

# Form CPF M 102: Campaign Finance Report RECEIVED **Municipal Form**

Office of Campaign and Political Finance

JAN 2 0 2017

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 0	01/01/2016 Ending Date: 12/31/2016
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	on 30 day after election  year-end report dissolution
Sonny Parente	Parente Committee
Candidate Full Name (if applicable)	Committee Name
Selectman	Kathleen K. Parente
Office Sought and District	Name of Committee Treasurer
2 Cedar St., Hudson, MA 01749	2 Cedar St., Hudson, MA 01749
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SIIMMARY RALA	NCE INFORMATION:
Line 1: Ending Balance from previous report	10.27
Line 2: Total receipts this period (page 3, line	211)
Line 3: Subtotal (line 1 plus line 2)	10.27
Line 4: Total expenditures this period (page 5,	5, line 14)
Line 5: Ending Balance (line 3 minus line 4)	10.27
Line 6: Total in-kind contributions this period	1 (page 6)
Line 7: Total (all) outstanding liabilities (page	e 7) 8,297
Line 8: Name of bank(s) used: Avid	lig Bank
Affidavit of Committee Treasurer:	
I certify that I have examined this report including attached schedules and it is, to the	e best of my knowledge and belief, a true and complete statement of all campaign finance kind contributions and liabilities for this reporting period and represents the campaign tee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: 1/20/17
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 activity, of all persons acting under the authority or on behalf of this committee is incurred any liabilities nor made any expenditures on my behalf during this report	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, orting period.
Candidate without Committee OR Candidate with independent activity filin  I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disbursem campaign finance activity of all persons acting under the authority or on schale of	to the best of my knowledge and belief, a true and complete statement of all campaign
Signed under the penalties of perjury:	(Candidate's signature) Date: $[-20-1]$

### 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.)

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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		L		
		B		
		L		
1				
ine 9: Total Receip	ots over \$50 (or listed above)			
ine 10: Total Recei	pts \$50 and under* (not listed above)			
ne 11: TOTAL R	ECEIPTS 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 above.

# **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 Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	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 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		1		
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
			rould include only those expenditures	

<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.

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## **SCHEDULE B: EXPENDITURES (continued)**

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
<u> </u>				
		1		
		Line 12: Expenditures over \$50	(or listed above)	
		Time 12. For 1: 0.50		
		Line 13: Expenditures \$50 and u	inder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
k I.C 1 '			ould include only those expenditures	

<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.

## 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

<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.

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.ate Incurred	To Whom Due	Address	Purpose	Amount
Mar 17, 2008	Sonny Parente	7 Cedar St Hudson MA 01749	Candidate Loan	2,500
Oct 24, 2008	Sonny Parente	7 Cedar St Hudson MA 01749	Candidate Loan	3,500
Dec 5, 2008	Sonny Parente	7 Cedar St Hudson MA 01749	Candidate Loan	800
an 10, 2009	Sonny Parente	7 Cedar St Hudson MA 01749	Candidate Loan	1,497
100		·		1
			1	
·			2	
Land   Land	Enter on page 1. line 7 → L	ine 18: TOTAL OUTSTANDI	NG LIABILITIES (A.J.)	,297