



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

26 AUG '22 AM 9:35
BARNSTABLE TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 07/18/22 Ending Date: 08/23/22

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

John Robert Crow
 Candidate Full Name (if applicable)
 Town Councilor, Precinct 5
 Office Sought and District
 88 Tower Hill Road, Barnstable, MA 02655
 Residential Address
 E-mail: looney75@comcast.net
 Phone # (optional):

The Committee to Elect John Crow
 Committee Name
 Michael Tulman
 Name of Committee Treasurer
 P.O. Box 851, Osterville, MA 02655
 Committee Mailing Address
 E-mail: looney75@comcast.net
 Phone # (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	6,500
Line 3: Subtotal (line 1 plus line 2)	6,500
Line 4: Total expenditures this period (page 5, line 14)	5414.84
Line 5: Ending Balance (line 3 minus line 4)	1085.16
Line 6: Total in-kind contributions this period (page 6)	700
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Rockland 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 M.G.L. c. 55.
 Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 08/23/22

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: [Signature] (Candidate's signature) Date: 08/23/22

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
7.27.22	Amy HURT	39 TOWER HILL RD COSTERVILLE, MA 02655	Website Develop Ment	1,000
Line 15: In-Kind Contributions over \$50 (or listed above)				1,000
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				1,000

* 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. Page 6

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
7.18.22	U.S.PS	42 WIANNO AVE OSTERVILLE, MA	P.O. BOX	101.-
7.30.22	AMANDA Skuba	76 Brooks ST. MED FORD, MA 02155	DESIGN YARD SIGNS POST CARDS, HANDOUTS	960.-
8.1.22	LUJEAN Printing	4507 Falmouth RD COTUIT, MA 02635	Printing: YARD SIGNS POSTCARDS, HANDOUTS	541. ⁸⁸
8.16.22	LUJEAN Printing	4507 Falmouth RD COTUIT, MA 02635	Printing: POSTCARD, SIGNS RACE CARDS	1627. ⁵⁸
8.16.22	LUJEAN Printing	4507 Falmouth RD COTUIT MA 02635	printing: RACE SIGNS RACE CARDS	1563. ¹⁷
8.16.22	USPS	42 WIANNO AVE OSTERVILLE, MA 02655	POSTCARD MAKING FEE	621. ²¹
Line 12: Total Expenditures over \$50 (or listed above)				544. ⁸⁴
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				544. ⁸⁴

* 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 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)
7.18.22	JOHN CROW 88 TOWER HILL RD, OSTEADVILLE	3,000	Retired - Candidate CONTRIBUTION
8.8.22	JOHN CROW 88 TOWER HILL RD, OSTEADVILLE, MA	2,000	Retired - Candidate CONTRIBUTION
8.16.22	JOHN CROW 88 TOWER HILL RD, OSTEADVILLE, MA	1,500	Retired - Candidate CONTRIBUTION
Line 9: Total Receipts over \$50 (or listed above)		6,500	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		6,500	← 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.