



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN CLERK
TOWN OF SANDWICH

APR 25 2011

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

10H 20M AM
RECEIVED & RECORDED

Fill in dates:

Reporting Period Beginning May 7, 2010 Ending April 27, 2011

Type of report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

FRANK PANNORFI

Full Name of Candidate (if applicable)

Selectman

Office Sought and District

27 Wing Blvd. East

Residential Address

508 888-8517

Tel. No. (optional)

Committee to Elect Frank Pannorfi

Committee Name

Ann Lorraine Pannorfi

Name of Committee Treasurer

PO Box 843 East Sandwich, MA 02537

Committee Mailing Address

508 888-8517

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>0</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>4395.20</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>4395.20</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>3072.71</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>1322.49</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>Cape Cod Cooperative Bank - Sandwich, MA</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.

Ann Lorraine Pannorfi
Treasurer's signature (in ink)

Signed under the penalties of perjury:

4/25/2011
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.

Frank Pannorfi
Candidate signature (in ink)

Signed under the penalties of perjury:

4/26/2011
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)
2/10/11	JAMES W. PIERCE PO BOX 244 18 Foster Rd. East Sandwich 02537	100 —	
2/10/11	FRANK PANNORFI PO BOX 843 E. SANDWICH, MA 02537	1,000 —	LOAN TO CAMPAIGN
3/8/11	DAVID NEAL 2 Seneca Lane Sandwich, MA 02563	100 —	
3/11/11	CHRISTINE + KEVIN FLANIGAN 5 BUXUS Shore Circle SANDWICH, MA 02563	100 —	
3/11/11	LISA + JEFF PEREW 7 BURNINGTREE LANE E. SANDWICH, MA 02537	100 —	
3/11/11	JAMES KILLION 6 PIERRE VERNIER DRIVE SANDWICH, MA 02563	100 —	
3/11/11	NANCY + GERRYN YE PO BOX 1597 SANDWICH, MA 02563	75 —	
3/25/11	DAVID LEARY 623 RT 6A E. SANDWICH, MA 02537	200 —	Retired
3/25/11	PHIL + EMILY BARRETTE 21 RT 6A SANDWICH, MA 02563	100 —	
4/1/11	ELWYNN MILLER 13 Sheep Pastureway E. SANDWICH, MA 02536	100 —	
4/4/11	JOSELYN + HORACE SCHENMENDORF 10 VILLAGE DRIVE E. SANDWICH, MA 02537	100 —	
4/4/11	TOM LA ROCHELLE 3 LONGHILL DRIVE E. SANDWICH, MA 02537	100 —	
4/5/11	DONNA + STEVE POWERS PO BOX 746 Forestdale, MA 02644	200 —	SELF EMPLOYED
4/6/11	MAX MITTEN DORF 19 LAKEWOOD DRIVE E. SANDWICH, MA 02537	100 —	
4/7/11	DAVID + ANDRIENNE SOUZA 28 CARLETON DRIVE E. SANDWICH, MA 02537	100 —	
Line 9: Total receipts in excess of \$50 (or listed above)		2835 —	
Line 10: Total receipts \$50 and under* (not listed above)		1560 20	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4395 20	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 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 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
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 and a page number on each page.

