

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

30 OCT '23 PH 1:09 BARNSTABLE TOWN CLERK

Commonwer of Massachus	·		File with	. City or Town Clark	or Floation Commission
Fill in Re	eporting Period dates: Beginning Date: Se	ep 21, 2023	Ending Date:	Oct 30, 2023	c or Election Commission
• •	Report: (Check one) y preceding preliminary	ı □ 30 da	y after election y	vear-end report	dissolution
KRISTIN T	TERKELSEN	СОММ	TTEE TO ELECT KRISTIN	N TERKELSEN	
DARNETA	Candidate Full Name (if applicable)	DANGE		mittee Name	
BARNSTAL	BLE TOWN COUNCIL PRECINCT 2 Office Sought and District	$-\left \frac{\text{DAVIS}}{} \right $	STEPANIS Name of Co	ommittee Treasurer	
30 JUDITH	H EVE LN CENTERVILLE MA 02632	30 JUD	ITH EVE LN CENTERVILL		
	Residential Address		Committee	Mailing Address	
E-mail:	terkfor2@gmail.com	E-mail:	terk	for2@gmail.com	
Phone # (opt	tional): (508) 827-2025	Phone #	(optional):		——————————————————————————————————————
	SUMMARY BALA	NCE INFO	PRMATION:		P-1
	Line 1: Ending Balance from previous report				0
	Line 2: Total receipts this period (page 3, line	11)		6,49	0
İ	Line 3: Subtotal (line 1 plus line 2)			6,49	0
	Line 4: Total expenditures this period (page 5,	line 14)		5,562.	2
	Line 5: Ending Balance (line 3 minus line 4)			927.	8
	Line 6: Total in-kind contributions this period	(page 6)			0
	Line 7: Total (all) outstanding liabilities (page	7)			0
	Line 8: Name of bank(s) used: CAPE COD 5	disk.			
I certify that I activity, inclu finance activit	Committee Treasurer: I have examined this report including attached schedules and it is, to the iding all contributions, loans, receipts, expenditures, disbursements, in-kity of all persons acting under the authority or on behalf of this committee.	ind contributions	and liabilities for this reporting with the requirements of M.G.L	g period and represent. c. 55.	
	r the penalties of perjury:		(Treasurer's signature	e) Date. 0	
Candida I certify to activity.	IDIDATE FILINGS ONLY: Affidavit of Candidate: (check that I have examined this report including attached schedules and it is, to of all persons acting under the authority or on behalf of this committee in any liabilities nor made any expenditures on my behalf during this report	o the best of my k n accordance wit	h the requirements of M.G.L. o	c. 55. I have not rece	
l certify t	that I have examined this report including attached schedules and it is, to activity, including contributions, loans, receipts, expenditures. disbursem in finance activity of all persons acting under the authority or on behalf of	ents, in-kind con	tributions and liabilities for this	is reporting period an	d represents the
Signed under	the penalties of perjury:		(Candidate's signatur	re) Date: Od	ct 30, 2023

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)	
Oct 5, 2023	BRIAN DACEY 45 LITTLE ISLAND DR OSTERVILLE MA 02655	500	BUILDER, BAYSIDE BUILDING COMPANY	
Oct 3, 2023	DAVID MCGRAW 44 SEAPUIT OSTERVILLE MA 02655	500	RETIRED	
Oct 6, 2023	EŁLYN AND JOHN OSMOND	500	RETIRED	
Sep 27, 2023	FLOYD SILVIA 94 SEAPUIT RD OSTERVILLE MA 02655	500	BUILDER, SILVIA&SILVIA BUILDERS	
Oct 7, 2023	KATHLEEN SILVIA 44 ICE VALLEY RD OSTERVILLE MA 02655	500	RETIRED	
Sep 27, 2023	KRISTIN TERKELSEN 30 JUDITH EVE LN CENTERVILLE MA 02632	3,850	PHYSICAL THERAPIST	
Oct 10, 2023	RUSSELL WILKINS 1045 SHOOTFLYING HILL RD CENTERVILLE MA 02632	100		
7				
Line 9: Total Receipts over \$50 (or listed above) 6,450				
Line 10: Total Receipts \$50 and under* (not listed above)				
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	6,490	← Enter on page 1, line 2	
fugu have itemized receipts of \$50 and under include them in line 0. Line 10 al				

^{*} 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)

	Name and Residential Address	T	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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1			
To the state of th			
Line 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		6. F.
t If you have itemized	vaccints of \$50 and under include them in line		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.)

report an expen-		mittee name and a page number of	n each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Falu	(alphabeteal listing)	7 Address	1 dipose of Expenditure	Amount
Oct 16, 2023	USPS	1672 FALMOUTH RD CENTERVILLE MA 02632	STAMPS	114.75
		CENTERVILLE MA 02632		
		A C TO FALMOUTU BD	***************************************	****
Sep 25, 2023	USPS	1672 FALMOUTH RD CENTERVILLE MA 02632	STAMPS	828,75
		1		
Oct 17, 2023	USPS	1672 FALMOUTH RD	STAMPS	714
OCE 17, 2023	0373	CENTERVILLE MA 02632	STAPIES	/14
Oct 7, 2023	USPS	1672 FALMOUTH RD CENTERVILLE MA 02632	STAMPS	102
		CENTERWILLE PIA 02032	-	
Oct 16, 2023	LUJEAN	4507 RT 28 COTUIT MA 02635	CAMPAIGN MATERIALS	491.94
Oct 11, 2023	LUJEAN	4507 RT 28 COTUIT MA 02635	CAMPAIGN MATERIALS	374
,				
Oct 2, 2023	LUJEAN	4507 RT 28 COTUIT MA 02635	CAMPAIGN MATERIALS	1,541.69
Oct 4, 2023	LUJEAN	 4507 RT 28 COTUIT MA 02635	CAMPAIGN MATERIALS	491.94
000 4, 2023	La Collection		TONII ATON PIATERIALS	7,71,94
Oct 17, 2023	LUJEAN	4507 RT 28 COTUIT MA 02635	CAMPAIGN MATERIALS	903.13
]		
				[
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	5,562.2
Line 13: Total Expenditures \$50 and under* (not listed above)			0	
		Dino (5), a otar Exponuntares \$50	and under (not listed above)	<u> </u>
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	5,562.2
If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized				

^{*} 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 B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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			MATERIAL PROPERTY AND ADMINISTRATION OF THE PROPERTY ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPERTY AN	
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1	To a second seco			
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		·		
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and t		
	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.

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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The state of the s				

The second secon				
a de la constanta de la consta				
7 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1				
-		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	О
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

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^{*} 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
				О
Transcription and the second s				
1				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0