

Form CPF M 102: Campaign Finance Report

30 OCT '23 PM1:52 BARNSTABLE TOWN CLERK

Municipal Form 30 OCT 3
Office of Campaign and Political Finance BARNSTABL

UI Massachuscus	File with: City or Town Clerk or Election Commission				
Fill in Reporting Period dates: Beginning Date: 09/2	25/2023 Ending Date: 10/30/2023				
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution				
Craig A Tamash Candidate Full Name (if applicable)	Committee to Elect Craig Tamash Committee Name				
Town Councilor Precint 4	Nancy J. Clough				
Office Sought and District	Name of Committee Treasurer				
40 Wilton Dr Crnterville, MA 02632	40 Willton Dr Crnterville, MA 02632				
Residential Address	Committee Mailing Address				
E-mail: craigt8@aol.com	E-mail: craigt8@aol.com				
Phone # (optional):	Phone # (optional):				
SUMMARY BALAN	CE INFORMATION:				
Line 1: Ending Balance from previous report	0.00				
Line 2: Total receipts this period (page 3, line 11	1,000.00				
Line 3: Subtotal (line 1 plus line 2)	1,000.00				
Line 4: Total expenditures this period (page 5, li	ne 14) 672.55				
Line 5: Ending Balance (line 3 minus line 4)	327.45				
Line 6: Total in-kind contributions this period (p	page 6) 0.00				
Line 7: Total (all) outstanding liabilities (page 7)	0.00				
Line 8: Name of bank(s) used: Cape Cod Five					
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: Committee Treasurer Committee Committee					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ох э шу)				
	ne best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ag 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, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	ts, in-kind contributions and liabilities for this reporting period and represents the				
Signed under the penalties of perjury:	Date:(Candidate's signature)				

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.)

	Name and Residential Address	A 4	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
09/29/2023	Craig A. Tamash 40 Wilton Dr.	1,000.00	11
	Centerville, MA 02632		
] [
	AVERTICAL TO A TO		
<u></u>			
		-	
Line 9: Total Rece	cipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
ing 11, TOTAL	RECEIPTS IN THE PERIOD		Enter on second line 2
			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)	
Date Received	(inpliantettal floring required)		(ADT CONTACTOR OF AND CO.	
1				
	-			
1				
- Landing Control of the Control of				
Line 9: Total Receip	ots over \$50 (or listed above)			
	pts \$50 and under* (not listed above)			
line 11. TOTAL D	ECEIPTS IN THE PERIOD		Enter on year 1 line 2	
			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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Falu				
09/29/2023	Amazon	via Internet	1000 Door Hanger Bags	33.99
09/27/2023	Lujean Printing	PO Box 571 Osterville, MA 02655	Campaign Materials	638.5
			res over \$50 (or listed above)	672.5
			res \$50 and under* (not listed above)	
			NDITURES IN THE PERIOD ne 13 should include only those expenditure	1

^{*} 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
		1		
11.00				
Lumavers				
		, control of the cont		
		Line 12: Expenditures over \$50) (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Patricia de la Constitución de l	Line 14. TOTAL EVDENDIT	TIDES IN THE DEDIAN	
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized				

^{*} 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
The state of the s				
The state of the s				
		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 →	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	
T down					
- I					
The state of the s					
<u> </u>	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				

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