



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
(617) 727-8352

2011 OCT 31 A 10:43
CPF ID# _____

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning	Month	Date	Year	Ending	Month	Date	Year
	SEPT	10	2011		OCT	21	2011

Type of report: (Check one)

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

PAUL CAPITANIO
Full Name of Candidate

COUNCILMAN WARD 3
Office Sought/District

106 PARKSIDE AVE
Residential Address

Tel. No. (optional)

COMMITTEE TO ELECT PAUL CAPITANIO
Committee Name

THOMAS BLAIR
Name of Committee Treasurer

106 PARKSIDE AVE
Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 4220 ⁴⁸
Line 2: Total receipts this period (page 2, line 11)	\$ 3261 ⁰⁰
Line 3: Subtotal (line 1 plus line 2)	\$ 7481 ⁴⁸
Line 4: Total expenditures this period (page 3, line 14)	\$ 2117 ⁵¹
Line 5: Ending balance (line 3 minus line 4)	\$ 5363 ⁹⁷
Line 6: Total in-kind contributions this period (page 4)	\$ ϕ
Line 7: Total (all) outstanding liabilities (page 4)	\$ ϕ
Line 8: Name of bank(s) used	<u>GARYLOCK FEDERAL CREDIT UNION</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:

Thomas Blair
Treasurer's signature (in ink) 10/28/11
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:

Paul Capitanio
Candidate's signature (in ink) 10/28/11
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)
10/5/11	MARCIA + JAMES FABINO 237 SOUTH ST PITTSFIELD	100	00	
10/12/11	JOHN RICCI 7 NEWELL ST PITTSFIELD	100	00	
10/5/11	DEBA + GLENN GUACKIONE 115 CHURCHILL ST PITTSFIELD	75	00	
Line 9: Total receipts in excess of \$50 (or listed above)		275	00	
Line 10: Total receipts \$50 and under* (not listed above)		5088	97	
Line 11: TOTAL RECEIPTS IN THE PERIOD		5363	97	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	
10/11/11	AMERIPRIDS	280 GREENWOOD WORCESTER, MA 01607	LINEN FOR FUND RAISER	192	41
9/29/11	BEEKHILL EAGLE	75 JO. CHURCH ST PITTSFIELD	POLITICAL ADV.	129	16
9/26/11	JONES TROPHIES	MELVILLE ST	YARD SIGNS	525	94
10/11/11	THE RANCH	20 LINDEN ST	FOOD (FUNDRAISER)	1230	21
Line 12: Expenditures over \$50				2077	51
Line 13: Expenditures \$50 and under*				40	5
Line 14: TOTAL EXPENDITURES				2117	51 ✓

Enter on page 1, line 4

* 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
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	\$

* 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
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	\$

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.