



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

19 JAN '24 AM 9:33
BARNSTABLE TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 8/24/22 Ending Date: 11.7.23

Type of Report: (Check one)

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

JOHN ROBERT CROW
Candidate Full Name (if applicable)

Town Councilor, Precinct 5
Office Sought and District

88 TOWER HILL RD., BARNSTABLE, MA 02655
Residential Address

E-mail: JOHN.CROW.PRECINCT5@gmail.com

Phone #: 774.327.8196

THE COMMITTEE TO ELECT JOHN CROW
Committee Name

Michael Tulman
Name of Committee Treasurer

PO Box 851, OSTERVILLE, MA 02655
Committee Mailing Address

E-mail: JOHN.CROW.PRECINCT5@gmail.com

Phone #: 774.327.8196

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1085.16</u>
Line 2: Total receipts this period (page 3, line 12)	<u>4110.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>5,195.16</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>11,798.35</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>631.90</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>1107.00</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>11,183.63</u>
Line 9: Name of bank(s) used:	<u>ROCKLAND TRUST, OSTERVILLE, MA 02655</u>

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 of or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Michael Tulman CPA (Treasurer's signature) Date: 1/18/24

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.

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 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.

Signed under the penalties of perjury: JRCROW (Candidate's signature) Date: 1.17.24

1.C.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate 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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9.1.23	CONNAD - MARA BELIVEAU 77 ZORRINS ST, OSTERVILLE, MA 02655	\$100	Retired
10.24.23	DEW + MARVIN COLEMAN PO BOX 358 OSTERVILLE MA 02655	\$500	Retired
9.10.23	DAVID + MARGARET GONTSIANTZ 26 SHADEN CO. OSTERVILLE MA 02655	\$100	Retired
10.29.23	RICHARD FRAZEE 138 CHINE WAY OSTERVILLE MA 02655	\$100	Retired
9.18.23	GREG + MARIA FERVI 15 NUTTING LN OSTERVILLE, MA 02655	\$100	Retired
9.10.23	JAMES GARLAND MARGARET MARGOWAN 29 FAYE HILL RD OSTERVILLE, MA 02655	\$200	Retired
9.2.23	KELLY LOUGHEGAN/TOD TURNER 23 BARNARD RD OSTERVILLE, MA 02655	\$200	Broker Buyout MEDIATION
9.6.23	MARY MACMILLAN 153 EVANS ST OSTERVILLE, MA 02655	\$100	Retired
10.16.23	JOHN PEARSON 634 Bumps River Road OSTERVILLE, MA 02655	\$100	Paroch Painting
9.12.23	GARY + ANA PETERS 95 HOLLINGSWORTH RD OSTERVILLE, MA 02655	\$200	Cape Cod Healthcare
9.26.23	GARY + ANA PETERS 95 HOLLINGSWORTH RD OSTERVILLE, MA 02655	\$200	Cape Cod Healthcare
9.8.23	BOB + ANNE SCHULTE 52 FOX RUN CENTERVILLE MA 02632	\$500	Retired
10.28.23	LARRY SISLOE 82 BAY ST OSTERVILLE, MA 02655	\$250	Retired

Enter receipt totals on Page 3

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9.8.23	PAUL + KATHY SYKES 31 CHINE WAY OSTERVILLE, MA 02655	\$500 ⁻	Retired
10.10.23	AL SUPREMAN 179 OLD PALMARD RD MARSTONS MILLS, MA 02492	\$200	Cape Cod Oyster Co.
9.6.23	Aunt + PATRICIA LYAS 117 PARSLEY LN OSTERVILLE, MA 02655	\$100	Retired
10.17.23	Rick + Lois WRIGHTSON 132 SWIFT AVE OSTERVILLE, MA 02655	\$75	Retired
9.25.23	DAVID + Peggy WROF 174 STARBOARD LN OSTERVILLE, MA 02655	\$250	Retired
Line 10: Total Receipts over \$50 (or listed above)	3775 ⁰⁰	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.	
Line 11: Total Receipts \$50 and under (not listed above)	335 ⁰⁰		
Line 12: TOTAL RECEIPTS IN THE PERIOD	4110 ⁰⁰	← 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 each additional page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9.14.23	TOWN OF BRANSTADT	267 Main ST HYANNIS, MA 02601	COPIES of VOTER LISTS - PREINETS	\$ 11.25
9.8.23	FEDAX office	297 North ST HYANNIS, MA 02601	Door knockers	\$ 103. ⁴⁴
9.11.23	FEDAX office	297 North HYANNIS, MA 02601	Rack Cards	255. ⁸¹
9.16.23	FEDAX office	297 North HYANNIS, MA 02601	Door Hangers	411. ¹⁷
9.19.23	Lujan Printing	PO BOX 571 OSTERVILLE, MA 02655	Business cards Rack cards 50 Campaign Signs	1,174. ⁰⁶
9.26.23	Lujan Printing	PO. BOX 571 OSTERVILLE, MA 02655	50 Signs 1,000 Door Hangers	1336. ⁶³
10.5.23	Lujan printing	PO Box 571 OSTERVILLE MA 02655	Campaign Signs 50 Campaign Signs 1000 Rack Cards, 4,800 Postcards	2,331. ¹³
10.13.23	Lujan printing	PO Box 571 OSTERVILLE, MA 02655	50 Campaign Signs	903. ¹³
10.18.23	Lujan Printing	PO. BOX 571 OSTERVILLE, MA 02655	50 Campaign Signs	903. ¹³
10.30.23	Lujan Printing	PO. BOX 571 OSTERVILLE, MA 02655	4,800 postcards	1973. ⁰⁶
9.5.23	USPS	42 WILLOW AVE OSTERVILLE, MA 02655	PO. BOX RENTAL Fee	108. ⁰⁰
10.10.23	USPS	42 WILLOW AVE OSTERVILLE, MA 02655	POST CARD MAILING FEES	660. ⁷³
10.10.23	USPS	1672 FARMERS RD CENTREVILLE, MA 02632	POST CARD MAILING FEES	116. ⁴²

Enter expenditure totals on Page 5

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/10/73	U.S.P.S.	410 River Rd MARTINS MILLS MA 02648	POSTCARD MAILING FEES	116 ⁶²
11-1-73	USPS	417 WINDY AVE OSTERVILLE, MA 02655	POSTCARD MAILING FEES	660 ⁷³
11-1-73	USPS	1672 FARMERS RD GARDEN Hg, MA 02632	POSTCARD MAILING FEES	116 ⁴²
11-1-73	U.S.P.S	410 River Rd MARTINS MILLS, MA 02648	POSTCARD MAILING FEES	116 ⁶²
11-7-73	FIVE BAYS RESTAURANT	825 MAIN ST OSTERVILLE, MA 02655	PARTY for CAMPAIGN Supporters	500 ⁻

* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)	11798 ³⁵
Line 14: Expenditures \$50 and under (not listed above)	
Line 15: TOTAL EXPENDITURES IN THE PERIOD	11,798³⁵

1.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate 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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9.7.23	AMY HUNT 39 TOWER HILLS # 05082, MA 02655	39 TOWER HILLS 05082, MA 02655	WEBSITE Development	\$1000 ⁰⁰
9.8.23	ERIC SCHWARTZ	157 MELBANK RD HYANNIS, MA 02601	PRINTED DASH KNOWLEDGE	102 ⁰⁰

* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)	1,102 ⁰⁰
Line 17: In-Kind Contributions \$50 and under (not listed above)	
Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD	1,102 ⁰⁰

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 those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)				

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 loan, 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
9.16.23	Fedex Vargas 297 North St Methen, MA 02648	411 ¹⁷	Rack Cards
9.20.23	Lujan Printing PO Box 571 Osterville, MA 02655	1174 ⁰⁶	Door Hangers Campaign Signs
9.26.23	Lujan Printing PO Box 571 Osterville, MA 02673	1336 ⁶³	Door Hangers Campaign Signs
10.10.23	Lujan Printing PO Box 571 Osterville, MA 02655	2331 ¹³	Post cards Door Hangers Campaign Signs
10.18.23	Lujan Printing PO Box 571 Osterville, MA 02655	1806 ²³	Campaign Signs
11.10.23	Lujan Printing PO Box 571 Osterville, MA 02655	1973 ⁰⁶	4,500 Postcards
9.11.23	Eric Schwarz 157 Marlborough St Methen, MA 02641	255 ⁸¹	Door Hangers
9.11.23	USPS 42 Winthrop Ave Osterville, MA 02655	108 ⁻	P.O. Box Fee
10.10.23	USPS 40 River Rd Marion's Mills, MA 02648	116 ⁶²	Postage for Postcards
10.10.23	USPS 1672 Fairmount Rd Centerville, MA 02632	116 ⁴²	Postage for Postcards
10.10.23	USPS 42 Winthrop Ave Osterville, MA 02655	600 ⁷³	Postage for Postcards
11.1.23	USPS 40 River Rd Marion's Mills, MA 02648	116 ⁶²	Postage for Postcards
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		11,183 ⁶³	* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above. 1446198
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD		11,183 ⁶³	

← Enter on page 1, line 8

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 loan, 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
11-1-23	USPS 412 W. AND AVE 25702VILLE, MA 02655	660 ⁷³	POSTAGE for Postcards
11-1-23	USPS 1677 Falmouth RD 25702VILLE, MA 02652	116 ⁹²	POSTAGE for Post Cards
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)		* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above. 18763	
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			

← Enter on page 1, line 8

*Schedule E is not for ballot question committees.