

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

Office of Campaign and Political Finance

27 OCT '25 PM3:46 BARNSTABLE TOWN CLERK

Fill in Reporting Period dates: Beginning Date:	File with: City or Town Clerk or Election Comm  Ending Date:	issio
Type of Report: (Check one)  8th day preceding preliminary  8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution	
Candidate Full Name (if applicably)  Change Sought and District  Office Sought and District  Canterville Ma	Committee 48 Clack Andre 11  Committee Name  Committee Treasurer  Name of Committee Treasurer  Part Facility (10 Centern)	(0,1
E-mail: 6-ling 2132@gras1.com  Phone #: 7741 238 - 01442	E-mail: Sunnysellshousefontheseashord  Phone #: 508 - 776 - 2692	9,m
SUMMARY BALANC	CE INFORMATION:	
Line 1: Ending Balance from previous report	100:00	
Line 2: Total receipts this period (page 3, line 12)	700.00	
Line 3: Subtotal (line 1 plus line 2)		
Line 4: Total expenditures this period (page 5, line 15)	700.00	į į.
Line 5: Ending Balance (line 3 minus line 4)	75.00	
Line 6: Total in-kind contributions this period (page 6,	, line 18) 275.00	
Line 7: Total (all) outstanding liabilities (page 7, line 19	19) .	
Line 8: Total out-of-pocket expenses this period (page 8	8, line 22)	
Line 9: Name of bank(s) used:	_Cod 5	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box Candidate with Committee	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 10.27.25	
candidate with 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  Candidate without Committee  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	ccordance with the requirements of M.G.L. c. 55. I have not received any contribution general period that are not otherwise disclosed in this report.  The best of my knowledge and belief, a true and complete statement of all campaign tests, in-kind contributions and liabilities for this reporting period and represents the	iance

## **SCHEDULE A: RECEIPTS**

1.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar ear. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor 50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and ecords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eccived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Itach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Ì	Name and Residential Address			Occupation & Employer
	Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	10/7/25	Parel Melen	200.0	Retired
,	10/23/25	Paul Revera	75.00	Lawyer
200 000 000	Harrier Harris			Land Control of the C
201 500		The state of the s	i a i	
	10			
		11 W 1=	Acres (g. 1)	
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## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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e man account of the second of		These of the state	
Line 10: Total Receipts over \$50 (or listed above)			* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.
Line 11: Total Receipts \$50 and under (not listed above)			
Line 12: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2