



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BARNSTABLE
TOWN

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures. *11 OCT 28 P2:54

Fill in dates:

Reporting Period Beginning 9 13 2011 Ending 10 28 2011

Type of report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

JAMES COTE
Full Name of Candidate (if applicable)
Town Council Precinct 5
Office Sought and District
109 Tower Hill Rd OSTERVILLE 02055
Residential Address
508 364 2179
Tel. No. (optional)

Committee to Elect JAMES COTE
Committee Name
MEGAN TOLAND
Name of Committee Treasurer
8410 MAIN ST. OSTERVILLE 02055
Committee Mailing Address
508 344 9005
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 2,095.89
Line 2: Total receipts this period (page 2, line 11) \$ 4,415
Line 3: Subtotal (line 1 plus line 2) \$ 6,510.89
Line 4: Total expenditures this period (page 3, line 14) \$ 3633.03
Line 5: Ending balance (line 3 minus line 4) \$ 2,877.86
Line 6: Total in-kind contributions this period (page 4) \$ _____
Line 7: Total (all) outstanding liabilities (page 4) \$ _____
Line 8: Name of bank(s) used TD BANK - OSTERVILLE

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 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:

Megan Toland
Treasurer's signature (in ink)

10/28/11
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST 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 knowledge and belief, a true and complete statement of 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.

Candidate without Committee OR Candidate with independent activity filing separate 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 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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

[Signature]
Candidate signature (in ink)

10/28/11
Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all persons over \$500 in a year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. 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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Emp (for contributions of \$200 or more)
10/16	Robert Boyle - 88 Old Farm Rd MILTON, MA 02148	100 00	
9/4	Holbrook Davis PO Box 572 OSTERVILLE MA 02655	500 00	Retired
9/4	SARAH DAVIS PO Box 572 OSTERVILLE MA 02655	500 00	Retired
9/28	AMY DOHERTY - 70 WATERFIELD RD OSTERVILLE MA 02655	150 00	
9/20	RICHARD FRANZEE - 23 WIANNO AVE OSTERVILLE MA 02655	100 00	
10/27	WARREN HANSEN - 147 SCODDER RD OSTERVILLE MA 02655	100 00	
9/26	Robin Hayward - 1045 MAIN ST OSTERVILLE MA 02655	100 00	
10/17	JAMES MINGIE - 63 FARM VALLEY RD OSTERVILLE MA 02655	100 00	
9/23	LISA MUILEN - 9 WINTERGREEN RD MASHPEE MA 02649	100 00	
10/19	JAY NEWBERRY - 30 SWIFT AVE OSTERVILLE MA 02655	100 00	
10/11	ROGER PLOURDE - 14 SEARS RD SOUTH BOROUGH MA 01772	100 00	
10/7	ALBERT ROONEY - 40 JUANITA WAY LOS ANGELES, CA 94022	100 00	
9/16	ALBERT SCHUIZ - 81 MEADOWLARK LN. OSTERVILLE, MA 02655	500 00	ATTORNEY / SELF
10/4	MARLY SMITH ST MARYS ISLAND, OSTERVILLE MA 02655	100 00	
10/13	MARY GAINES STANDISH - PO Box 5008 OSTERVILLE MA 02655	100 00	
Line 9:	Total receipts in excess of \$50 (or listed above)	3750 00	
Line 10:	Total receipts \$50 and under* (not listed above)	665 00	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	4415 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.
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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 number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
9/15	SUSAN Jo TRUITT - 203 PARKER RD OSTERVILLE MA 02055	500	00	Retired
10/15	FRANK WARD - 201 BRIDGE ST. OSTERVILLE MA 02055	500	00	Retired
Line 9: Total receipts in excess of \$50 (or listed above)				
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL 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.

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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
Enter on page 1, line 6		Line 15: In-kind over \$50		
		Line 16: In-kind \$50 and under		
		Line 17: Total In-kind		

* 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
Enter on page 1, line 7		Line 18: OUTSTANDING LIABILITIES (ALL)		

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.

