



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: 4/16/14 Ending Date: 5/2/14

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

Sean Patrick Page
Candidate Full Name (if applicable)

Office Sought and District
3 Carters Bridge Rd Plymouth MA 02360
Residential Address

Telephone Number (optional): 508-922-2849

Committee to Elect Sean Page
Committee Name
BONNIE CAVICCHI
Name of Committee Treasurer
3 Carters Bridge Rd Plymouth MA 02360
Committee Mailing Address

Telephone Number (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>N/A</u>	2014 MAY -2 PM 12:39
Line 2: Total receipts this period (page 2, line 11)	<u>1720.00</u>	
Line 3: Subtotal (line 1 plus line 2)	<u>1720.00</u>	
Line 4: Total expenditures this period (page 3, line 14)	<u>920.16</u>	
Line 5: Ending Balance (line 3 minus line 4)	<u>799.84</u>	
Line 6: Total in-kind contributions this period (page 4)	<u>80</u>	
Line 7: Total (all) outstanding liabilities (page 4)	<u>25</u>	
Line 8: Name of bank(s) used:	<u>ROCKLAND TRUST</u>	

RECEIVED
TOWN CLERK'S OFFICE
PLYMOUTH, MA

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: Bonnie Cavicchi (Treasurer's signature) Date: 4/16/14

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with 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
 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's signature) Date: 4/16/14

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)
4/16/2014	Alden, Paul 9 Arend Cir, Hanover 02339	100	
4/16/2014	Callahan, John 105 Cape Cod Ave, Plymouth 02360	100	
4/16/2014	Collective Bargaining Relief Association PO Box 1005, Plymouth 02360	200	
4/16/2014	Darby Plumbing & Drain 63 Federal Furnace Rd, Plymouth 02360	100	
4/16/2014	Foley, Neil & Cara Jean 23 Crabtree Rd, Plymouth 02360	50	
4/16/2014	Gagnon, Robert & Danielle 20 Tananger Rd, Plymouth 02360	75	
4/16/2014	Greene, Rebecca & Christopher 16 Galleon Dr, Plymouth 02360	100	
4/16/2014	Houston, Douglas & Lisa 28 Paula Rd, Plymouth 02360	50	
4/16/2014	Joyce, John 106 Orchard Rd, Marshfield 02050	50	
4/16/2014	Kelley, Thomas & Judith 36 Cochituate Rd, Plymouth 02360	50	
4/25/2014	Lescarbeau, Benjamin 8 Sandpiper Ln, Plymouth 02360	20	
4/16/2014	Manomet House & Garden Inc 42R Center Hill Rd, Plymouth 02360	25	
Line 9: Total Receipts over \$50 (or listed above)		875	
Line 10: Total Receipts \$50 and under* (not listed above)		45	
Line 11: TOTAL RECEIPTS IN THE PERIOD		920	← 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)
4/29/2014	Melanson, Dale & Colleen 23 Yale Ave, Plymouth 02360	75	
4/16/2014	Prada, Joshua 243 Franklin St, Halifax 02338	100	
4/28/2014	Retired Public Employees Committee for Political Action 11 Beacon St, Boston 02108	500	Political Action Committee, OCPF #80153 Y
4/29/2014	Rotondo, Philip 227 Lunns Way, Plymouth 02360	50	
4/16/2014	Stoddart, Mark & Michelle 55 Crabtree Rd, Plymouth 02360	25	
4/29/2014	Walsh, Peter & Lauren 11 Miller Dr, Plymouth 02360	50	
Line 9: Total Receipts over \$50 (or listed above)		775	
Line 10: Total Receipts \$50 and under* (not listed above)		25	
Line 11: TOTAL RECEIPTS IN THE PERIOD		800	← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/25/14	CONNOLLY PRINTING	17 GILL ST WOBURN 01801	SIGNS	895.16
4/23/14	TOWN OF PLYMOUTH	11 LINCOLN ST PLYMOUTH 02360	SIGN PERMIT	25
Line 12: Total Expenditures over \$50 (or listed above)				920.16
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				920.16

* 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
4/5/14	BRIAN CUSACK	5 TH N HILL RD PLYMOUTH 02360	SIGN/BANNER	80
<p>* 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.</p> <p style="text-align: right;">Enter on page 1, line 6 →</p>				<p>Line 15: In-Kind Contributions over \$50 (or listed above) 80</p> <p>Line 16: In-Kind Contributions \$50 & under (not listed above) </p> <p>Line 17: TOTAL IN-KIND CONTRIBUTIONS 80</p>

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
4/16/14	BONNIE CARICCHI	882 N WINDSOR ST HANSON	OPEN BANK ACCT	25
<p style="text-align: right;">Enter on page 1, line 7 →</p>				<p>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) 25</p>