MIA2/12/2022



Form CPF M 102: Campaign Finance Report Municipal Form

fill in Reporting Period dates: Beginning Date: 1/1/	file with City of Town Clerk or Fiction Commission (2022) Incline Date: 42/24/2022
	/2023
ype of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	☐ 30 day after election ☑ year-end report ☐ dissolution
David W. Bogan	Friends of David Bogan
Candidate Full Name (if applicable)	Committee Name
Barnstable Town Council	Amy Hunt
Office Sought and District B1 Reflection Drive, Sandwich, MA 02563	Name of Committee Treasurer 31 Reflection Drive, Sandwich, MA 02563
Residential Address	Committee Mailing Address
mail boganoville@Gmail.com	E-mail: AmyfHunt@Gmail.com
hone #: (203) 641-5343	Phone #: (617) 510-3832
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	\$1767.14
Line 2: Total receipts this period (page 3, line 12)	\$0
Line 3: Subtotal (line 1 plus line 2)	\$1767.14
Line 4: Total expenditures this period (page 5, line 1	5) \$0
Line 5: Ending Balance (line 3 minus line 4)	\$1767.14
Line 6: Total in-kind contributions this period (page	6, line 18) \$0
Line 7: Total (all) outstanding liabilities (page 7, line	
Line 8: Total out-of-pocket expenses this period (pag	e 8, line 22) \$0
Line 9: Name of bank(s) used: Rockland Tru	ıst
	best of my knowledge and belief, a true and complete statement of all campaign finance and contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55. [Vacqueen Limpound] [Vacqueen Limpound] [Date: 12/31/23]
inance activity of all persons acting under the authority or on behalf of this committee signed under the penalties of perjury:	(Firestite) a signature)
inance activity of all persons acting under the authority or on behalf of this committee signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I Candidate with Committee activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report Candidate without 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 final accordance with the requirements of M G.L. c. 55. Thave not received any contribution ting period that are not otherwise disclosed in this teport. If the best of my knowledge and belief, a true and complete statement of all campaign and individuous and liabilities for this reporting period and represents the
candidate without Committee Candidate without Committee Candidate with Committee Control that I have examined this report including strached schedules and it is, to activity, of all persons acting under the authority or on behalf during this report incurred any liabilities nor made any expenditures on my behalf during this report Candidate without Committee.	the best of my knowledge and behef, a true and complete statement of all campaign fin accordance with the requirements of M.G.L. c. 55. Thave not received any contribution ting period that are not otherwise disclosed in this teport. If the best of my knowledge and behef, a true and complete statement of all campaign and individuous and habilities for this reporting period and represents the

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L x SS requires the nan	ne and residential address be reported, in alphabetic	A: RECEIP	ds from a contributor over \$50 in the appregate in a cidendar	
nd less in the agerceare ds of all contributions re ed. If a candidate inten-	in a calendar year can be reported in total without	itemization, however, mounts received from enter the information (
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	Beat the
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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	ots over \$50 (or listed above)		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not
	ots \$50 and under (not listed above)		itemized above.
ne 12: TOTAL RI	ECEIPTS IN THE PERIOD		Enter on page 1, line 2



SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of pocket expenditures of candidate reported on Schedule D attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on cuch additional page.

Date Paid	To Whom Paid (alphahetical listing)	Address	Purpose of Expenditure	Amount
			4	
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SCHEDULE B: EXPENDITURES (continued)

SCHEDULE B: EXPENDITURES (continued)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
		1			
* If you have	: itemized expenditures of \$50	Line 13: Expenditures over \$50) (or listed above)		
and under, in should inclu	clude them in line 13. Line 14 de only those expenditures not itemized above.	Line 14: Expenditures \$50 and			
	Enter on page 1, line 4 →	Line 15: TOTAL EXPENDIT	TURES IN THE PERIOD		

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

MGT c 55 recurres the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the agercyate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and received of all contributions received of any amount. In determining aggregate amounts received from a contribution, add monetary as well as in kind contributions received. Do not include out-of-provided expenditures of candidate reported to Subsidia D. Attach without in page or needed to count all receives. Please received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

ate Received	From Whom Received*	Residential Address	Description of Contribution	Value
* If you have it	emized in-kind contributions of	Line 16: In-Kind Contributions	over \$50 (or listed above)	
should include	nelude them in line 16. Line 17 le only those expenditures not itemized above.	Line 17: In-Kind Contributions	S50 and under (not listed above)	
	Enter on page 1, line 6 →	LA TOTAL IN KIND CO	NTRIBUTIONS IN THE PERIOD	

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as

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SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a lean, enter the information on this schedule and on Schedule D: Liabilities, Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
TARCT ARG	(alphanetical fishing required)		
]	
		<u> </u>	
ne 20: Total Itemize r listed above)	d Out-Of-Pocket Expenditures Over \$50		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21
ine 21: Total Unitem	ized Out-Of-Pocket Expenditures \$50 and		should include only those expenditures not itemized above.
nder (not listed above	e)	-==	← Enter on page 1, line 8

*Schedule E is not for ballot question committee use.