

# Form CPF M 102: Campaign Finance Report E I V E

**Municipal Form** 

Office of Campaign and Political Finance

MAR 28 2011

TOWN OF WAREHAM File with: City or Town Clerk of Election Commission Fill in Reporting Period dates: Mar 28, 2011 Beginning Date: Jan 14, 2011 Ending Date: Type of Report: (Check one) 8th day preceding preliminary | 8th day preceding election 30 day after election year-end report dissolution Michael Schneider Committee to Elect Mike Schneider Selectman Candidate Full Name (if applicable) Committee Name Selectman, Town of Wareham Joseph Leggett Office Sought and District Name of Committee Treasurer #9 1st St. Wareham, MA. 02571 PO. Box 3, West Wareham, MA. 02576 Residential Address Committee Mailing Address Telephone Number (optional): Telephone Number (optional): **SUMMARY BALANCE INFORMATION:** Line 1: Ending Balance from previous report 0 Line 2: Total receipts this period (page 3, line 11) 3,584,43 Line 3: Subtotal (line 1 plus line 2) 3,584,43 Line 4: Total expenditures this period (page 5, line 14) 1,882.81 Line 5: Ending Balance (line 3 minus line 4) 1,701.61 Line 6: Total in-kind contributions this period (page 6) 0 Line 7: Total (all) outstanding liabilities (page 7) 597.42 Line 8: Name of bank(s) used: Sovereign Bank Affidavit of Committee Treasurer: 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. Date: Mar 28, 2011 Signed under the penalties of perjury: (Treasurer's signature) 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 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. Date: Signed under the penalties of perjury: (Candidate's signature)

#### 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) |
| Jan 25, 2011        | Begley, David , Prospect St Wareham (Onset), MA. 02538           |          | N/A                                  |
| Feb 11, 2011        | Houton, Jack , 58 Point Dr. Buzzards Bay,<br>MA. 02538           | 100      | N/A                                  |
| Mar 11, 2011        | Johar, Aruna & Karan<br>589 Raymond Rd. Plymouth, MA. 02576      | 300      | 1st letter of inquiry sent           |
| Feb 1, 2011         | Janey, Richard jr.<br>40 Smoke Hill Dr. Danbury, CT. 06811       | 100      | N/A                                  |
| Mar 21, 2011        | Kress, Nancy<br>413 Heather Ln. San Dimes, CA. 91773             | 200      | 1st letter of inquiry sent           |
| Mar 8, 2011         | Leggett, Joseph<br>14 Bayside St, Wareham, MA. 02576             | 150      | N/A                                  |
| Mar 11, 2011        | P.A.C. of Move Wareham Forward<br>PO. Box 66, Wareham, MA. 02571 | 200      | P.A.C.                               |
| Jan 21, 2011        | Pacewicz, Edward<br>42 McKinley St. Wareham, MA.                 | 100      | N/A                                  |
| Mar 21, 2011        | Sauvageau, Rose<br>188 Swifts Beach Rd. Wareham, MA. 02571       | 500      | 1st letter of inquiry sent           |
|                     |  |          |                                      |
|                     |  |          |                                      |
|                     |  |          |                                      |
| Line 9: Total Rece  | ipts over \$50 (or listed above)                                 | 1,750    |                                      |
| Line 10: Total Reco | eipts \$50 and under* (not listed above)                         | 1,834.43 |                                      |
| Line 11: TOTAL      | RECEIPTS IN THE PERIOD   | 3,584.43 | ← 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) |
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| Line 9: Total Rece   | ipts over \$50 (or listed above)                             |  |  |
| Line 10: Total Rece  | sipts \$50 and under* (not listed above)                     | BATTA PARTIES AND  |  |
| Line 11: TOTAL I   | RECEIPTS IN THE PERIOD                                       |  | Enter on page 1, line 2                                    |
|  |  | L  | J - LARGE OIL Page 1, THIC 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                  | nittee name and a page number on    |                                 |          |
|--------------|-------------------------------|-------------------------------------|---------------------------------|----------|
| Date Paid    | (alphabetical listing)        | Address                             | Purpose of Expenditure          | Amount   |
| Feb 13, 2011 | Bristol County Screenprinting | Cove St. New Bedford, MA.<br>02744  | Signs and Buttons               | 376.79   |
| Mar 27, 2011 | Ellen Bedley                  | Prospect St. Onset, MA. 02558       | See CPF R-1 Reimbursement       | 581.31   |
| Mar 21, 2011 | Hong Kong Island Rest.        | Cranberry Hwy. Wareham, MA. 02571   | Fund raising event (food)       | 225      |
| Mar 23, 2011 | Monaghan Printing             | 59 Alden Rd. Fairhaven, MA<br>02719 | Post cards                      | 184.88   |
| Mar 8, 2011  | Wareham Observer              | PO. Box 226, Halifax, MA. 02338     | News print ads                  | 95       |
| Mar 28, 2011 | Wareham Observer              | PO. Box 226, Halifax, MA. 02338     | News print ads                  | 175      |
| Mar 25, 2011 | Wareham Week                  | Main St. Wareham, MA. 02571         | News print ads                  | 165      |
|              |                               |                                     |                                 |          |
|              |                               |                                     |                                 |          |
|              |                               |                                     |                                 |          |
|              |                               |                                     |                                 |          |
|              |                               |                                     |                                 |          |
| <u> </u>     |                               | Line 12: Total Expenditures ov      | rer \$50 (or listed above)      | 1,802.98 |
|              |                               | Line 13: Total Expenditures \$50    | 0 and under* (not listed above) | 79.83    |
|              | Enter on page 1, line 4 →     | Line 14: TOTAL EXPENDIT             | URES IN THE PERIOD              | 1,882.81 |

<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)**

| Date Paid  | To Whom Paid (alphabetical listing)                                 | Address  | Purpose of Expenditure   | <b>A</b>  |  |  |
|--|---|--|--------------------------|---|--|--|
| Date Faid  | (arphabetical risting)  | Address  | 1 di pose di Expenditure | Amount  |  |  |
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| Line 12: Expenditures over \$50 (or listed above)  |   |  |                          |   |  |  |
|  | Line 13: Expenditures \$50 and under* (not listed above)            |  |                          |   |  |  |
|  | Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD |  |                          |   |  |  |
| ***************************************  |   | include them in line 12. Line 13 sl  |                          |   |  |  |

<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 |
|---------------|--|--|-----------------------------|-------|
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| <u> </u>      |  | Line 15: In-Kind Contributions                                 | over \$50 (or listed above) | E     |
|               |  | Line 16: In-Kind Contributions \$50 & under (not listed above) |                             |       |
|               | Enter on page 1, line 6 →  | Line 17: TOTAL IN-KIND Co                                      | ONTRIBUTIONS                | 0     |

<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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### 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 |
|---------------|--|-----------------------------------|--|--------|
| Feb 11, 2011  | Schneider, Sheila  | 39 1st Ave. Wareham, MA.<br>02571 | Loan to campaign for printing<br>Ocean Graphics                | 143.43 |
| Feb 17, 2011  | Schneider, Sheila  | 39 1st Ave. Wareham, MA.<br>02571 | Loan to campaign for printing<br>Bristol County Screenprinting | 400    |
| Feb 11, 2011  | Schneider, Sheila  | 39 1st Ave. Wareham, MA.<br>02571 | Loan to campaign for printing<br>Staples                       | 53.99  |
|               |  |                                   |  |        |
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|               | Enter on page 1, line 7 -  | → Line 18: TOTAL OUTSTAN          | NDING LIABILITIES (ALL)  | 597.42 |



# Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300



Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

|  |                                  | Date of Reimbursement: Mar 27, 2011  |                                    |                        |             |
|--|----------------------------------|--|------------------------------------|------------------------|-------------|
| Name of Individ                          | lual Being Reimbursed:           | Ellen Begle  | ey .                               |                        |             |
| Committee Name: Committee                |                                  | e to Elect Mike Schneider Selectman  |                                    |                        |             |
| CPF ID Number (if applicable): 27-454485 |                                  | Telephone N  | Telephone Number (optional):       |                        |             |
|  |                                  | ITEM   | IZE EXPENDITURES IN EXCESS         | S OF \$50              | -           |
| Date Paid                                | Vendor Na                        | me   | Vendor Address                     | Purpose of Expenditure | Amount      |
| Mar 11, 2011                             | GQ and The Lady                  | office the second se  | PO. Box 163, Onset, MA. 02558      | Intertainment          | \$300.00    |
| Mar 11, 2011                             | Salerno's Function Fa            | cility   | 196 Onset Ave, Onset, MA<br>02558  | Function Hall          | \$281.31    |
|  |                                  |  |                                    |                        |             |
|  |                                  |  |                                    |                        |             |
|  |                                  | WAT TO STAND AND THE STAND AND |                                    |                        |             |
|  | (Include items listed o          | n Page 2)  | Line 1: Expenditures in excess of  | \$50 (itemized above): | 581.31      |
|  |                                  |  | Line 2: Expenditures \$50 or under | r (not itemized):      |             |
|  |                                  |  | Line 3: TOTAL AMOUNT REI           | MBURSED:               | 581.31      |
| Signed under th                          | ne penalties of perjury:  Signat |  | Josep Legyll                       | Date: M                | ar 28, 2011 |

Please prepare a separate report for each reimbursement check issued by the committee.