

Form CPF M 102: Campaign Finance Report Municipal Form BARNSTABLE TOWN GLERK

Office of Campaign and Political Finance

19 UCT 25 All :09
File with: City or Town Clerk or Election Commission

| Fill in Reporting Period dates: Beginning Date: 10/10 | 0/2019 Ending Date: 10/25/2019 | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Type of Report: (Check one) | | | | |
| ☐ 8th day preceding preliminary ☐ 8th day preceding election | 30 day after election year-end report dissolution | | | |
| Candidate Full Name (if applicable) School Committee - Barnstable Office Sought and District 116 Shallow Pond Drive, Centerville, MA 02632 | Committee to Elect Kathy Bent Committee Name Nora Monteiro Name of Committee Treasurer 116 Shallow Pond Drive, Centerville, MA 02632 | | | |
| Residential Address | Committee Mailing Address | | | |
| E-mail: kmbent@yahoo.com Phone # (optional): (508) 362-1288 | E-mail: BentForBarnstable@gmail.com Phone # (optional): | | | |
| SUMMARY BALANC | TE INFORMATION. | | | |
| Line 1: Ending Balance from previous report | 0 | | | |
| Line 2: Total receipts this period (page 3, line 11) | 560 | | | |
| Line 3: Subtotal (line 1 plus line 2) | 560 | | | |
| Line 4: Total expenditures this period (page 5, lin | te 14) 450 | | | |
| Line 5: Ending Balance (line 3 minus line 4) | 110 | | | |
| Line 6: Total in-kind contributions this period (pa | nge 6) 0 | | | |
| Line 7: Total (all) outstanding liabilities (page 7) | 0 | | | |
| Line 8: Name of bank(s) used: First Citizens' Feder | al Credit Union | | | |
| 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 of 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) | | | | |
| FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) | | | | |
| Candidate with 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 that are not otherwise disclosed in this report. | | | | |
| Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55. | | | | |
| Signed under the penalties of perjury: | (Candidate's signature) Date: 10/25/2019 | | | |

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.)

| | Name and Residential Address | Occupation & Employer | |
|------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------|--------------------------------------|
| Date Received | (alphabetical listing required) | Amount | (for contributions of \$200 or more) |
| 10/10/2019 | Linda Letourneau 572 Cotuit Road Marstons Mills, MA 02648-1582 | 500 | Teacher, Mass Maritime Academy |
| 10/14/2019 | Paul Revere & Stasia Revere 226 Riverview Lane Centerville, MA 02632 | 60 | |
| | | | |
| | | | |
| • | | | |
| | | | |
| | | | |
| | | | |
| 7-7-7 | | | |
| | | | |
| | | | |
| | | | |
| Line 9: Total Rece | ipts over \$50 (or listed above) | 560 | <u> </u> |
| Line 10: Total Receipts \$50 and under* (not listed above) | | | |
| Line 11: TOTAL | RECEIPTS IN THE PERIOD | 560 | ← 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 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.

(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.)

| eport all expenditures. Please include your committee name and a page number on each page.) To Whom Paid | | | | |
|-----------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------|----------------------------------|--------|
| Date Paid | (alphabetical listing) | Address | Purpose of Expenditure | Amount |
| 10/22/2019 | T-Shirts Authority, Inc. | 18-20 Route 28 West Yarmouth, MA 02673 | Campaign signs | 450 |
| | | | | |
| 3 | | | | |
| | | | | |
| number to the thirty | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| *************************************** | | Line 12: Total Expenditures of | over \$50 (or listed above) | 450 |
| | | Line 13: Total Expenditures \$ | 50 and under* (not listed above) | C |
| | Enter on page 1, line 4 → | Line 14: TOTAL EXPENDI | TURES IN THE PERIOD | 450 |

^{*} 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 4

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 |
|---------------|---------------------------|--------------------------------|---------------------------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | : |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| <u> </u> | | Line 15: In-Kind Contributions | over \$50 (or listed above) | 0 |
| | | Line 16: In-Kind Contributions | \$50 & under (not listed above) | 0 |
| | Enter on page 1, line 6 → | Line 17: TOTAL IN-KIND C | ONTRIBUTIONS | 0 |

^{*} 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.

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 |
|---------------|---------------------------|------------------------|---------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | 1 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Enter on page 1, line 7 → | DING LIABILITIES (ALL) | 0 | |