

Form CPF M 102: Campaign Finance Report

Municipal Form

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Office of Campaign and Political Finance / Massachusetts File with: Please print or type all information, except signatures. City or Town Clerk or Election Commission Fill in dates: Month Date Year Month Date Year 2011 31 Reporting Period Beginning 25 2011 Ending 10 Type of report: (Check one) ☐ 8th day preceding preliminary \boxtimes 8th day preceding election \square 30 day after election \square year-end report dissolution Zervin COMMITTER TO RURET WILLIAM CROKEN Full Name of Candidate (if applicable) Committee Name LAURIA CRONIN Mecini Office Sought and District Name of Committee Treasurer South St Hyannis MA OZECY P.O. BOX 1953 Hyannis MA OZGUI Residential Address Committee Mailing Address 608 -771 -0644 508-771-0644 Tel. No. (optional) Tel. No. (optional) **SUMMARY BALANCE INFORMATION:** Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) 1545. -Line 3: Subtotal (line 1 plus line 2) 565,-Line 4: Total expenditures this period (page 3, line 14) 902.91 662.09 Line 5: Ending balance (line 3 minus line 4) 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 Rock LAND TRUST 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 Signed under the penalties of perjury: M.G.L. c. 55 Treasurer's signature (in ink) 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 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. ☐ 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 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 committee in accordance with the requirements of

Signed under the penalties of perjury:

Candidate signature (in ink)

M.G.I. c. 55.

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 a page number on each page.

| Date Received | Name and Residential Address | Amount | | | |
|------------------|--|--------|------|-------------------------------------|--|
| Received | (alphabetical listing required) | | 1000 | (for contributions of \$200 or more | |
| 10/14/11 | SOUTH BOSTON MA OZIZZ | 100 | | | |
| 9/25/11 | DANIFEL GUARINI 24 CAREVIER PED WEST YMRINGUIN MA OZW73 | 100 | - | | |
| 0 /12/11 | ANTIPORE WOUDD AUG HYMNUS, MA OZGOI | 100 | | | |
| 0/12/11 | LIFSLIE, WIZINDY 36 MIADISON DIZIVE PAST SANDWICH MIT 02637 | 100 | | | |
| 10/12/4 | BIRNSMARL PAUL BARNSMARLS MA 02630 | 100 | | | |
| 10/12/1 | SNIELL, CLIENN 597 MAIN ST HYANNIS, MA OZEUI | 100 | | | |
| 0/11/11 | STREELE, RONALD P. 300 RIBIN MOOD CHECKE UNIT 102 MAPLIES PLEADIDA 34104 | 100 | ~ | | |
| 0/12/1 | WENTZEL, LAURA + DAVID THARVARD ST MYANNIS MA OZEVI | 100 | | | |
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| Line 9: To | otal receipts in excess of \$50 (or listed above) | පිගග | • | | |
| Line 10: To | otal receipts \$50 and under* (not listed above) | 765 | | | |
| Line 11: To | OTAL RECEIPTS IN THE PERIOD | 1565 | | 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.

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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 ogether, from committee records, and reported on line 13.

This page may be copied 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 | Am | ount |
|-----------|-------------------------------------|---------------------------------------|------------------------------------|-----|------|
| 10/27/11 | BUSINESS (TENTER? OF CAPPS COD | 1644 FALMONTH RIS (ENTRICVILLE MA | BRINTING - CAMPASICING LITERATURIZ | 191 | 2.5 |
| 10/19/11 | CREKIN, LUILLIAM | 402 South ST HYMENIS HA OZECY | CAMPAIGN PXPAGES YARD SIGNS | | |
| <u> </u> | | | PATRICT AD PRINTING | 408 | 95 |
| 10/28/11 | MOM 12 DIEPOT | GO INDEPENDENCE I | DR PECIES FOR | 66 | 0.5 |
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| | | | | | 35 |
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| | | | | | |
| <u> </u> | | Line 12: | Expenditures over \$50 | 666 | 25 |
| 5. 50 | | N N N N N N N N N N N N N N N N N N N | Expenditures \$50 and under* | | 66 |
| I | Enter on page 1, line 4 | Line 14: | TOTAL EXPENDITURES | 902 | 91 |

^{*}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.

| Date Received | From Whom Received* | Residential Address | Description of Contribution | Value |
|------------------|-------------------------|---------------------|-----------------------------|-------|
| 136 | | | | |
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| | | | | |
| | | Line 15: | In-kind over \$50 | |
| | | Line 16: | In-kind \$50 and under | |
| | Enter on page 1, line 6 | Line 17: | Total In-kind | NIA |

^{*} 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 |
|------------------|-------------------------|--|--|
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| | | | |
| | 38 | | |
| E | Enter on page 1, line 7 | Line 18: OUTSTANDING LIABILITIES (ALL) | NIA |

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.

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