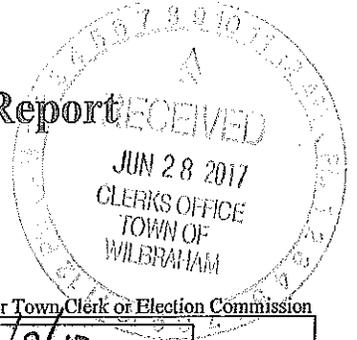




Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/2/17 Ending Date: 6/9/17

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

DAVID A. SANDERS
Candidate Full Name (if applicable)
Wilbraham Selectman
Office Sought and District
925 Glendale Rd. Wilbraham, MA 01025
Residential Address
Telephone Number (optional): 413-330-0452

CTE David Sanders
Committee Name
John Guzzo
Name of Committee Treasurer
925 Glendale Rd. Wilbraham MA
Committee Mailing Address
Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>34.09</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1454.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1488.09</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1196.70</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>291.39</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Berkshire Bank</u>

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: John Guzzo (Treasurer's signature) Date: 6/27/17

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 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: David Sanders (Candidate's signature) Date: 6/27/17

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/11/17	Allie, DAN 38 Union ST, Westfield, MA 01085	40	
5/11/17	Bourcier, Donald 24 High Pine Wilbraham, MA 01095	100	
5/11/17	Burke, James Po Box 295 Wilbraham, MA 01095	100	
5/11/17	Canning, Kathleen 40 Thorpston St Springfield, MA 01104	25	
5/5/17	Conti, SANDRA 23 Gunn Geary Lane Agawam, MA 01001	25	
5/11/17	Deso, Ken 138 Tamarack Dr. Springfield, MA 01129	50	
5/11/17	Gaudet, Franca 290 K.bbe Rd. 01028 East Longmeadow, MA	30	
5/11/17	Gendreau, Ronald 61 Quarry Hill 01028 East Longmeadow, MA	50	
5/11/17	Gordon, E. George 20 Glenn Dr, Wilbraham, MA 01095	25	
5/11/17	Gordon, Patricia 20 Glenn Dr. Wilbraham, MA 01095	25	
5/11/17	Guzzo, John 40 Old Boston Rd. Wilbraham, MA 01095	60	
5/11/17	MANOLAKIS, MARK 17 Brooks lae Dr. Wilbraham, MA 01095	25	

Line 9: Total Receipts over \$50 (or listed above)

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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/11/17	Manolakis, Peter 17 Brookside Dr. Wilbraham, MA 01095	30	
5/11/17	McCarthy, Thomas 58 Sherwood Rd Springfield, MA 01119	49	
5/11/17	Millett, Anne 25 Knollwood Dr. E. Longmeadow MA 01028	25	
5/11/17	Neffinger, Greg 76 Boylston Ave W. Springfield, MA 01089	20	
5/11/17	Olbrych, Wendy 264 Montgomery Rd. Chicopee, MA 01029	50	
5/11/17	Raschilla, Jenni 26 Meadowbrook E. Longmeadow, MA 01028	50	
5/11/17	Reich, George 12 Deerfield Dr Wilbraham, MA 01095	50	
5/11/17	Rinaldi, Donna 44 The Hamlet Enfield, Ct 06082	30	
5/11/17	Rys, Pamela 529 West St Ludlow, MA 01054	30	
5/11/17	Sallada, Elizabeth 18 Porter Dr. Wilbraham, MA 01095	25	
5/11/17	Scott, Roy 12 Woodstey Rd. Wilbraham, MA 01095	15	
5/12/17	Wesolowski, John 920 Ridge Rd, Wilbraham, MA 01095	25	
5/11/17	Wilbraham Republican 568 Main St. Wilbraham, MA 01095	500	Republican Town-Centre

Line 9: Total Receipts over \$50 (or listed above)	1454
Line 10: Total Receipts \$50 and under* (not listed above)	-
Line 11: TOTAL RECEIPTS IN THE PERIOD	1454

← 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.



Commonwealth of Massachusetts

Schedule E
Municipal Form
Disclosure of Assets Statement
Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

CPF ID# _____

This form should be filed by all candidates and committees with each year end and each dissolution report.

Committee Name: _____ Date of report: _____

All candidates and committees must fill in Part A or Part B.

Part A:

No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement.

Part B:

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Table with 5 columns: Asset, Date Acquired, Present Location, Manner Acquired, Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Table with 5 columns: Asset, Date Acquired, Disposition to: Name and Address, Date and Manner of Disposition, Disposition Value

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

Signed under the penalties of perjury:

Signed under the penalties of perjury:

Candidate signature

Date

Treasurer signature

Date

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.

