

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BARNSTABLE TOWN CLERK 2023 DEC 28 PM2:51

File w	ith: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 12/9/23 Ending Date:	12/31/23				
Type of Report: (Check one)					
	year-end report dissolution				
our day preceding premiumary	, y = 1				
Gordon M Starr Gordon Starr for	- Town Councilor				
Town Cornelly Recent 1 Barnstable Sharm Grane-S	ommittee Name				
Office Sought and District	Committee Treasurer				
	J Barnstable MA				
E-mail: 40rdin. m. Starr & mail. Com E-mail: 45rcm 262 pr	-				
721 242 74	7,67				
Phone #: Phone #:					
SUMMARY BALANCE INFORMATION:					
Line 1: Ending Balance from previous report 889.44					
Line 2: Total receipts this period (page 3, line 12)					
Line 3: Subtotal (line 1 plus line 2)					
Line 4: Total expenditures this period (page 5, line 15)					
Line 5: Ending Balance (line 3 minus line 4)					
Line 6: Total in-kind contributions this period (page 6, line 18)					
Line 7: Total (all) outstanding liabilities (page 7, line 19)					
Line 8: Total out-of-pocket expenses this period (page 8, line 22)					
Line 9: Name of bank(s) used:					
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)					
FOR CANDIDATE FILINGS ONLY: Affidave 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 activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G. incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed	L. c. 55. I have not received any contributions,				
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 finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements.	this reporting period and represents the irements of M.G.L. c. 55. Date:				
Signed under the penalties of perjury: (Candidate's sign	ature)				

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 Rece	ipts over \$50 (or listed above)	6	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Rece	ipts \$50 and under (not listed above)	0	should include only those receipts not itemized above.
Line 12: TOTAL F	RECEIPTS IN THE PERIOD	- 	← Enter on page 1, line 2

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/10/23	Dan Philos Jonses	95 Pine La. Barnstabk MA	Support Barnstable polar plunga	125.00
		Line 12: Expenditures over \$50 (or listed above)		125.00
		Line 13: Expenditures \$50 and	under* (not listed above)	ð
	Enter on page 1, line 4 -	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	125.00

^{* 1}f 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

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 dition, 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 d 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 cords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions reviewed. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

lude the candidate or committee name and α-page number on each additional page.				
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$50 (or listed above)		4
	should include only those expanditumes not		4	
Enter on page 1, line 6 → Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD			4	

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
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	Enter on page 1, line 7 →	Line 19: TOTAL OUTSTAND	DING LIABILITIES (ALL)	4

-SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. 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	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
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			<u> </u>
		alone to that it is the color of markets	land to the contract of the co
Line 20: Total Itemize (or listed above)	ed Out-Of-Pocket Expenditures Over \$50	0	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
	nized Out-Of-Pocket Expenditures \$50 and	A	should include only those expenditures not itemized above.
	OF-POCKET EXPENDITURES IN THE PERIOD	A 1	← Enter on page 1, line 8