

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

27 OCT '23 PM1:02 BARNSTABLE TOWN CLERK

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	-21-2023 Ending Date: 10-27-7023
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Kyle Condinho	
Candidate Full Name (if applicable) TON COUNCILOR PIECINGT 12	Committee Name
Office Sought and District 34 Hi RIVER RD. MASTONS Mills 0264	<u> </u>
E-mail: KACAN INVO & GWAI). COM	Committee Mailing Address E-mail:
Phone II (optional):	Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	+ 981.35 \$1981.35
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line	#1981.35
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (pag	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: CAPF	E COD FIVE
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 confinance activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity.	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: Whe Condwh	(Treasurer's signature) Date: 10-27-2023
 activity, of all persons acting under the authority or on behalf of this committee in accommendation incurred any liabilities nor made any expenditures on my behalf during this reporting p Candidate without Committee 	best of my knowledge and betief, a true and complete statement of all campaign finance ordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
I certify that I have examined this report including attached schedules and it is to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, is campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55.
	Date: 0-27-2023

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

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		THE RESIDENCE OF THE PROPERTY	
Political Control of C			
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
If you have itemized	freceints of \$50 and under include them in line	e 9 Line 10 shou	Id include only those receipts not itemized above.

^{*} 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 (continued)

Date Paid	To Whom Paid			
	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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377				
		Line 12: Expenditures over \$50	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	**************************************
			the second secon	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in fine 12. Line 13 should include only those expenditures not itemized above.

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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		Line 18: TOTAL OUTSTANI		