

## Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

BARNSTABLE TOWN CLERK

File with:

13 OCT 24 M1 :40

y or Town Clerk or Election Commission  Please print or type all is	nformation, except signatures.				
	Year Month Date Year 2/3 Ending 10 25 2013				
Type of report: (Check one)  8th day preceding preliminary □8th day preceding elec-	tion 30 day after election year-end report dissolution				
ANTONIA BELLANCA					
Full Name of Candidate (if applicable)  TOWN COUNCIL PREC 5	Committee Name  Name of Committee Treasurer  Committee Mailing Address				
Office Sought and District  RAST BAY RD OSTERVILLE					
For 428-6867					
Tel. No. (optional)	Tel. No. (optional)				
Line 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus Line 6: Total in-kind contributions Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used  Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, mance activity, including all contributions, loans, receipts, expenditures, disbur ampaign finance activity of all persons acting under the authority or on behalf or Signed under the per reasurer's signature (in ink)	eriod (page 3, line 14)  s line 4)  s line 4				
reasurer's signature (in ink)	Date				
Affidavit of Candidate: (check I box only)  Candidate with Committee and no activity independent of the committee certify that I have examined this report including attached schedules and it is, finance activity, of all persons acting under the authority or on behalf of this co contributions, incurred any liabilities nor made any expenditures on my behalf did (Candidate without Committee OR Candidate with independent activity is 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 campaignemittee in accordance with the requirements of M.G.L. c. 55. I have not received any uring this reporting period.  filling separate report to the best of my knowledge and belief, a true and complete statement of all campaignements, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.  In the second				
Candidate signature (in ink)	10/25/2013				
Branch (at his.)	Date				

## 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 (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
9/20	ANTONIA BELLANCA	1937	44	LOAN
				•
		1.		
	· .			
Line 9: 7	Total receipts in excess of \$50 (or listed above)			
	Total receipts \$50 and under* (not listed above)			
Liné 11: TOTAL RECEIPTS IN THE PERIOD				Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

## 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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	(alphabetical listing)	Address	PRECINCT WIDE MAILING	Amount	
9/20/13		110 BREEDSHILLAD UNIT 3 HYMNWIS, MM. 03601		312	77
9/20/13 9/20/13	POSTMASTER OSTERVILLE	MAIN ST. 60655 OSTERVILLE MA	PRECINCT WIDE	395	//
9/20/13	SUNDERLAND PRINTERS	41 ROSANY LANE HUANNIS, MA 02601	PRINTING OF PRECINCT WIDE MAL	45/	56
9/20/13	CRISP	791 MAIN ST OSTERVILLE, MA 02655	RALLY INIO/13 MEET & GREET	500	00
0/10/13	CRISP	791 MAIN ST OSTERVILLE, MA.02655	FINAL / RALLY 10/10 MEET & GREAT	278	00
	The second secon		· .		
					-
	,	Line 12:	Expenditures over \$50	1937	44
•		Line 13:			
	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	1937	LII

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3