



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2017 SEP 11 PM 2:33
BARNSTABLE TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 6/26/17 Ending Date: 9/9/17

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

Britt Steen Beedenbender
Candidate Full Name (if applicable)
Town Council Precinct 4
Office Sought and District
415A MAIN ST, CENTERVILLE, MA 02632
Residential Address
E-mail: britt118@verizon.net
Phone # (optional): 508-783-0017

Committee To Elect Britt Beedenbender
Committee Name
Jody Nelson
Name of Committee Treasurer
P.O. Box 254, Centerville MA 02632
Committee Mailing Address
E-mail: britt118@verizon.net
Phone # (optional): 508 364 8641 - treasurer

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text"/>
Line 2: Total receipts this period (page 3, line 11)	<u>2 590</u>
Line 3: Subtotal (line 1 plus line 2)	<u>2 590</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2 468</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>122 -</u>
Line 6: Total in-kind contributions this period (page 6)	<input type="text"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text"/>
Line 8: Name of bank(s) used:	<u>CapeCod Five</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: J Nelson (Treasurer's signature) Date: 9/9/17

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: [Signature] (Candidate's signature) Date: 9/10/17

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/11/17	Adams, Douglas 73 Rte 28 W. Harwich MA 02671	100	
8/11/17	Baller, James 8A Taylor Lane Fishkill, NY 12524	100	
9/6/17	Barnstable Democratic Com. PO Box 589 Hyannisport MA 02647	100	
7/17/17	Bernhard, GK 11 Woods Grove Rd Westport, CT 06880	100	
8/11/17	Bria, Rosemarie 790 Boylston St Boston MA 02199	100	
7/17/17	Burman, John 18 Jones Ln E. Sandwich MA 02537	100	
6/29/17	Canev, Deborah 55 Pheasant Way Centerville MA 02636	100	
8/28/17	Chase, David 28 Cinderella Terrace Marstons Mills MA 02648	100	
6/29/17	Chirigotis, Frederick 58 Waterside Dr. Centerville MA 02632	100	
6/29/17	Harder, Elizabeth 88 Pleasant Lake Dr. Harwich MA 02645	200	retired
6/29/17	Kliber, Elizabeth 6 Linden Ave Centerville MA 02632	100	
6/29/17	Loughran, Meg 159 Parker Rd W. Barnstable MA 02668	100	
Line 9: Total Receipts over \$50 (or listed above)		1300	
Line 10: Total Receipts \$50 and under* (not listed above)		340	
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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 (for contributions of \$200 or more)
6/29/17	Richardson, Rayden 129 So Main St Centerville MA 02632	150	
6/13/17	Tritt, Susan 203 Parker Rd Osterville, MA 02655	100	
8/15/17	White, Mildred 415 Main St Centerville MA 02632	500	retired
6/30/17	Ziegler, Elden 1378 Bumps River Rd Centerville MA 02632	100	
4/5/17	ZINN, Lise 11 Limerick Ln E Falmouth MA 02536	100	

Line 9: Total Receipts over \$50 (or listed above) 950

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD **2 590**

← 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 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
6/30/17	Britt Beedenbender	415A Main St Centerville MA 02632	reimbursement	397.14
7/1/17	Centerville Post Office	1672 Falmouth Rd Centerville MA 02632	Political campaign Po Box Fee	67 -
9/1/17	Sandberg & Stranz	Cambridge, MA	palm cards	1,890 -
7/7/17	Speedy Buttons	County Rd 26 Plainview MN	campaign buttons	82.25

Line 12: Total Expenditures over \$50 (or listed above)	2436.39
Line 13: Total Expenditures \$50 and under* (not listed above)	32
Line 14: TOTAL EXPENDITURES IN THE PERIOD	2468.39

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.



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

2017 SEP 11 PM 2:33
BARNSTABLE TOWN CLERK

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 6/30/17

Name of Individual Being Reimbursed: Britt Beedenbender

Committee Name: The Committee to Elect Britt Beedenbender

CPF ID Number (if applicable): 16698 Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
6/20/17	Staples	364 Barnstable Rd Hyannis MA 02601	color copies	125.65
6/28/17	Tractor Joes	655 Rte 132 Hyannis MA 02601	food for KKK off party	150.68

(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above): 275.68

Line 2: Expenditures \$50 or under (not itemized): 121.46

Line 3: TOTAL AMOUNT REIMBURSED: 397.14

Signed under the penalties of perjury:

Signature of Candidate / Treasurer: Jawson Date: 9/9/17

Please prepare a separate report for each reimbursement check issued by the committee.