

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 1/1	1:3	File with: Ending Date:	City or Town Clerk or Electro	n Commission
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	30 day a	after election ye	ear-end report 🔀 disse	olution
James H Cott Candidate Full Name (if applicable)	Con		Lect James Co	₩.
Town Council Precinct 5 Office Sought and District		Megen E T	Toland umutee Treasurer	
109 Tower 4:11 RD OSTERVINE HA OZGST Residential Address	8		OSTEQUILE HA	02655
Telephone Number (optional):	Tel ephone l	Number (opticnal):		;
SUMMARY BALANCE	E INFOR	RMATION:	*** ** * ** · · ·	
Line 1: Ending Balance from previous report		2196.2	عام 13 DEC 2	31 AM11:10
Line 2: Total receipts this period (page 3, line 11)		-0-	BARNSTAB	LE TOWN CLERK
Line 3: Subtotal (line 1 plus line 2)		2,196 - 22		
Line 4: Total expenditures this period (page 5, line	: 14)	2196.22		
Line 5: Ending Balance (line 3 minus line 4)		-0-		
Line 6: Total in-kind contributions this period (pag	re 6)	~		
Line 7: Total (all) outstanding liabilities (page 7)		-0-		
Line 8: Name of bank(s) used: TD Bank				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind coffinance activity of all persons acting under the authority or on behalf of this committee in activity.	entributions an	id liabilities for this reporting	period and represents the camp $c = 55$	paign
Signed under the penalties of perjury: Megun Toll		(Treasurer's signature	Date: 12/2	81/13
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 hox. 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 beactivity, of all persons acting under the authority or on behalf of this committee in accommuted any liabilities nor made any expenditures on my behalf during this reporting p	eest of my kno ordance with t cericd.	whedge and belief, a true and he requirements of ${ m MGL}$ $$ e	complete statement of all cam 55. I have not received any co	ooi gn finance ntributions.
Candidate without Committee OR Candidate with independent activity filing separate of certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, a campaign finance activity of all persons acting under the authority or on behalf of this companies.	eest of my kno in-kind contril	cutions and habilities for this	reporting period and represent	eaugn s the

Date: 12/28/13

(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.)

	Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
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Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts S50 and under* (not listed above)

Line 11: TOTAL 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.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	à
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Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1. Hine 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.

M.G.L. c. 55 requires comminees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Comminees 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

11 (411)	To Whom Paid phabetical listing)	nittee name and a pa	ige number of	ch to this report. if additional pag n each page.) 	es are required t
	REW M. HURD Fiel Scholership and c/o Ruckhad Trast	Addres 22 WIANNO OSTENIIE, MA,	\$	Purpose of Expenditure Denation to Close out Account	Amount 2,196.32

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		e 12: Total Expend	inures over S	50 (or listed above)	
	Lin	e 12: Total Expend		d under* (not listed above)	

Line 13: Total Expenditures \$50 and under* (not listed above)

2196. 22

Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD

SCHEDULE B: EXPENDITURES (continued) To Whom Paid Color (color of the color of th				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure Amou	nt
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<u> </u>		Line 12: Expenditures over \$50 (c	or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				

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 above.

Page 5

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
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and the state of t	I	ine 15: In-Kind Contributions of	over \$50 (or listed above)	
		ine 16: In-Kind Contributions S	50 & under (not listed above)	TO 4 contractions

^{*} If an in-kind contribution is received from a person who contributes more than 850 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. Page 6

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
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Enter on page 1, line ↑ → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)