



# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

BARNSTABLE  
TOWN CLERK

Commonwealth  
of Massachusetts

File with:  
City or Town Clerk or Election Commission Please print or type all information, except signatures.

13 OCT 25 P3:43

### Fill in dates:

Reporting Period Beginning	Month	Date	Year	Ending	Month	Date	Year
	09	06	2013		10	25	2013

### Type of report: (Check one)

8th day preceding preliminary   
 8th day preceding election   
 30 day after election   
 year-end report   
 dissolution

Philip N. Wallace  
**Full Name of Candidate (if applicable)**  
Town Council - Precinct 11  
**Office Sought and District**  
530 Parker Rd, West Barnstable  
**Residential Address** MA 02668  
West Barnstable MA 02668  
**Tel. No. (optional)**

Committee to Elect Phil Wallace  
**Committee Name**  
Terry H. Wargin  
**Name of Committee Treasurer**  
P.O. Box 519 West Barnstable MA  
**Committee Mailing Address** 02668  
**Tel. No. (optional)**

### SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$	<u>0.00</u>
Line 2: Total receipts this period (page 2, line 11)	\$	<u>5,293.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$	<u>5,293.00</u>
Line 4: Total expenditures this period (page 3, line 14)	\$	<u>3,655.19</u>
Line 5: Ending balance (line 3 minus line 4)	\$	<u>1,637.81</u>
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Line 6: Total in-kind contributions this period (page 4)	\$	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$	<u>1,020.00</u>
Line 8: Name of bank(s) used		<u>Cooperative Bank of Cape Cod</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:

Treasurer's signature (in ink)

Terry H. Wargin  
Date 10/25/2013

### FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

### 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:

Candidate signature (in ink)

Philip N. Wallace  
Date 10/25/2013

**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)
10/24	Bradley, Mary Ellen 4 Ethas Way Orleans MA 02653	100 00	
8/23 10/14	Carey, Ruth Ann 986 Sea View Ave. Osterville 02655	200 00	Not employed
8/23	Connolly, Jeanne 227 Brookline St Needham 02492	100 00	
9/20	Cookson, John 35 Waters Edge Marsters Mills 02648	100 00	
8/14	Dwyer, Robert 174 Salt Rock Rd Barnstable 02630	200 00	President, CC Museum Natural History, Brewster, MA
8/23 10/17	Eastman, Peter 93 Bayberry Lane PO Box 1147 Barnstable 02630	150 00	
8/23	Farnham, Hank + Gretchen 127 Coachman Ln. W. Barnstable 02668	150 00	
8/23 10/14	Falter, Wolfgang 629 Cedar St. W. Barnstable 02668	100 00	
8/23	Gill, Joseph 42 Boring Tree Ln. W. Barnstable 02668	100 00	
8/23 10/14	Hensley, Penny 34 Swallow Hill Dr. Barnstable 02630	100 00	
8/23 10/14	Hunt, Randy - 297 Quaker Meeting House Rd. Sandwich 02537	150 00	
8/23	Manzelli, Francis 59 Stone wall Dr. W. Barnstable 02668	125 00	
8/23	Marshall, II, D.M.D. Paul 306 Winter St Hyannis 02601	200 00	Self employed Dentist Hyannis MA 02601
8/23	McMahon, William 15 Hezekiah's Way W. Barnstable 02668	100 00	
8/23	O'Neill, Margaret, 17 Valley View Rd. Morristown Nj 07960	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)		_____	
Line 10: Total receipts \$50 and under* (not listed above)		_____	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		_____	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**

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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)
8/23 10/14	Orpin, Marilyn 8 Townhouse Terrace, Hyannis 02601	150 00	
8/13	Phillips, Lark 15 Cranberry Trail, East Sandwich 02537	100 00	
10/17	Poyant, Gerald 26 Apollo Dr. W. Barnstable 02668	100 00	
10/24	Pratt, Monica 516 Main St. Osterville 02655	100 00	
8/23 10/14	Schiff, Jane 86 Great Marsh Rd. W. Barnstable 02668	150 00	
8/23	Schiffman, Richard 2786 Main St. Barnstable 02630	100 00	
10/14	Shaughnessy, Kathryn 72 Stonehedge P.O. Box 1221 Barnstable 02630	100 00	
8/23	Sobmen, Mary 20 Hayes Rd. Centerville 02632	100 00	
8/23	Spirlet, Raymond 45 Centerbrook Lane, Centerville 02632	150 00	
8/6	Wallace, Philip - LOAN 530 Parker Rd. W. Barnstable 02668	1000 00	
8/23	Whiteside, James 71 Dovekill Lane Cotuit 02635	150 00	
8/23 10/14 10/24	Wyner, Franklin 151 Keveney Lane Cummaguid 02675	250 00	Retired JunCenter 2000 Hyannis 02601 (owner)
Line 9: Total receipts in excess of \$50 (or listed above)		4445 00	
Line 10: Total receipts \$50 and under* (not listed above)		848 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		5,293 00	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 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
Line 15: In-kind over \$50				0
Line 16: In-kind \$50 and under				0
<b>Line 17: Total In-kind</b>				0

Enter on page 1, line 6

\* 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
8/6	Philip M. Wallace	530 Parlor Rd W. Barnstable 02668	Loan	1020.00
Enter on page 1, line 7				
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				1020.00