

## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2015 DEC 17 PM 1:06
BARNSTABLE TOWN CLERK

Commonwealth of Massachusetts

	ormation, except signatures.
ill in dates: Month Date Year eporting Period Beginning October 26 20	December Date 23 2015 Ending Wedlerober 23 2015
ype of report: (Check one) 8th day preceding preliminary   8th day preceding election	on 🔻 30 day after election Syear-end report 🗆 dissolut
Michael A. Judge  Full Name of Candidate (if applicable)  Reserved to the policy of th	Committee Name
Office Sought and District.  JEOST OSTEVILLE RZ OSTERVILLE MOS	Name of Committee Treasurer
Residential Address	Committee Mailing Address
Tel. No. (optional)	Tel. No. (optional)
Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this per  Line 5: Ending balance (line 3 minus li  Line 6: Total in-kind contributions the  Line 7: Total (all) outstanding liability  Line 8: Name of bank(s) used Eas	ine 4) \$\frac{-3594.17}{\text{original}}\$  nis period (page 4) \$\frac{0}{359}\$  ties (page 4) \$\frac{3594.17}{359}\$
fildavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to nance activity, including all contributions, loans, receipts, expenditures, disburse mpaign finance activity of all persons acting under the authority or on behalf of Signed under the pena	
	Dut
reasurer's signature (in ink)	Date

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.C.L. c. 55.

Signed under the penalties of perjury:

Candidate without Committee OR Candidate with independent activity filling separate report

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 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

Date Name and Residential Address Received (alphabetical listing required)		Amount		Occupation & Employer (for contributions of \$200 or more)	
-					
-					
			-		
	otal receipts in excess of \$50 (or listed above)		_		
	otal receipts \$50 and under* (not listed above)			1	
	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 number on each page.

Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount	
	(alphabetical listing)	110 Breeds Hill Re	Political		
10/28/19	midnight Mail inc.	110 Breeds Hill RZ Hyannis, Ma	Mailer	2300	50
10 0/-	10.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	n	v			
				5	
		Line 12:	Expenditures over \$50		
			Expenditures \$50 and under*		
	Enter on page 1, line 4		TOTAL EXPENDITURES	2300	50

<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
			In-kind over \$50	
24		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
8/1/15	Michael Assage	4 East Osterville Oskrville, Ma 45,4+ Osterville	Campaign Politica/Logn	1293.67
10/28/1	Michael Judge	REast Osterville, Ma	Politica / Loan Mailer (Tampai	2300.50
	F			1
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	3594, 17

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.

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