

# Form CPF M 102: Campaign Finance Report JAN 21 PM 12:38

**Municipal Form** Office of Campaign and Political Finance

BARNSTABLE TOWN CLERK

Signed under the penalties of perjury:

of Massachusetts			File witl	h: City or Town	Clerk or Ele	ection Co	mmission
Fill in Reporting Period dates: Beginning Date: 70 -	29-13	E	nding Date:	12-31			
Type of Report: (Check one)  8th day preceding preliminary 8th day preceding election	] 30 day	after elec	etion 🔀	year-end repo	ort 🗀 (	dissolu	tion
ERIC R. STEINHILBER  Candidate Full Name (if applicable)	ST	PIUIS	USEN Com	COMM T	<b>ाल्ड</b>		
TOWN COUNCIL - PCT 2 Office Sought and District	70	: www.fe	Name of C	1 NULUS Committee Treasu			
399 BISHOPS TEVE HYARMS MA UZGCI Residential Address	Po	BUKG		e Mailing Addre		021	30
Telephone Number (optional):	Telephone	Number (c	optional):				
SUMMARY BALANCE	E INFO	RMAT:	ION:				
Line 1: Ending Balance from previous report		88	34.17				
Line 2: Total receipts this period (page 3, line 11)			<del>}-</del>				
Line 3: Subtotal (line 1 plus line 2)		88	4.17				
Line 4: Total expenditures this period (page 5, line	: 14)	74	2.73				
Line 5: Ending Balance (line 3 minus line 4)		141.	. 44				
Line 6: Total in-kind contributions this period (page	ge 6)	·					
Line 7: Total (all) outstanding liabilities (page 7)		0	•				
Line 8: Name of bank(s) used: TO BWY	<						
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best cactivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind or	ontributions	and liabiliti	ies for this report	ing period and r	ent of all can	npaign fi e campai	nance gn
finance activity of all persons acting under the authority or on behalt of this committee in a Signed under the penalties of perjury:			reasurer's signat		ite: 1/	18/1	14
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)			<del></del>			
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 activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	ordance with	nowledge a	and belief, a true ements of M.G.I	and complete standard complete	atement of al not received	ll campai any contr	ign finance ributions,
Candidate without Committee OR Candidate with independent activity filing sep  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my k in-kind con	enowledge a tributions a	nd liabilities for	this reporting pe	riod and rep	ll campai resents ti	ign he
		"	Candidate's signa	uture) Da	ate:		

(Candidate's signature)

#### **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.)

Pate Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
e 9: Total Recei	pts over \$50 (or listed above)		
e 10: Total Rece	ipts \$50 and under* (not listed above)		
	*		

<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.

## **SCHEDULE A: RECEIPTS (continued)**

Line 9: Total Receipts \$50 and under* (not listed above)  Line 10: Total Receipts \$50 and under* (not listed above)  Line 10: Total Receipts \$50 and under* (not listed above)	Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	1,000			
Line 10: Total Receipts \$50 and under* (not listed above)	Line 9: Total Rece	eipts over \$50 (or listed above)		
	Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL RECEIPTS IN THE PERIOD ← Enter on page 1, line 2				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.

### **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

eport all expend		ittee name and a page number on	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/30/13	MINUTENAN	1694 falmoth PD contourlle, MA 02632	printub	202.73
10/30/13	USPS	consonit MA 02632	Pos race	180.00
11/12/13	ENC STEINHILBER	399 BISIKOS TOXL HYMM, MA 02601	RETURNSEMUS - Caupanton warners	360.00
		Line 12: Total Expenditures o	ver \$50 (or listed above)	742.73
Line 13: Total Expenditures \$50 and under* (not listed above)				-0-
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	742,73

<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.

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# **SCHEDULE B: EXPENDITURES (continued)**

(alphabetical listing)	Address	Purpose of Expenditure	
			1
	1		1
	Line 12: Expenditures over	er \$50 (or listed above)	
	Line 13: Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4	Line 13: Expenditures \$50  Enter on page 1, line 4 → Line 14: TOTAL EXPEN	Line 12: Expenditures over \$50 (or listed above)  Line 13: Expenditures \$50 and under* (not listed above)  Line 14: TOTAL EXPENDITURES IN THE PERIOD

<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.

#### 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	
	Line 15: In-Kind Contributions over \$50 (or listed above)				
		Line 16: In-Kind Contributions			
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS		

<sup>\*</sup> 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
1				
				1
			]	
		Line 18: TOTAL OUTSTAN	DINC HADII ITIES (ALL)	