



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 9/21/19 Ending Date: 10/28/19

Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

John G. Flores  
 Candidate Full Name (if applicable)  
Town Councilor PCT 1  
 Office Sought and District  
83 Keweenaw Lane, 444  
Commaguid, MA 02631  
 Residential Address  
 E-mail: John.Flores2019@gmail.com  
 Phone # (optional): \_\_\_\_\_

John G. Flores Campaign Fund  
 Committee Name  
Penny K. Hensley  
 Name of Committee Treasurer  
P.O. Box 444, Commaguid MA  
 Committee Mailing Address 02631  
 E-mail: \_\_\_\_\_  
 Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>30.38</u>
Line 2: Total receipts this period (page 3, line 11)	<u>4,000.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>4,030.38</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2,513.11</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1,517.27</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Cooperative Bank of Cape Cod.</u>

PARISHABLE  
TOWN CLERK

**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: Penny Hensley (Treasurer's signature) Date: 10/25/2019

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

**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 period that are not otherwise disclosed in this report.

**Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: \_\_\_\_\_ (Candidate's signature) 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.

(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)
10/25/19	Joseph Merlandi 2180 Main St. Barnstable, MA 02706	200.00	Attorney -
9/24/19	Robert C. Berti 721 11th St. Key Colony Beach, FL 32051	500.00	Retired
"	Tara Brown 101 Deacon Ct. Barnstable, MA 02706	50.-	N/A
"	David Colombo 5 Open Spall Dr. Sandwich, MA 02563	100.-	N/A
"	Jeanne Connolly 74 Peach Tree Rd., Marston's Mills, MA 02748	50.-	N/A
"	Judith Crocker 50 Birchill Rd Centerville, MA 02712	50.-	N/A
"	Anne Rockhoff Dalton 118 Ave Hill Rd., Barnstable, MA 02706	100.-	N/A
"	Robert Dwyer 174 Salt Pond Rd Barnstable, MA 02730	250.-	Director, Natural History Museum
"	Peter Eleftherakis P.O. Box. 911 Barnstable, MA 02706	100.-	N/A
"	Wolfgang Fattler 620 Cedar St., W. Barnstable, MA 02708	100.00	N/A
"	Pennar Hensley 34 Swallow Hill Dr Barnstable, MA 02730	50.-	N/A
"	Michael Joyce P.O. Box. 456 Barnstable, MA 02706	200.-	Turning Mill Construction
Line 9: Total Receipts over \$50 (or listed above)		1,750.00	
Line 10: Total Receipts \$50 and under* (not listed above)		-	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>1,750.00</b>	P.4 ← 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/22/19	Joseph Keller 206 Starboard Ln. Oakville, MA 02655	500.00	owner, Keller Company.
"	Donald Lynde 126 Lakeshore Dr Marston Mills, MA 02648	100.00	N/A.
"	Francis Manzelli 90 Wildflower Ln. Yarmouth Port, MA	225.00	Retired
"	Maria Marasco 94 Pleasant St. S. Yarmouth, MA 02664	25.00	N/A
"	Carl Monroe P.O. Box. 800 Dennis, MA 02628	150.00	N/A.
"	David Munsell 3074 Main St. Barnstable, MA 02670	250.00	owner, Munsell Appraisal
9/25/19	Michelle LeBlanc 5 Raspberry Lane Marston Mills, MA 02648	25.00	N/A
9/24/19	Robert Nouton P.O. Box. 150 Barnstable, MA 02630	100.00	N/A
"	Virginia O'Toole 14 West Woods Yarmouth Port, MA	50.00	N/A.
"	Michael O'Keefe P.O. Box. 805 Barnstable, MA 02630	100.00	N/A
"	William Peters 234 Krater Path Yarmouth Port, MA	50.00	N/A
"	Richard Schuffmann 2786 Main St. Barnstable, MA 02630	50.00	N/A.
"	Margaret Thayer P.O. Box. 174 Cummagrud, MA 02637	75.00	N/A
Line 9: Total Receipts over \$50 (or listed above)	1,700.00		
Line 10: Total Receipts \$50 and under* (not listed above)	-		
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	1,700.00	PA ← 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9/24/19	Vincent Torano 3660 Main St. Marstable, MA 02630	100.00	N/A
10/4/19	Elizabeth Wheeler 66 Saltan Point Rd. Marstable, MA 02630	100.00	N/A
9/24/19	Tom Whelan Rd 278 Leland Drewster, MA 02631	150.00	N/A
10/21/19	Franklin Wyner P.O. Box 375 Marblehead, MA 02648	200.00	Retired
Line 9: Total Receipts over \$50 (or listed above)	550.00		
Line 10: Total Receipts \$50 and under* (not listed above)	-		
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	<del>550.00</del>	← \$ 4,000.00 PH 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
9/21/19	Maha Keese Restaurant (Wharf)	211 Millway Braintree, MA 02630	Kick-off for Campaign	642.60
10/4/19	Albert Proso Assoc., Inc.	175 Campanelli Pkwy, Stoughton, MA 02672	Campaign Lawn Signs	876.56
10/12/19	CFS.	P.O. Box 1204 Norton, MA 02766	Campaign Door Hangers	575.00
10/12/19	CFS	P.O. Box 1204 Norton, MA 02766	Campaign Envelopes	363.95
10/23/19	US. P.O.	Commaguid, MA 02627	Campaign Stamps	55.00
Line 12: Total Expenditures over \$50 (or listed above)				2,513.11
Line 13: Total Expenditures \$50 and under* (not listed above)				—
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>2,513.11</b>

Enter on page 1, line 4 →

\* 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 \$50 & under (not listed above)	
<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	<i>Zero</i>

Enter on page 1, line 6 →

\* 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
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	Zero