CLERK

Muni	Campaign Finance Report  cipal Form  algn and Political Finance  2015 DEC 4 am10  BARNSTABLE TOW
own or real rispersie	information, except signatures.
Fill in dates:  Reporting Period Beginning  Month  Date  2	Year   Month   Date   Year   15   Ending   12   3   2015
Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding elec	ction 30 day after election year-end report dissolution
Full Name of Candidate (if applicable)  Town Collector  Office Sought and District  855 W Main St Unit 15  Residential Address Hyannis  MMH-313.9433  Tel. No. (optional)	Committee to re-elect Maureen Niem  Committee Name  Jennifer King Niem!  Name of Committee Treasurer  G9 Hullen Hul Rad  Windham, CT 06280  860-933-27(7 Tel. No. (optional)
SUMMARY BALA Line 1: Ending balance from pr Line 2: Total receipts this period	-

tures, disbursements, in-kind contr	ibutions and liabilities for this reporting period a	
cue	12 3 15 Date	_
r	ures, disbursements, in-kind contr on behalf of this committee in ac	es and it is, to the best of my knowledge and belief, a true and complete statement ures, disbursements, in-kind contributions and liabilities for this reporting period are on behalf of this committee in accordance with the requirements of M.G.L. c. 55. der the penalties of perjury:

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

TOR CANDIDATE FIEINOS ONET: (CAND	IDATE MOST 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 known	owledge 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 ontributions, incurred any liabilities nor made any expenditures on my behalf during this reporting p	ce with the requirements of M.G.L. c. 55. I have not received any
☐ Candidate without Committee OR Candidate with independent activity filing separate repo	
I certify that I have examined this report including attached schedules and it is, to the best of my kno finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contri	wledge and belief, a true and complete statement of all campaign
campaign finance activity of all persons acting under the authority or on behalf of this committee in a	accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	12/3/15
Candidate signature (in ink)	Date

### 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)	Ámo	unt	Occupation & Employer (for contributions of \$200 or more
		çı		
				7
	* 8			e e
				8
	х			
		-		7
3				
	*			
+1				
	otal receipts in excess of \$50 (or listed above)			
	otal receipts \$50 and under* (not listed above)			·
Line 11: To	OTAL RECEIPTS IN THE PERIOD	0	-	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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## 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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amoun
			*	
	30			
			2 1	
	,			
		D 11		
		i i		
	Я	7.		
		Line 12:	Expenditures over \$50	
		Line 13:	Expenditures \$50 and under*	
Ent	ter on page 1, line 4	Line 14	:TOTAL EXPENDITURES	0

<sup>\*</sup>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 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
			g 20 5 et	
			5 V	
		T		
	3 3 3	Line 15:	In-kind over \$50	
	6 13 100	Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	-0-

<sup>\*</sup> 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
			X	
-3 W			A = 100	·
			2	
			4	
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	. 0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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