RECEIVED
JAN 19 2024
Town Clerk
Hingham, MA

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2023 Ending Date: 12/31/2023

Type of Report: (Check one)

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

Nancy ("Nes") Collette Correnti Candidate Full Name (if applicable)	Committee to Elect Nancy Correnti Committee Name
School Committee Office Sought and District	Joseph Correnti Name of Committee Treasurer
17 Ward Street, Hingham, MA 02043 Residential Address	17 Ward Street, Hingham, MA 02043 Committee Mailing Address
E-mail: nescorrenti@yahoo.com	E-mail: nes4hsc@gmail.com
Phone #: (617) 413-5662	Phone # :

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	81.03
Line 2: Total receipts this period (page 3, line 12)	0
Line 3: Subtotal (line 1 plus line 2)	81.03
Line 4: Total expenditures this period (page 5, line 15)	81.03
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6, line 18)	
Line 7: Total (all) outstanding liabilities (page 7, line 19)	212.50
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	212.50
Line 9: Name of bank(s) used:	Citizens Bank

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: _____ (Treasurer's signature) Date: 1/17/2024

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

☑ **Candidate with 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 that are not otherwise disclosed in this report.

☐ **Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: _____ (Candidate's signature) Date: 1/17/2024

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over $50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes $200 or more in a calendar year. Receipts from a contributor of $50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.
Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Enter receipt totals on Page 3

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)

Line 10: Total Receipts over $50 (or listed above)		
Line 11: Total Receipts $50 and under (not listed above)		
Line 12: TOTAL RECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2

** If you have itemized receipts of $50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.*

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over $50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of $50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

** If you have itemized expenditures of $50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Line 13: Expenditures over $50 (or listed above)	
Line 14: Expenditures $50 and under (not listed above)	81.03
Line 15: TOTAL EXPENDITURES IN THE PERIOD	81.03

Enter on page 1, line 4 →

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over $50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes $200 or more in a calendar year. Receipts from a contributor of $50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.*

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

** If you have itemized in-kind contributions of $50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Line 16: In-Kind Contributions over $50 (or listed above)	
Line 17: In-Kind Contributions $50 and under (not listed above)	
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	0

Enter on page 1, line 6 →

Form **1120-POL**
Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for Certain Political Organizations

Go to *www.irs.gov/Form1120POL* for instructions and the latest information.

OMB No. 1545-0123

2023

For calendar year 2023 or other tax year beginning January 1 , 2023, and ending December 31 , 20 23

Check the box if this is a section 501(c) organization . . . . . ☐

Check if:
☐ Final return
☐ Name change
☐ Address change
☐ Amended return

Name of organization: Committee to Elect Nancy Correnti

Employer identification number: 83-3354703

Number, street, and room or suite no. (If a P.O. box, see instructions.): 17 Ward Street

City or town, state or province, country, and ZIP or foreign postal code: Hingham, MA 02043

Income	1	Dividends (attach statement)	1	0
	2	Interest	2	0
	3	Gross rents	3	0
	4	Gross royalties	4	0
	5	Capital gain net income (attach Schedule D (Form 1120))	5	0
	6	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	0
	7	Other income and nonexempt function expenditures (see instructions)	7	0
	8	**Total income.** Add lines 1 through 7	8	0
Deductions	9	Salaries and wages	9	0
	10	Repairs and maintenance	10	0
	11	Rents	11	0
	12	Taxes and licenses	12	0
	13	Interest	13	0
	14	Depreciation (attach Form 4562)	14	0
	15	Other deductions (attach statement)	15	0
	16	**Total deductions.** Add lines 9 through 15	16	0
	17	Taxable income before specific deduction of $100. See instructions. Section 501(c) organizations show:		
	a	Amount of net investment income 0		
	b	Aggregate amount expended for an exempt function (attach statement) 0	17c	0
	18	Specific deduction of $100 (not allowed for newsletter funds defined under section 527(g))	18	0
Tax	19	**Taxable income.** Subtract line 18 from line 17c. If line 19 is zero or less, see the instructions	19	0
	20	**Income tax.** See instructions	20	0
	21	**Tax credits.** Attach the applicable credit forms. See instructions	21	0
	22	Total tax. Subtract line 21 from line 20	22	0
	23	Payments: a Tax deposited with Form 7004 — 23a: 0		
		b Credit for tax paid on undistributed capital gains (attach Form 2439) — 23b: 0		
		c Credit for federal tax on fuels (attach Form 4136) — 23c: 0		
		d Elective payment election amount from Form 3800 (section 527 organization only)	23d	0
		e **Total payments.** Add lines 23a through 23d	23e	0
	24	**Tax due.** Subtract line 23e from line 22. See instructions for depository method of payment	24	0
	25	**Overpayment.** Subtract line 22 from line 23e	25	0

Additional Information

1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (such as a bank account, securities account, or other financial account) in a foreign country? See instructions . . . ☐ Yes ☑ No

If "Yes," enter the name of the foreign country

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the organization may have to file Form 3520 . . . ☐ Yes ☑ No

3 Enter the amount of tax-exempt interest received or accrued during the tax year . . . $ 0

4 Date organization formed January 30, 2019

5a The books are in care of Joseph Correnti

b Enter name of candidate Nancy Correnti

c The books are located at 17 Ward St, Hingham, MA

d Telephone No. (617) 413-5662

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | Title

May the IRS discuss this return with the preparer shown below? See instructions ☐ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

For Paperwork Reduction Act Notice, see instructions. Cat. No. 11523K Form **1120-POL** (2023)