



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERKS OFFICE
2012 OCT 31 PM 1:24

File with: City of Woburn City Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1-1-2011 Ending Date: 10-21-2011

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

PAUL J. DENARO
Candidate Full Name (if applicable)
Alderman - AT-LARGE
Office Sought and District
11 Penny Rd Woburn, MA 01801
Residential Address
Telephone Number (optional): 781-938-5810

Committee To Elect PAUL DENARO
Committee Name
LOUIS J SACCO
Name of Committee Treasurer
11 Penny Rd Woburn, MA 01801
Committee Mailing Address
Telephone Number (optional): 781-938-5810

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>4,988.51</u>
Line 2: Total receipts this period (page 3, line 11)	<u>2,865.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>7,853.51</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1,916.72</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>5,936.79</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>1,000.00</u>
Line 8: Name of bank(s) used:	<u>NORTHERN BANK TRUST Co.</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: [Signature] (Treasurer's signature) Date: 10-30-11

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: [Signature] (Candidate's signature) Date: 10/30/11

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)
10-15-11	LOHNES, JESSICA PINE 80 Myopia Rd Winchester, MA 01890	\$ 500.00	Unemployed
10-3-11	LOJKO, CHRISTINE 306 Russell St. Woburn, MA 01801	100.00	
10-13-11	MULKERIN, JOANNE 8 Markham Ter, Woburn, MA 01801	100.00	
10-15-11	SACCO, CAROL 1 CARSON RD Woburn, MA 01801	300.00	Retired
10-15-11	SLIRE, ROBERT	100.00	
10-15-11	SUTTON, ELAINE 24 Albany St Woburn, MA 01801	100.00	
10-15-11	SUTTON, GEORGE 24 Albany St Woburn, MA 01801	100.00	
10-15-11	TRESKA, JACIE 19 Indiana Ave Somerville, MA 02145	100.00	
Line 9: Total Receipts over \$50 (or listed above)		1400.00	
Line 10: Total Receipts \$50 and under* (not listed above)		1465.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,865.00	← 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 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
7-8-01	PAUL J DENARO	11 Penny Rd Woburn, MA	Candidate Loan	\$500.00
10-15-01	PAUL J DENARO	11 Penny Rd Woburn, MA	Candidate Loan	500.00
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$1,000.00



Form CPF R 1 : Itemization of Reimbursements
Office of Campaign and Political Finance

Commonwealth
of Massachusetts

File with: Director
Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-3352

Please print or type all information, except signatures.

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Name of Individual being reimbursed: DONNA DENARO
 Committee Name: Committee To Elect PAUL DENARO CPF ID #:
 Amount of Reimbursement: \$ 486.04
 Date of Reimbursement: 10-17-2011

ITEMIZE EXPENDITURES OF \$50 OR MORE

Date Paid	Vendor Name and Address	Purpose of Expenditure	Amount
10-15-11	DOM'S SAUSAGE CO INC. 16 RIVERSIDE PARK MALDEN, MA	FOOD CAMPAIGN PARTY	55 61
10-12-11	LUCCI'S SUPERMARKET 211 H LOWELL ST WILMINGTON, MA	FOOD CAMPAIGN PARTY	101 02
10-10-11	ROCHE BROS. CAMANILE ST BURLINGTON, MA	CAMPAIGN PARTY FOOD & BEVERAGES	116 18
10-15-11	ROMA BAKERY 312 MAIN ST WOBURN, MA	FOOD CAMPAIGN PARTY	32 86
10-14-11	SHAW'S SUPERMARKET 180A CAMBRIE ST BURLINGTON, MA	FOOD CAMPAIGN PARTY	88 08
10-12-11	TRADER JOES 51 MILLIS ST TOWN, BURLINGTON, MA	FOOD CAMPAIGN PARTY	48 29
9-26-11	USPS MILK ST STATION BOSTON, MA	POSTAGE	44 00
		Expenditures in excess of \$50 (listed above)	486 04
		Expenditures under \$50 (not listed above)	—
		TOTAL AMOUNT REIMBURSED	486 04

Signature of Candidate/Treasurer

10-19-2011
Date