



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with:

City or Town Clerk or Election Commission Please print or type all information, except signatures.

2011 SEP 12 A 10:31

Fill in dates:

Reporting Period Beginning 1 / 1 / 2011 Ending 9 / 2 / 2011

Type of report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

MICHAEL SOSNOWSKI

Full Name of Candidate (if applicable)

COUNCILLOR WARD II

Office Sought and District

17 COLLINS ST.

Residential Address

SALTM, MA.

Tel. No. (optional)

COMMITTEE TO ELECT
MICHAEL SOSNOWSKI

Committee Name

PATRICIA SOSNOWSKI

Name of Committee Treasurer

17 COLLINS ST.

Committee Mailing Address

SALTM, MA.

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 2352.88

Line 2: Total receipts this period (page 2, line 11) \$ 3185.00

Line 3: Subtotal (line 1 plus line 2) \$ 5537.88

Line 4: Total expenditures this period (page 3, line 14) \$ 802.69

Line 5: Ending balance (line 3 minus line 4) \$ 4735.19

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 SOVEREIGN

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:

Treasurer's signature (in ink)

Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 my knowledge and belief, a true and complete statement of all 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. I have 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

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 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:

Candidate signature (in ink)

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 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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/8	AHMED, GEORGE 102 COLUMBUS AVE	75 -	
6/8	ALLEN, MIKE 15 POPE ST.	100 -	
6/8	ARLANDER, DR. JANE	100 -	
6/8	AHUBE - JAMES & CHRIS 118 BRIDGE ST.	150 -	
6/8	CURTIN, DR. PATRICK 19 RAYMOND AVE	200 -	DENTIST
6/8	LEGER, ROGER & MAURE 64 MARLBOROUGH RD	100 -	
6/8	MC SWIGGAN, BEVERLY 30 JAPONICA	100 -	
6/8	MURPHY, ELIZABETH 5 NEWHALL PL. RD.	100 -	
6/8	PANCIPOULOS, ROSS 13 BRIGGS	100 -	
6/8	Pelletier, FRANK 24 IRVING	100 -	
6/8	PINTO, STEVE 55 COLUMBUS AVE	100 -	
6/8	PREWELL PAUL 26 TREMONT	100 -	
6/8	SALVAGE, CHARLENE 8 WARNER ST.	100 -	
6/8	SNOWSKI, LUCILLE 9 CONTERS RD.	100 -	
6/8	TWOHEY, MIKE 122 FEDERAL ST.	100 -	
Line 9: Total receipts in excess of \$50 (or listed above)		1625 -	
Line 10: Total receipts \$50 and under* (not listed above)		1660 -	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3185 -	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 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
Enter on page 1, line 6				Line 15: In-kind over \$50
				Line 16: In-kind \$50 and under
				Line 17: Total In-kind

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