

Fill in Reporting Period dates:

Type of Report: (Check one)

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Ending Date:

Beginning Date:

30 OCT '23 PH3:25 BARNSTABLE TOWN CLERK

City or Town Clerk or Election Commission

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Committee Candidate Full Name (if applicable) Justine E-mail: Phone # (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 0 Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) **Line 5:** Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) O Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: The Cooperative Bank of CAPE COD 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 or 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. 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. Date: Signed under the penalties of perjury: (Candidate's signature)

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.)

Data D 1	Name and Residential Address	A	Occupation & Employer (for contributions of \$200 or more)	
Date Received	(alphabetical listing required)	Amount		
10/26/2023	Anderson, John 94 Childs St Centerville 02632	250	Anderson Duct Cleaning Owner	
10/23/2023	Bricklin, Michael 90 Cranberry Ln Centerville 02632	600	Cape Gun Works Owner	
10/18/2023	Bunnell, Jennifer & Matthew 897 Main St Barnstable 02668	300	Oyster Farm Owner	
10/28/2023	Crocker, William & Judy 50 Birchill Rd Centerville 02632	100		
10/28/2023	Egan, Nancy & Gregory 55 Holder Ln West Barnstable 02668	200	Crosby Yacht Owner	
10/19/2023	Finkel, Michael 940 Putnam Ave Marstons Mills 02648	100		
10/18/2023	Goodwin, Brad 60 Broadway West Yarmouth 02673	95		
10/18/2023	Leary, Robert 75 Uncle Bills Way South Dennis 02660	100		
10/18/2023	Maffei, Robert 45 Taurus Dr Mashpee 02649	500	Maffei Inc Owner	
10/18/2023	Peters, Dr Williams 2159 Main St West Barnstable 02668	250	Trinity Christian School Teacher	
10/18/2023	Ryan, David & Cindy 415 Sampson Mill Rd Cotuit 02635	100	Cape Cod Oyster Farmer Owner	
10/19/2023	Supernaut, Albert 262 Bridge St Osterville 02655	200	Cape Cod Oyster Farmer Owner	
Line 9: Total Receipts over \$50 (or listed above) 2,795.00				
Line 10: Total Receipts \$50 and under* (not listed above)		100.00		
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,895.00	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD		← 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 o	on each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/17/2023	Devadigm	14 Skerry Rd South Dennis, MA 02660	Website	1,165.00
10/29/2023	Hockomock Digital	PO Box 78 West Bridgewater, MA 02379	Advertising	250.00
10/29/2023	Hockomock Digital	PO Box 78 West Bridgewater, MA 02379	Advertising	500.00
10/03/2023	Powder Horn Press Inc.	301 Court Street Plymouth MA, 02360	Advertising	132.81
10/18/2023	Powder Horn Press Inc.	301 Court Street Plymouth MA, 02360	Advertising	528.32
09/25/2023	Sign Depot	1100 W Colonial Dr. Orlando FL, 32804	Signage	1,425.00
10/18/2023	Seven G's	990 Main St West Barnstable, MA 02668	Refreshments for Fundraising Event	57.96
10/18/2023	Stop N Shop	11 Brewster Chatham Rd Harwich MA 02645	Refreshments for Fundraising Event	149.87
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	4,208.96
		Line 13: Total Expenditures \$50 and under* (not listed above)		0.00
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	4,208.96

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date I alu	(alphabetical listing)	Audiess	1 til pose of Expenditure	Amount
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TO THE PERSON NAMED IN THE				
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and under* (not listed above)		
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD				
	The page 1, into 1			

^{*} 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
(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 $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

^{*} 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
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	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	