

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

BARNSTABLE TOWN CLERK

monwealth assachusetts		13 OCT 28 A8:24
with: y or Town Clerk or Election Commission Please print or type a	Il information, except signatures.	
Fill in dates:  Reporting Period Beginning  Month  Date	Year Month / 3 Ending / O	Date Year 27 / 3
Type of report: (Check one)  ☐8th day preceding preliminary ☐8th day preceding e	election 30 day after election	year-end report  dissolution
Full Name of Candidate (if applicable)  TOWN CIERK  Office Sought and District  179 WALNUT ST  Residential Address  MARS FORS Mills MA  Tel. No. (optional)	Name of Committee  110 Gold Ford K  Committee Mailing 508-57	TEAULT Treasurer Contervelly g Address
Line 1: Ending balance from partial Line 2: Total receipts this per Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this Line 5: Ending balance (line 3 magnetic Line 6: Total in-kind contribution Line 7: Total (all) outstanding line 8: Name of bank(s) used	siod (page 2, line 11)  s s s period (page 3, line 14) s s ninus line 4) s s cons this period (page 4) s s cabilities (page 4) s s	0 115.00 15.00 0.00 115.00
Treasurer's signature (in ink)  Capacult	pehalf of this committee in accordance with the req the penalties of perjury:	Date / S. C. 55.
Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the collicertify that I have examined this report including attached schedules are finance activity, of all persons acting under the authority or on behalf of contributions, incurred any liabilities nor made any expenditures on my backets and certify that I have examined this report including attached schedules are finance activity, including contributions, loans, receipts, expenditures, campaign finance activity of all persons acting under the authority or on Signed under the Candidate signature (in ink)	in it is, to the best of my knowledge and belief, a to this committee in accordance with the requirement behalf during this reporting period. activity filling separate report and it is, to the best of my knowledge and belief, a to disbursements, in-kind contributions and liabilities behalf of this committee in accordance with the re-	rue and complete statement of all campaign for this reporting period and represents the

### 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 Name and Residential Address		Amount				
Received				(for contributions of \$200 or more)		
	JUANNE & GARY AULT	ł	}			
7/10/13	RIVER RISGE LA 70123	46.	00			
139/12	JOANNE & GARY AULT 316 SOPMIN ST RIVER RINGE LA 70123 Philis & RICHARD CAZEAULT 110 GUILDFORD RD	25	00			
1/13	CENTERVILLE MA 02632 Sydney & EILEEN CHASE	-20	100			
10/18/13	CENTERVILLE MA 02632	50	60			
777						
			<u> </u>			
		-				
	Total receipts in excess of \$50 (or listed above)					
Line 10: T	Total receipts \$50 and under* (not listed above)					
Line 11: T	TOTAL RECEIPTS IN THE PERIOD	11.5	00	Enter on page 1, line 2		

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

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# **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
		3		
		Line 12: Expenditures over \$50		
Fı	nter on page 1, line 4		3: Expenditures \$50 and under* 4:TOTAL EXPENDITURES	

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## 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
	:	1		
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17: Total In-kind		

<sup>\*</sup> 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 a 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 p number on each page.

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