

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

27 OCT '23 PH3: 16 BARNSTABLE TOWN CLERK

	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: Januar	y 20, 2023 Ending Date: October 27, 2023			
Type of Report: (Check one)				
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐	30 day after election year-end report dissolution			
Kristine Przybylowicz Clark	Committee to Elect Kris Clark			
Candidate Full Name (if applicable)	Committee Name			
Town Councilor, Precinct 11 Office Sought and District	Leonard Clark Name of Committee Treasurer			
398 Woodside Road, Wests Barnstable, MA 02668				
Residential Address	P.O. Box 568, West Barnstable, MA 02668 Committee Mailing Address			
E-mail: precinct11clark@gmail.com	E-mail: precinct11clark@gmail.com			
Phone # (optional):	Phone # (optional):			
SUMMARY BALANCE	E INFORMATION:			
Line 1: Ending Balance from previous report	\$521.99			
Line 2: Total receipts this period (page 3, line 11)	\$2090.00			
Line 3: Subtotal (line 1 plus line 2)	\$2611.99			
Line 4: Total expenditures this period (page 5, line	14) \$325.00			
Line 5: Ending Balance (line 3 minus line 4)	\$2286.99			
Line 6: Total in-kind contributions this period (pag	e 6) 0			
Line 7: Total (all) outstanding liabilities (page 7)	0			
Line 8: Name of bank(s) used: Cooperative Bank of C	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: 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 p Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receipts, expenditures, disbursements, i campaign finance activity of all persons acting under the authority or on behalf of this contributions. Signed under the penalties of perjury:	eriod that are not otherwise disclosed in this report. est of my knowledge and belief, a true and complete statement of all campaign n-kind contributions and liabilities for this reporting period and represents the			

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.)

	Name and Residential Address	Occupation & Employer		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
10/22/2023	Barnstable Democratic Town Committee; P.O. Box 589, Hyannis Port, MA	\$400		
10/7/2023	Fred & Mary Dempsey; 48 Field Stone Road, West Barnstable, MA	\$200	Retired	
9/29/2023	Peter & Susan Eleftherakis; 81 Mill Way, Barnstable, MA	\$100		
10/6/2023	Ted & Barbara Hebert; 75 Pease Avenue, West Springfield, MA	\$100		
10/16/2023	Janet Mullen; 255 Maple Street, West Barnstable, MA	\$200	Retired	
10/12/2023	Arne Ojala; 211 Maple Street; West Barnstable, MA	\$100		
10/16/2023	Thomas E. O'Neill; 58 Holway Drive, West Barnstable, MA	\$100	·	
10/6/2023	Elsa Sampou; 375 Cedar Street, West Barnstable	\$100		
10/6/2023	Peter Sampou; 431 Maple Street, West Barnstable, MA	\$100		
10/17/2023	Dolores Schermer; 42 Williams Path, West Barnstable. MA	\$100		
9/7/2023	Frederick Spero; 14 Earl Road, East Sandwich, MA	\$100	,	
8/17/2023	Frederick Tirrell; 68 Second Way, Barnstable, MA	\$200	Retired	
Line 9: Total Rece	ine 9: Total Receipts over \$50 (or listed above) \$1800			
Line 10: Total Receipts \$50 and under* (not listed above) \$290				
Line 11: TOTAL RECEIPTS IN THE PERIOD \$2090			← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
)/29/2023	Sunderland Printing	115 Enterprise Road; Hyannis, MA	500 Push Cards	\$170.00
0/25/2023	Kristine Clark	398 Woodside Road; West Barnstable, MA	Reimbursement for OneCape Conference (7/31-8/1)	\$130.00
.0/25/2023	Housing Assistance Corporation	460 Main Street; Hyannis MA	Housing to Protect Cape Cod Summit	\$25.00
NO. 100 (100 (100 (100 (100 (100 (100 (100				
	1	Line 12: Total Expenditure	es over \$50 (or listed above)	\$325
		Line 13: Total Expenditures	s \$50 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEN	DITURES IN THE PERIOD	\$32!

^{*} 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
			1	
	·			
		Line 15: In-Kind Contributions over \$50 (or listed above)		0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

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