



Commonwealth of Massachusetts

Form CPF 102ND : Campaign Finance Report Office of Campaign and Political Finance

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Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108

CPF ID# _____

(617) 727-8352

Please print or type all information, except signatures.

Fill in dates:	Month	Date	Year	Month	Date	Year
Reporting Period Beginning	09	10	2011	Ending	10	21 2011

Type of report: (Check one)

8th day preceding primary 8th day preceding election year-end report dissolution 30 days after special election

Nicholas J. CACCAMO

Full Name of Candidate

COUNCILOR AT-LARGE

Office Sought/District

7 NORTH ST. APT. 511

Residential Address

Tel. No. (optional)

Committee to Elect NICHOLAS J. CACCAMO

Committee Name

CHRISTINE CACCAMO

Name of Committee Treasurer

173 Langview TERRACE

Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>5.55</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1140.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>1145.55</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>407.53</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>738.02</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0.00</u>
Line 8: Name of bank(s) used	<u>BELSHIRE 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:

Christine M. Caccamo

Treasurer's signature (in ink)

10/31/11

Date

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, and 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, and 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:

[Signature]

Candidate's signature (in ink)

10/31/11

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, CPF ID# 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)
09/23 2011	NICHOLAS J. CACCAMO 7 NORTH STREET Apt 511	250.	00	DATA COACH Pittsfield Public Schools
Line 9: Total receipts in excess of \$50 (or listed above)		250.	00	
Line 10: Total receipts \$50 and under* (not listed above)		890.	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1140.	00	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, CPF ID# and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
09/20/ 2011	BERKSHIRE PRINT SHOP	46 WEST STREET Pittsfield, MA 01201	LAPEL STICKERS	14.	22
10/12/ 2011	DOTTIES COFFEE LOUNGE	444 NORTH STREET Pittsfield, MA 01201	Room RENTAL	120.	00
09/23/ 2011	NEPM DESIGN	15 MAIN STREET PO. BOX WILBRAHAM, MA	SIGN STICKERS	273.	31
Line 12: Expenditures over \$50				393.	31
Line 13: Expenditures \$50 and under*				14	22
Line 14: TOTAL EXPENDITURES				407.	53

Enter on page 1, line 4

INCLUDED ABOVE ✓

* If you have itemized expenditures \$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
Line 15: In-kind over \$50				0.00
Line 16: In-kind \$50 and under				0.00
Line 17: Total In-kind				0.00

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 contributor has given an aggregate amount of \$200 or more in a calendar year, 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
Line 18: OUTSTANDING LIABILITIES (ALL)				0.00

Enter on page 1, line 7

This page may be copied if additional pages are required to report all activity. Please include your committee name, CPF ID# and a page number on each page.