

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



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annon wealth Lannachusetts						
with: y or Town Clerk or Election Commission	Please print or type	all informat	ion, except sign	atures.		
Fill in dates: Reporting Period Beginning 3	onth Date	Year 2011	Ending _	Month 10	Detc 31	Year 2011
Type of report: (Check one) 8th day preceding preliminary	8th day preceding	election [∃30 day after el	lection	□year-end rep	ort 🗆 dissolutio
JAMES M. TINSLE		Co			ECT JAMES	5 TINSLEY
Full Name of Candidate BARNSTABLE TOWN COUNCILO	1743 1743 174 174 174 174 174 174 174 174 174 174			Committe 201 K	TINSIEY	
Office Sought and					ttee Treasurer	
12 GROVE ST., HYANNIS,		12			NIS, MA O	2601
Residential Ad (508) 237-92	ldress		Comm	ittee Ma	iling Address	
13081234-12	Tel. No. (optional)				Tel. N	lo. (optional)
Line 3: Subto Line 4: Total Line 5: Endin Line 6: Total in Line 7: Total (a	receipts this per tal (line 1 plus line 2) expenditures this g balance (line 3 mm) n-kind contributionall) outstanding line of bank(s) used	s period ninus line 4	(page 3, line 1 eriod (page 4 (page 4)	\$ \$ \$	353.33 - 353.3 - 353.3 DIT UNION	3
I certify that I have examined this report in finance activity, including all contributions campaign finance activity of all persons act	, loans, receipts, expenditures,	disbursements, ehalf of this co	in-kind contribution mmittee in accordan	s and liabi	lities for this reportin	ig period and represent
Treasurer's signature (in ink)	willy				Date	
FOR CA	NDIDATE FILIN	GS ONL	Y: (CANDIDATE	MUST SI	GN BELOW)	
Affidavit of Candidate: (check I box on Candidate with Committee and no act I certify that I have examined this report in finance activity, of all persons acting under contributions, incurred any liabilities nor many contributions.	tivity independent of the cor cluding attached schedules and the authority or on behalf of	d it is, to the be this committee	in accordance with t			
Candidate without Committee OR Candidate without Committee OR Candidate without Committee OR Candidate without Committee OR Candidate signature (in ink)	eluding attached schedules and cans, receipts, expenditures, di ing under the authority or on b	d it is, to the be sbursements, in whalf of this co enalties of per	parate report st of my knowledge -kind contributions ommittee in accordan	and liabilit	ies for this reporting	period and represen

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.

This page may be copied 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)
I in a Or The	1		
	I receipts in excess of \$50 (or listed above)		
	I receipts \$50 and under* (not listed above) FAL 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.

Page 2

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

number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
10/02	BARNSTABLE H.SINSKIF NEWSPAP	W. MAIN ST, HYANNIS	ADVERTISEMENT IN SCHOOL NEWS PAPER	42	d
10/09	STAPLES	BARNSTABLERd., HYANNS		27	14
10/12	STAPLES	BARNSTABLE Rd., HYANNIS	LETTER SUPPUES	20	19
10/28	U.S. POST OFFICE	MAIN ST., HYANNIS	POSTAGE	264	00
				<u> </u>	
		Line 12: E	Expenditures over \$50	264	00
		Line 13: E	Expenditures \$50 and under*	89	33
E	enter on page 1, line 4	Line 14: T	OTAL EXPENDITURES	353	33

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 3

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	

^{*} 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
10/2	B.H.SINSIGHT		NEUGPAPER ADV.	42.00
1019	STAPLES		MAILINA SUPPLIES	27.14
10/12	STAPLES		LETTER SUPPLIES	20-19
10/28	US POST OFFICE		POSTAGE	264.00
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	353.33

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.

Page 4