



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

2013 OCT 28 A 8:46

FILE #

CITY CLERK, SALEM, MASS.

**Fill in dates:**

Reporting Period Beginning Month 8 Date 31 Year 2013 Ending Month 10 Date 18 Year 2013

**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  
Salem, Ma. 01970  
Tel. No. (optional)

COMMITTEE TO ELECT  
MICHAEL SOSNOWSKI  
Committee Name  
PATRICIA SOSNOWSKI  
Name of Committee Treasurer  
17 Collins St.  
Committee Mailing Address  
Salem, Ma. 01970  
Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report \$ 3169.18  
Line 2: Total receipts this period (page 2, line 11) \$ 9865.00  
Line 3: Subtotal (line 1 plus line 2) \$ 13034.18  
Line 4: Total expenditures this period (page 3, line 14) \$ 16691.46  
Line 5: Ending balance (line 3 minus line 4) \$ 6342.72  
Line 6: Total in-kind contributions this period (page 4) \$ 300.-  
Line 7: Total (all) outstanding liabilities (page 4) \$ —  
Line 8: Name of bank(s) used SOVEREIGN BANK

**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)
9/8	AHMED, GEORGE 102 COLUMBUS AVE. Salem	100 -	
8/21	ALLEN, MICHAEL 15 POPE ST. Salem	100 -	
9/8	CARLEY, GEORGE 18 WINTHAM, Rd. Topsfield	100 -	
9/8	CARR, John 7 RIVER ST. Salem	100 -	
5/19	CASEY, John 17 FLINT ST. Salem	100 -	
9/8	CLARK, TIMOTHY 361 ESSEX ST. Salem	100 -	
5/19	COLEMAN, MICHAEL 8 BROWN ST. Salem	100 -	
2/8	COOK, WALTER 23 SUMMER ST.	100 -	
5/24	CORNACIO, PATRICIA 30 WARREN ST. Salem	75 -	
4/20	CURTIN, DR PATRICK 19 RAYMOND AVE. Salem	500 -	DENTIST 100 HIGHLAND AVE. Salem
9/8	CURTIN, MARYANN 35 FORESTER ST. Salem	75 -	
8/19	D'ALESSANDRO, JUDITH 35 PLEASANT ST. Salem	100 -	
9/8	DELLIS, PATRICK 6 SECONDE ST. Salem	250 -	DELLIS CONSTRUCTION ATTORNEY
3/19	DONAVAN, JAMES 20 CROSS ST. Salem	100 -	
5/19	FALON, GEORGE 36 MARCH ST. Salem	100 -	
Line 9: Total receipts in excess of \$50 (or listed above)		7375 -	
Line 10: Total receipts \$50 and under* (not listed above)		2490 -	
Line 11: TOTAL RECEIPTS IN THE PERIOD		9865 -	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.



# COMMITTEE TO ELECT MICHAEL SOSNOWSKI #2

## 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)
5/11	MADORE, MARY 31 FORESTER ST. Sakon	175 -	
5/19	MURPHY, ELIZABETH 5 NEWHALL A. Peabody	100 -	
5/19	O'DONNELL, THOMAS 46 WASHINGTON ST. Sakon	100 -	
5/19	O'LEARY, MARY 31 BARCLAY AVE. Sakon	100 -	
5/19	O'SHEA, ARLENE 1 LYNN ST. Sakon	200 -	RETIRED
5/19	PELLETIER, FRANK 24 IRVING ST. Sakon	100 -	
8/17	PETIT, MARK 72 MARCH ST. CT. Sakon	100 -	
5/19	PINTO, STEVE 55 COLUMBUS AVE. Sakon	125 -	
9/8	PIFRINI, JOSEPH 21 CHESTNUT ST. Sakon	100 -	
5/19	SABIN, DOUGLAS P. 34 WORTHMAN ST. Sakon	75 -	
9/8	SALVO, ANTHONY 18 SUMNER RD. Sakon	100 -	
5/19	SCHAEDEL, MARLENE 135 BRIDGE ST. Sakon	100 -	
5/19	SIMONS, WILLIAM 19 HUBBARD ST. Sakon	100 -	
8/21	SIRIANNI, LOUIS 6 BOTTS CT. Sakon	100 -	
8/25	SOSNOWSKI, FRANK 9 CONNORS RD. Sakon	100 -	
Line 9: Total receipts in excess of \$50 (or listed above)		1675 -	
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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.







# COMMITTEE TO ELECT MICHAEL SASSANO

## SCHEDULE A: RECEIPTS

### #3

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)
9/8	FIRTH, JENNIFER 3 CARPENTERS St. Salem	200	BANKER - FEDERAL RESERVE BANK of Boston
5/19	GORDON, DR. GREGORY 76 FEDERAL St. Salem	75	
9/8	HARDER, KATHRYN 3 ALLEN St. Salem	175	
9/8	HARRINGTON, DOROTHY 7 BAYVIEW Ave, Beverly	250	RETIRED
8/17	HUNTER, DAVID 38 SUMMIT St. Salem	100	
5/19	INGRAM, PETER 39 MARBLE St. Salem	200	OWNER - STEVE'S MARKET
9/19	JENNINGS, JERAMIAH 18 RIVER St. Salem	150	
9/8	KELWAN, SUSAN 82 WEBB St. Salem	100	
9/8	KLANN, JENNIFER 11 ANDOVER St. Salem	100	
5/19	LADONTE, EMILE 45 ST. PETER St. Salem	100	
5/19	LEBOVICI, DARRIN 122 FEDERAL St. Salem	300	RETIRED
5/19	LEGER, ROGER 24 MAITLBOROUGH Rd. Sal	100	
5/19	LUSSIER, MAURICE 23 BEECH AVE, SALEM	500	HOUSEHOLD CLEANING SELF-EMPLOYED
5/19	MCCARTNEY, PAMELA 90 MEMORIAL DR. Sal	100	
5/19	MORIARTY, EDWARD WINTER Island Rd. Salem	100	
Line 9: Total receipts in excess of \$50 (or listed above)		2550	
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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.







# COMMITTEE TO ELECT MICHAEL SASHOWSKI

## SCHEDULE A: RECEIPTS

#4

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)
5/19	SASHOWSKI, LUCILLE 9 CONNERS RD Salem	500 -	RETIRED
8/30	THEOPHILOPOULOS, PETER 26 VALLEY ST. Salem	100 -	
9/8	TREADWELL, JAMES 36 FEET ST. Salem	150 -	
4/7	TUDHEL, MARGARET 122 FEDERAL ST. Salem	300 -	RETIRED
9/8	USOVICZ, STANLEY 2 BOTTS CR. Salem	100 -	
Line 9: Total receipts in excess of \$50 (or listed above)		1150 -	
Line 10: Total receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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.

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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
5/16	BJ'S WHOLESALE	6 HUTCHINSON DR DANVERS.	FOOD FOR KICK-OFF	248	03
7/10	CITY of Salem	WASHINGTON ST Salem.	ONE-DAY LICENSE	100	-
4/25	Connolly Printing	17 B GILL ST. WOBURN.	LATERHEAD	644	94
8/9	" " "	" " "	INVITATIONS	455	81
2/21	Sosnowski PATRICIA	17 Collins St. Salem	OFFICE SPACE 4 YRS.	616	11
6/3	Sosnowski PATRICIA	" " "	REIMBURSEMENT SEE RECEIPTS	256	27
7/11	Sosnowski PATRICIA	" " "	OFFICE SPACE 4 YRS	616	11
8/9	STARLAS	VINNIN SQ. Salem, Ma.	PRINTER CARTRIDGE & PAPER	161	80
9/8	THE LITTLE STORE	AGREEN ST. METHUEN, Ma.	CATERER	665	98
2/27	USPS.	RANTOUL ST. BEW.	MAILING	138	-
7/16	USPS.	MARBLEHEAD, MA	MAILING	184	-
9/13	USPS	MARGIN ST. Salem, Ma	MAILING	230	-
4/23	VICTORY STORE	5200 SW 30th ST. IOWA	SIGNS	1335	41
6/7	VICTORY STORE	5200 SW 30th ST. IOWA	PALM CARDS	572	-
5/19	WARD II SOCIAL Club	1 E. Collins St. Salem, Ma	HALL RENTAL	150	-
Line 12: Expenditures over \$50				6374	46
Line 13: Expenditures \$50 and under*				317	-
Line 14: TOTAL EXPENDITURES				6691	46

Enter on page 1, line 4

\*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9/8	Salem WITCHAMUNG	WASHINGTON SQ Salem, MA 01970	HALL Rental	300.-
Line 15: In-kind over \$50				300.-
Line 16: In-kind \$50 and under				-
<b>Line 17: Total In-kind</b>				<b>300.-</b>

Enter on page 1, line 6

\* 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
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				

Enter on page 1, line 7