

# Form CPF M 102: Campaign Finance Report

Municipal Form
Office of Campaign and Political Finance

TOWN OF EAST LONGMEADOW RECEIVED

Commonwealth  ( Massachusetts	2009 APR -6 ₱ 8: 418
File with: City or Town Clerk or Election Commission Please print or type all information,	tok a clerk
Fill in dates:  Reporting Period Beginning January 1, 2009	Ending April 6, 2009
Type of report: (Check one)  ☐8th day preceding preliminary  ☐8th day preceding election ☐30	day after election
David J. Villamaino  Full Name of Candidate (if applicable)  Board of Public Works	Committee Name
Office Sought and District  50 Pease Rd E. Lung MA	Name of Committee Treasurer
. Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BALANCE IN Line 1: Ending balance from previous re Line 2: Total receipts this period (page 2, 1 Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 2, 1 Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this per Line 7: Total (all) outstanding liabilities (page 2, 1 Line 8: Name of bank(s) used	eport \$OOO   ine 11) \$OOO   sOOO   s
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of finance activity, including all contributions, loans, receipts, expenditures, disbursements, including all contributions acting under the authority or on behalf of this common signed under the penalties of pe	ittee in accordance with the requirements of M.G.L. c. 55.
Treasurer's signature (in ink)	[V   P\] Date

## FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

FOR CANDIDATE THERESO ST.221	(0.12.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0
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 finance activity, of all persons acting under the authority or on behalf of this committee in a contributions, incurred any liabilities nor made any expenditures on my behalf during this report including attached schedules and it is, to the best of finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kin campaign finance activity of all persons acting under the authority or on behalf of this committee.	accordance with the requirements of M.G.L. c. 55. The last section and porting period.  For report of my knowledge and belief, a true and complete statement of all campaign and contributions and liabilities for this reporting period and represents the notices in accordance with the requirements of M.G.L. c. 55.
campaign finance activity of all persons acting under the authority of oil detail of the control	4/5/09
The state of the s	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 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 Addre (alphabetical listing required		Amount		Occupation & Employer (for contributions of \$200 or more)	
eceived	(aiphabetten noong of				
		ļ			
		<del> </del>			
		ļ			
			1		
			+		
				·	
			+-		
		<del>                                     </del>	1-		
			-		
	and the land	+-/	1/2	מ	
Line 9:	Total receipts in excess of \$50 (or listed above)		0.0		
Line 10:	Total receipts \$50 and under* (not listed above)			<del></del>	
Line 11:	TOTAL RECEIPTS IN THE PERIOD  ve itemized receipts of \$50 and under include them is	0	. 0	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 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.

umber on eacl  Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
•					
				· <u></u>	
				······································	
			•		-
			•		
		<u> </u>			
		Line	12: Expenditures over \$50	۸.	00
	-		13: Expenditures \$50 and under*		00
,	Enter on page 1, line 4		14:TOTAL EXPENDITURES	0.	

<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
3/20/09	David J. Villamainu	50 Pease Rd. E. Long, MA	Printing, Postage, Advertisements	#1,472.12
			i	
		Line 15:	In-kind over \$50	#1,472.12
		Line 16:	In-kind \$50 and under	0.00
	Enter on page 1, line 6	Line 17:	Total In-kind	#1,472.12

<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
			1
	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	0.00

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.

Page 4