

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI Massachuseus	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 01/	701/2018 Ending Date: 12/31/2018
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	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):
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	10.27
Line 2: Total receipts this period (page 3, line 11	
Line 3: Subtotal (line 1 plus line 2)	16.27
Line 4: Total expenditures this period (page 5, li	ine 14)
Line 5: Ending Balance (line 3 minus line 4)	10.27
Line 6: Total in-kind contributions this period (p	page 6)
Line 7: Total (all) outstanding liabilities (page 7)	8,297
Line 8: Name of bank(s) used:	G Bask
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-king finance activity of all persons acting under the authority of on behalf of this committee is Signed under the penalties of perjury:	d contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	pox only)
Candidate with Committee and no activity independent of the committee Lertify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, and period.
Candidate without Committee OR Candidate with independent activity filing a I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority of an behalf of the	best of my knowledge and belief, a true and complete statement of all campaign its, in-jund contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature) Date: /-22-/9

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
	<u></u>		
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD		
me II. IUIAL K	ECEIT IS IN THE FERIOD		← 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 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

^{*} 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	
		11			
			1		
111					
		H	1		
		Line 12: Total Expenditures over	er \$50 (or listed above)		
		Line 13: Total Expenditures \$50	and under* (not listed above)		
	E 4	Time 14. TOTAL EXPENDENT	IIDEC IN THE DEDICE		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	UKES 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.

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SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over \$5	60 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1 line $A \rightarrow$	Line 14: TOTAL EXPENDIT	TURES 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 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	

^{*} 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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SCHEDULE D: LIABILITIES

c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well se liabilities incurred during this reporting period.

ate Incurred	To Whom Due	Addusse		
		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
lan 10, 2009	Sonny Parente	7 Cedar St Hudson MA 01749	Candidate Loan	1,497
		·		•
			1	
	Enter on page 1. line 7 → Lin	ne 18: TOTAL OUTSTANDIN	G LIABILITIES (ALL) 8,2	