Office	119 Industrial E Long, MA	Postage	308	00
11/5	Villamaino, Enrico, III	834 Somers E Long, MA	Postage R <sup>jl</sup> imbursement	900	00
	L	Line 12:	Expenditures over \$50	1,943.	94
			Expenditures \$50 and under*		00
	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	1,943.	94

<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

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				<u> </u>
<del></del>				
•				
•				
			•	
	<u> </u>	Line 15:	In-kind over \$50	\$0.00
			In-kind \$50 and under	\$0.00
	Enter on page 1, line 6	Line 17:	Total In-kind	\$0.00

<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
	Villamaino, III Enrico John	834 Somers Road E. Longmeadow MA	Candidate Loan	\$14,316.99
			•	
	Enter on page 1, line 7	Line 18: OUTSTANDING	G LIABILITIES (ALL)	\$14,316.99

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page Page 4 printed on recycled paper number on each page.