

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

2015 NOU 12 pm2:54

Please print or type all information, except signatures.  Reporting Period Beginning	
Sth day preceding preliminary   Sth day preceding election   30 day after election   Syear-end report   dissert	<del> </del>
Full Name of Candidate (if applicable)  Town Councilor - PRECINCT  Office Sought and District 12 GROVE ST, HYANUS, MA 02601  Residential Address (508) 237-926.  Tel. No. (optional)  SUMMARY BALANCE INFORMATION:  Line 1: Ending balance from previous report  Line 2: Total receipts this period (page 2, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 3, line 14)  Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 4)  Sommittee Name  SHERRI K - JINSE!  Name of Committee Treasurer  12 GROVE ST - HYANUS, MA-02601  Tel. No. (optional)  Tel. No. (optional)  SUMMARY BALANCE INFORMATION:  Line 1: Ending balance from previous report  Line 2: Total expenditures this period (page 3, line 14)  Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 4)	olutio
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Line 8: Name of bank(s) used hesterizas FCU	( nul
fildavit of Committee Treasurer:  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 nance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and repumpaign 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:  Date  Date	il camp present
FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)	

☐ 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:

Candidate signature (in ink)

#### 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 limite 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)	Amoun		Occupation & Employer (for contributions of \$200 or more)
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	5			9
				d
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E 1				
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	.ee.			
Line 9: To	otal receipts in excess of \$50 (or listed above)			
	otal receipts \$50 and under* (not listed above)			
	OTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2

<sup>•</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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#### 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
10/25/15	MICHAELS	BRENTERPRISERD. HUANNIS, NA CIGOI	STICKERSFORMALLER	15	25
10/27/15	SHAW'S SUPERMARKET	1070 TYANNOWHRD HYANNIS, MA 0260	POSTAGE FOR MALLER	58	80
10/27/15	SHAW'S SURRIMARKET	μ ι(	POSTAGE FOR MAILEVE	19	60
10/25/15	STAPLES	364 BARNSTANG ROAD HYANNS, MA 02601	PENS & Envelopes MAILER	27	60
10/25/15	STAPLES	h //	PAPER FOR MAILER.	8	50
74	(e)				
-					
		Ē			
		T T	(3)	2.	
					159
			Expenditures over \$50	58	80
			Expenditures \$50 and under*	70	145
	Enter on page 1, line 4	Line 1	4:TOTAL EXPENDITURES	129	173

<sup>\*</sup>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 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
19				
14	2.3			
÷	74			>
		1.		
		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	: Total In-kind	

<sup>\*</sup> 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
10/2/19	JAMES M. Tindley	126ROVE ST, HYANNIS, W	MAILER	129-75
	4		49	
			÷	**
	Enter on page 1, line 7	Line 18: OUTSTANDING LI	ABILITIES (ALL)	129.75