

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

BARNSTABLE TOWN CLERK

File

y or Town Clerk or Election Commission Please print or type all info	rmation, except signatures. 13 OCT 29 A7:46
Fill in dates: Month Date Year Reporting Period Beginning	Ending 10 28 2013
Type of report: (Check one) □8th day preceding preliminary □8th day preceding election	n □30 day after election □year-end report □dissolution
Full Name of Candidate (if applicable) Town Council Office Sought and District 1625 010 1057 rol Residential Address MOISTONS MILLS MA Tel. No. (optional)	Committee to Elect John Norman Committee Name Marelyn Norman Name of Committee Treasurer P.O.BOX 1494 Committee Mailing Address Marstons Mils MA 07648 Tel. No. (optional)
Line 1: Ending balance from prev Line 2: Total receipts this period (Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this per Line 5: Ending balance (line 3 minus 1) Line 6: Total in-kind contributions the Line 7: Total (all) outstanding liability Line 8: Name of bank(s) used	riod (page 3, line 14) \$ 30 \\ riod (page 3, line 14) \$ 0 \\ his period (page 4) \$ 0
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to finance activity, including all contributions, loans, receipts, expenditures, disburs campaign finance activity of all persons acting under the authority or on behalf of Signed under the pen	to the best of my knowledge and belief, a true and complete statement of all campaign ements, in-kind contributions and liabilities for this reporting period and represents the this committee in accordance with the requirements of M.G.L. c. 55. 10
FOR CANDIDATE FILINGS (ONLY: (CANDIDATE MUST SIGN BELOW)
finance activity, of all persons acting under the authority or on behalf of this co- contributions, incurred any liabilities nor made any expenditures on my behalf di Candidate without Committee OR Candidate with independent activity Logificated by the committee or contributions attached schedules and it is	to the best of my knowledge and belief, a true and complete statement of all campaign manittee in accordance with the requirements of M.G.L. c. 55. I have not received any uring this reporting period. filling separate report to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.

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 stemize 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

Date Received	nach page. Name and Residential Address (alphabetical listing required)		unt	Occupation & Employer (for contributions of \$200 or more)
10/1/13	Christopher Norman	30	æ	
	Chilstopher Norman 1625 OID POST rol Marstons Mills M			
	,			
				·
		•		
Line 9:	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
	TOTAL RECEIPTS IN THE PERIOD	30	-	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 Page 2 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou	ınt
1					
			•		-
					-
					_
	<u></u>	Line 12	Expenditures over \$50		
			Expenditures \$50 and under*	30	a
	Enter on page 1, line 4		:TOTAL EXPENDITURES		

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 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
		:		
				-
<u> </u>		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	: Total In-kind	0

^{*} 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
		•	
·	Enter on page 1, line 7	Line 18: OUTSTANDING LIABILITIES (ALL)	0

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.

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