

## Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

of Massachu					File wit	th: City or Town Clas	t men
Fill in R	eporting Period dates:	Beginning Date:	10/3	15/13	Ending Date:	1/20/	k or Election Commiss
_	Report: (Check one) y preceding preliminary	8th day preceding elec	etion [	] 30 day a	fter election	year-end report	dissolution
AN	TONIA BELLA	NCA					
	Candidate Full Name (if	applicable)			Com	mittee Name	
	Office Sought and D	istrict		L	Name of Co	ommittee Treasurer	
121 E.	BAYRD. , 03TER	VILLE					
	Residential Address umber (optional): 508-42	288	] [			Mailing Address	
	amer (optional). [308-42	8-6867		Telephone N	umber (optional):		
ſ		SUMMARY BAL	ANCE	INFOR	MATION:		
ł	Line 1: Ending Balance	e from previous repor	rt	Γ	0		7
	Line 2: Total receipts this period (page 3, line 11)			Ī	887.03		<b>-</b>
	Line 3: Subtotal (line 1	plus line 2)			887.03		j
	Line 4: Total expenditures this period (page 5, line 14)  Line 5: Ending Balance (line 3 minus line 4)			4)	887.03		]
- 1					0		7
	Line 6: Total in-kind co	ntributions this perio	d (page	6)			<u> </u>
	Line 7: Total (all) outst	anding liabilities (pag	ge 7)				
	Line 8: Name of bank(s	) used: $\mathcal{T} \cdot \mathcal{O}$ .	BAN	KNO	RTH, MA.		j
tify that I ha	mmittee Treasurer: ave examined this report including atta ng all contributions, loans, receipts, ex of all persons acting under the authorit	ched schedules and it is, to the penditures, disbursements, in y or on behalf of this commit	ne best of m -kind contri	y knowledge ibutions and I	and belief, a true and com abilities for this reporting e requirements of M.G.I.	plete statement of all period and represents	campaign finance
ed under ti	he penalties of perjury:				(Treasurer's signature)		
	IDATE FILINGS ONLY: A		k I box oni	y)			
activity, of	with Committee and no activity inde I have examined this report including all persons acting under the authority or I liabilities nor made any expenditures	attached schedules and it is,	to the best in accorda	of my knowle nce with the r	dge and belief, a true and equirements of M.G.L. c.	complete statement of 55. I have not receive	f all campaign finance ad any contributions,
Candidate of certify that finance active campaign fin	without Committee QR Candidate we thave examined this report including wity, including contributions, loans, rec- nance activity of all persons acting use the penalties of perjury:	hth independent activity fill attached schedules and it is,	ing separat	e report of my knowle	alge and belief, a true and one and liabilities for this reduce with the requirement	complete statement of reporting period and nents of M.G.L. c. 55.	
					(Candidate's signature)	Date:	11/17

2014 JAN 2 AM11/56

BARMSTABLE TOWN CLERK

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.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/25/13	ANTONIA BELLANCA		LOAN
9: Total Receipts	over \$50 (or listed above)		

<sup>←</sup> 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.

Line 11: TOTAL RECEIPTS IN THE PERIOD

ALGT 1-c.55 requires commutees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep adied accounts and records at all expenditures, but need only termize those over \$50. Expenditures \$50 and under may be added together, in committee records with reported on line 13.

"Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to ori all expenditures. Please include your committee name and a page number on each page.)

ort 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 775.03		
0/1/13	SIGNS ON THE CHEAP	11525 B STONE HOLLOW DR. AVSTIN TEXAS, 78758	POLITICAL LAWN SIGNS			
10/11/13	LOU BARNICLE	127 CAP CARLTONS AD. COTUIT, MA. 02635	ARTWORK POST CARD	112		
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The second secon						
1 10 10 10 10 10 10 10 10 10 10 10 10 10						
and the second se						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Line 12: Total Expenditures over \$50 (or listed above)						
	tine 13. Total Expenditures \$50 and under* (not listed above)					
time on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD						

Evon have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

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ase itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be led together from the committee's records and included in line 16 on page 1.

ite Received	From Whom Received*	Residential Address	Description of Contribution	Value	
	The second secon				
10.1					
		Line 15. In-Kind Contributions over \$50 (or listed above)			
		Line 16. In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 →	→ Line 17: ΓΟΤΑL IN-KIND CONTRIBUTIONS — — —			

f 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 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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 $i.i.t. \in 55$  requires committees to report 414. Itabilities which have been reported previously and are still outstanding, as well those liabilities incurred during this reporting period.

te Incurred	To Whom Due	Address	Purpose	Amount
	e grape par per representation and the control of t			
One of the state o				
Manager of the common of the c				
A. Held. Annual Man.				
And the state of t				
The second second	And the second s			
Enter on page 1, line 12: TOTAL OUTSTANDING LIABILITIES (ALL)				

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