Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

Fill in dates:
Reporting Period Beginning: JAN 1, 2010
Ending: MAY 31, 2010

Type of report: (Check one)
☐ 8th day preceding preliminary
☐ 8th day preceding election
☐ 30 days after election
☐ year-end report
☐ Dissolution

MICHAEL P. MARRINAS
FULL NAME OF CANDIDATE (IF APPLICABLE)
SELECTMAN, NAHANT
OFFICE Sought AND DISTRICT
12 PENNO WAY
RESIDENTIAL ADDRESS
NAHANT, MA 02128
TEL. NO. (OPTIONAL)
781-596-2615

4 SAME

COMMITTEE NAME

NAME OF COMMITTEE TREASURER

COMMITTEE MAILING ADDRESS

TEL. NO. (OPTIONAL)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report
$0

Line 2: Total receipts this period (page 2, line 11)
$405.00

Line 3: Subtotal (line 1 plus line 2)
$405.00

Line 4: Total expenditures this period (page 3, line 14)
$405.00

Line 5: Ending balance (line 3 minus line 4)
$0

Line 6: Total in-kind contributions this period (line 4)
$0

Line 7: Total (all) outstanding liabilities (page 4)
$0

Line 8: Name of bank(s) used
BANK OF AMERICA

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.

M. P. Marrinas
Treasurer's Signature (in ink)
29 MAY 2010

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check one only)
☐ Candidate with Committee and no activity independent of the committee
☐ 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.

M. P. Marrinas
Candidate Signature (in ink)
29 MAY 2010
SCHEDULE A: RECEIPTS

M.G.L. c. 35 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.

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Name and Residential Address (alphabetical listing required)</th>
<th>Amount</th>
<th>Occupation &amp; Employer (for contributions of $200 or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 1 2010</td>
<td>Michael P. Manning</td>
<td>$405.00</td>
<td>ENGINEER NORTHASTERN UNIV.</td>
</tr>
</tbody>
</table>

Line 9: Total receipts in excess of $50 (or listed above) $405.00

Line 10: Total receipts $50 and under* (not listed above) $405.00

Line 11: TOTAL RECEIPTS IN THE PERIOD $405.00

* If you have itemized receipts of $50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2
Form CPF M101: STATEMENT OF ORGANIZATION
CANDIDATE’S COMMITTEE
MUNICIPAL FORM
Office of Campaign and Political Finance

Please print or type all information, except signatures.
NOTE: IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate’s committee as follows:

1. Committee Name: MICHAEL P. MANNING
(The name of the committee must include the candidate’s last name)

2. Committee Address: 12 PENNO WAY NAHANT

2a. Mailing Address: 12 PENNO WAY NAHANT

3. Purpose: RE-ELECTION

4. Officers:
   Chairman: MICHAEL P. MANNING, 12 PENNO WAY NAHANT
   Treasurer: NAHANT MA
   Other officer: 781 596 2615
   Other officer: 

Attach additional page, if necessary, with other officers and finance committee, if any.

5. Candidate: MICHAEL P. MANNING 12 PENNO WAY NAHANT

6. Office Sought: SELECTMAN NAHANT

I hereby consent to the filing of this committee. I understand that a candidate shall not give consent to the organization of more than one committee on his/her behalf. I am aware that candidates are required to keep detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Candidate’s signature: 29 MAY 2010

Date:

I hereby accept the office of Treasurer of the above-named committee. I understand that I am subject to certain duties and liabilities under M.G.L. c. 55, including the timely filing of campaign finance reports and keeping detailed accounts and records of all campaign finance activity for a period of six years from the date of the relevant election.

SIGNED UNDER THE PENALTIES OF PERJURY:

Treasurer’s signature: 29 MAY 2010

Date:

I hereby accept the office of Chairman of the above-named committee.

SIGNED UNDER THE PENALTIES OF PERJURY:

Chairman’s signature: 29 MAY 2010

Date:
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 and a page number on each page.

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>To Whom Paid (alphabetical listing)</th>
<th>Address</th>
<th>Purpose of Expenditure</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAR 1 2010</td>
<td>SONS OF SERVICES BUSINESS SERVICES</td>
<td>P.O. Box 88 NAHA, MA</td>
<td>HAIRBEC REVIEW AD</td>
<td>200.00</td>
</tr>
<tr>
<td>MAR 5 2010</td>
<td>MAHSTICKERS</td>
<td>B111 1607 ST Tinley Park, IL</td>
<td>I LIKE A NICE BUMPER STICKER</td>
<td>120.00</td>
</tr>
<tr>
<td>APR 1 2010</td>
<td>SONS OF SERVICES BUSINESS SERVICES</td>
<td>P.O. Box 88 NAHA, MA</td>
<td>HAIRBEC REVIEW AD</td>
<td>200.00</td>
</tr>
<tr>
<td>APR 10 2010</td>
<td>PRICE RITE</td>
<td>LYNN, MA</td>
<td>EASTER EGGS</td>
<td>80.00</td>
</tr>
</tbody>
</table>

Line 12: Expenditures over $50
405.00

Line 13: Expenditures $50 and under

Line 14: TOTAL EXPENDITURES
405.00

*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.

<table>
<thead>
<tr>
<th>Date Received</th>
<th>From Whom Received*</th>
<th>Residential Address</th>
<th>Description of Contribution</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Date Incurred</th>
<th>To Whom Due</th>
<th>Address</th>
<th>Purpose</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.