



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2016 JAN 20 PM 3:40

BARNSTABLE TOWN CLERK

Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/21/15 Ending Date: 12/31/15

Type of Report: (Check one)  
 8th day preceding preliminary   
 8th day preceding election   
 30 day after election   
 year-end report   
 dissolution

Philip N Wallace  
Candidate Full Name (if applicable)

Town Council Precinct 11  
Office Sought and District

530 Pine St WB 02668  
Residential Address

Telephone Number (optional): 508.280.1085

CTE Philip N Wallace  
Committee Name

Joanne Wallace  
Name of Committee Treasurer

PO Box #519 WB 02668  
Committee Mailing Address

Telephone Number (optional): \_\_\_\_\_

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>\$1089.74</u>
Line 2: Total receipts this period (page 3, line 11)	<u>0</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$1089.74</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$769.96</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$319.78</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>The Cooperative Bank of Cape Cod</u>

**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: Joanne Wallace (Treasurer's signature) Date: 1/20/16

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

**Candidate with Committee and no activity independent of the 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.

**Candidate without Committee OR Candidate with independent activity filing separate report**  
 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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Philip N Wallace (Candidate's signature) Date: 1/20/16





## 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
11/3/15	Embargo	Main St Hyannis	fundraiser	\$669.96 CK # 1017
12/13/15	Local 3276	Barnstable MA	fundraiser	\$100 CK 1018

Line 12: Total Expenditures over \$50 (or listed above)	\$769.96
Line 13: Total Expenditures \$50 and under* (not listed above)	
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>\$769.96</b>

Enter on page 1, line 4 →

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







25 Benjamin Franklin Way / Hyannis, MA 02601

**ADDRESS SERVICE REQUESTED**

>000715 6009172 0001 092308 10Z

COMMITTEE TO ELECT PHIL WALLACE  
PO BOX 519  
WEST BARNSTABLE MA 02668-0519



**Managing Your Accounts**



Customer Assistance 1.508.568.3400



Online [www.mycapocodbank.com](http://www.mycapocodbank.com)



Deposits & Payments by Mail  
The Cooperative Bank of Cape Cod  
1470 Orleans Road  
East Harwich, MA 02645

**Happy Holidays**

There's no better time than the Holiday Season to say Thanks for banking with us!

From all of us at The Coop, best wishes for a very happy holiday season and a wonderful New Year.

[mycapocodbank.com](http://mycapocodbank.com)  
508.568.3400



Photograph by Heather Fine, winter Cape Cod Season 2013

**Summary of Accounts**

Account Type	Account Number	Beginning Balance	Ending Balance
FREE BUSINESS CHECKING	XXXXXX3467	\$419.78	\$319.78

**FREE BUSINESS CHECKING - XXXXXX3467**

**Account Summary**

Date	Description	Amount
12/01/2015	Beginning Balance	\$419.78
	1 Debit(s) This Period	\$100.00
	0 Credit(s) This Period	\$0.00
12/31/2015	Ending Balance	\$319.78



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Equal Housing Lender

00715 6009172 001430 002854 0001/0002