

Form CPF M 102: Campaign Finance Report

BARRISTABLE TOWN CLERK

Municipal Form Office of Campaign and Political Finance

of Massachuseus		File	with: City or Town Cle	rk or Election Commission
Fill in Reporting Period dates: Beginning Date:	/1/2020	Ending Da	te: <u> 2/31/</u>	2020
Type of Report: (Check one)				
8th day preceding preliminary 8th day preceding election	30 day afte	er election	year-end report	dissolution
Schnepp, Paula Candidate Full Name (if applicable)		Schne	EDD Commit	tee
Candidate Full Name (if applicable)		D . L	Committee Name. Bucchuanes of Committee Treasurer	
MUNICIPAL, Barnstable	_	Name	of Committee Treasurer	<u> </u>
Candidate Full Name (11 applicable) Wiencipal, Barnstable Office Sought and District 956 Kiver Road, Marstons Mile Residential Address E-mail: Paulabarn stable & mail.com	Sel 956	River R	ood Mars to	ns Molls, MA
Residential Address		Com	mittee Mailing Address	y
E-mail: Paulabarnstable es mail.com	E-mail:	TIDUCE	inia eg ma	21.000
Phone # (optional):	Phone # (option	nal):		
SUMMARY BALAN	CE INFORM	1ATION:		
Line 1: Ending Balance from previous report		#/3	347.04	
Line 2: Total receipts this period (page 3, line	11)		0.00	
Line 3: Subtotal (line 1 plus line 2)		#/, 3	47.04	
Line 4: Total expenditures this period (page 5,	line 14)		0.00	
Line 5: Ending Balance (line 3 minus line 4)		\$ 1,3	47.04	
Line 6: Total in-kind contributions this period	(page 6)	· · ·	0.00	MANAGEMENT
Line 7: Total (all) outstanding liabilities (page	7)	0	. 00	
Line 8: Name of bank(s) used:				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the activity, including all contributions, loans, receipts, expenditures, disbursements, in-k finance activity of all persons acting under the authority or on behalf of this committe Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check	ind contributions and e in accordance with t	liabilities for this	reporting period and repre	of all campaign finance esents the campaign
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee i incurred any liabilities nor made any expenditures on my behalf during this report	n accordance with the	requirements of f	M.G.L. C. 33. I have not t	nent of all campaign finance eccived any contributions,
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to finance activity, including contributions, loans, receipts, expenditures, disbursem campaign finance activity of all persons acting under the authority or on behalf of	ents, in kind contribu	itions and liabilitie cordance with the i	is for this reporting period requirements of M.G.L. c	and represents the
Signed under the negalties of perjury:		(Candidate's	signature)	

This balance reflects current amount in Campaign checking account. It does not reflect previous loans (via credit card) that candidate made to the Campaign. Per instructions from the Office of Campaign and Political Finance on January 20,2021, candidate should file this report as presented and then complete and submit revised OCPF reports for the periods ending 9.1.2017, 10.25.2017, 12.31.2017 and 12.31.2018, 12.31.2019, 12.31,2020 within the next few months.

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.)

	lease include your committee name and a particular Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
ate Received	(aiphabedear listing required)		
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	The state of the s		
	1		
		Marine Transport	
<u> </u>			
Line 9: Total Rec	ceipts over \$50 (or listed above)		
Line 10. Total Re	ceipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD zed receipts of \$50 and under, include them in	1	← Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		A LANGE TO THE PARTY OF THE PAR	
Line 9: Total Rec	eipts over \$50 (or listed above)		
	ceipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		Enter on page 1, line 2 ould 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

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.)

rs	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	ZACCA		
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		Line 12: Total Expenditure	es over \$50 (or listed above)	**
			s \$50 and under* (not listed above)	
	n / 1 lim 4 ->	Line 14: TOTAL EXPEN	DITURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only Page 4 above.

SCHEDULE B: EXPENDITURES (continued)

Doto Daid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Paid	(aipiiancucai naung)			
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		The state of the s		
				1
	J L	Line 12: Expenditures ov	er \$50 (or listed above)	
			0 and under* (not listed above)	
			NDITURES IN THE PERIOD	
	Enter on page 1, line 4	June 14. TOTAL BATE	ne 13 should include only those expendi	tures 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 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
		Line 15: In-Kind Contributions over \$50 (or listed above)		
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 -> Line 17: TOTAL IN-KIND CONTRIBUTIONS Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} 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.

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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	
- Address of the second of the	Enter on page 1, line 7 →	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			