



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BA
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File with: City or Town Clerk or Election Commission Please print or type all information, except signatures. '11 OCT 31 P3:05

Fill in dates:	Month	Date	Year	Month	Date	Year
Reporting Period Beginning	09	16	2011	Ending	10	31 2011

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

PETER M PRYGOCKI
 Full Name of Candidate (if applicable)
TOWN COUNCIL PRECINCT 7
 Office Sought and District
242 CLAMSHELL COVE RD
 Residential Address
COTUIT MA 02635
508-681-8709 Tel. No. (optional)

PRYGOCKI FOR TOWN COUNCIL
 Committee Name
JOANN JOHNSON
 Name of Committee Treasurer
242 CLAMSHELL COVE RD
 Committee Mailing Address
COTUIT MA 02635
508-681-8709 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>1,254.56</u>
Line 3: Subtotal (line 1 plus line 2)	\$	<u>1,254.56</u>
Line 4: Total expenditures this period (page 3, line 14)	\$	<u>433.15</u>
Line 5: Ending balance (line 3 minus line 4)	\$	<u>821.41</u>

Line 6: Total in-kind contributions this period (page 4)	\$	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$	<u>254.56</u>
Line 8: Name of bank(s) used		<u>CITIZENS 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:
Joann Johnson
 Treasurer's signature (in ink) 10/31/11
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.
 Signed under the penalties of perjury:
Peter M Prygocki
 Candidate 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 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)
09/17/11	KAREN PRYBOCKI 9820 E. THOMPSON PEAK PKWY #836 SCOTTSDALE AZ 85255	500	-	HOME MAKER
09/23/11	MARK A. PRYBOCKI 9820 E. THOMPSON PEAK PKWY #836 SCOTTSDALE AZ 85255	500	-	CFO MEDICIS PHARMA - CEUTICAL CORPORATION
10/5/11	PETER M. PRYBOCKI 242 CLAMSHILL COVE RD COTUIT MA 02635	180	-	GROUP MANAGER - VERIZON
10/24/11	PETER M. PRYBOCKI 242 CLAMSHILL COVE RD COTUIT MA 02635	74	56	GROUP MANAGER - VERIZON
Line 9: Total receipts in excess of \$50 (or listed above)	1,254	56		
Line 10: Total receipts \$50 and under* (not listed above)	0	-		
Line 11: TOTAL RECEIPTS IN THE PERIOD	1,254	56	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 and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
10/24/11	CARSON	3115 HOMEWARD WAY FAIRFIELD OH 45014	ADVERTISING MERCHANDISE	74	56
10/5/11	SIGN IT	68 CENTER STREET HYANNIS MA 02601	ADVERTISING	180	-
10/17/11	SIGN IT	68 CENTER STREET HYANNIS MA 02601	ADVERTISING	178	59
Line 12: Expenditures over \$50				433	15
Line 13: Expenditures \$50 and under*				0	-
Line 14: TOTAL EXPENDITURES				433	15

Enter on page 1, line 4

*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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				0 -
Line 16: In-kind \$50 and under				0 -
Line 17: Total In-kind				0 -

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 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
10/5/11	PETER M. PRYOCKI	242 CLAMSHELL COVERD COTUIT MA 02635	LOAN TO CAMPAIGN	\$ 180 -
10/24/11	PETER M PRYOCKI	242 CLAMSHELL COVERD COTUIT MA 02635	LOAN TO CAMPAIGN	\$ 74.56
Line 18: OUTSTANDING LIABILITIES (ALL)				\$ 254.56

Enter on page 1, line 7