

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: Janua	ary 22, 2022 Ending Date: January 20, 2022				
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☑ year-end report ☐ dissolution				
Kristine P. Clark Candidate Full Name (if applicable) Town Councilor, Precinct 11 Office Sought and District 398 Woodside Road, West Barnstable, MA 02668 Residential Address E-mail: precinct11clark@gmail.om Phone # (optional):	Committee to Elect Kris Clark Committee Name Leonard Clark Name of Committee Treasurer P.O. Box 568, West Barnstable, MA 02668 Committee Mailing Address E-mail: precinct11clark@gmail.com Phone # (optional):				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report	1,158.99				
Line 2: Total receipts this period (page 3, line 11)	0				
Line 3: Subtotal (line 1 plus line 2)	1,158.99				
Line 4: Total expenditures this period (page 5, line	e 14) 266.00				
Line 5: Ending Balance (line 3 minus line 4)	892.99				
Line 6: Total in-kind contributions this period (page	ge 6) 0				
Line 7: Total (all) outstanding liabilities (page 7)	0				
Line 8: Name of bank(s) used: Cooperative Bank of	Cape Cod				
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: January 20, 2022					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x 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 finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the scandidate in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury: Austric V. Clar	(Candidate's signature) Date: January 20, 2022				

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

report all receipts. Please include your committee name and a page number on each page.) Name and Residential Address Occupation & Employer					
Date Received	(alphabetical listing required) Amount		(for contributions of \$200 or more)		
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ine 9: Total Receip	ts over \$50 (or listed above)				
ine 10: Total Receir	ots \$50 and under* (not listed above)				
ALLO TO, TOTAL MODELL	on the and and the first above)		·		
ine 11: TOTAL ŘI	ECEIPTS IN THE PERIOD	0:	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer	
Date Received	(aiphabeacai nating required)	Amount	(for contributions of \$200 or more)	
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Line 9: Total Receip	ots over \$50 (or listed above)			
Line 10: Total Recei	pts \$50 and under* (not listed above)			
ine 11. TOTAL D	ECEIPTS IN THE PERIOD			
		0. T.: 10.1.1	Enter on page 1, line 2 Id include only those receipts not itemized above.	

^{*} 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report all expenditures. Please include your committee name and a page number on each page.) To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
Date Late	(aiphabeticai noting)	Address	Turpose of Expenditure	Amount	
12/6/2021	Avery Revere	P.O. Box 321 Barnstable, MA 02630	Web Services	110.00	
1/14/2022	United States Postal Service	1165 Main Street West Barnstable, MA 02668	Post Office Box Rental	156.00	
		Line 12: Total Expenditures ov	er \$50 (or listed above)	266.00	
		Line 13: Total Expenditures \$50	and under* (not listed above)		
		Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	266.00	

^{*} 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 B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		1100		
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enton on marc 1 12-2 4	Line 14. TOTAL EVERNMEN	TIDEC IN THE DEDION	
		Line 14: TOTAL EXPENDIT	should include only those expenditure	

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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Pulling and Production and Productio				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	e 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

^{*} 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.

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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
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The state of the s				
1	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	0