

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 9/18/1207 Ending Date: 10/27/2020	nmission
Fill in Reporting Period dates: Beginning Date: 9/18/2025 Ending Date: 10/27/2025	
Type of Report: (Check one)	
🔲 8th day preceding preliminary 🗹 8th day preceding election 🔲 30 day after election 🔲 year-end report 🔲 dissoluti	on
Barry J. Sheingow Committee to Elect Borry J. Sheing Scholle School Committee Name ()	1gol
Barnstable Town Council Precinct 12 Corol Sheingdu  Office Sought and District  Name of Committee Treasurer 4111	\
451 Regency Committee Treasurer Milk, Marshar 457 Regency Dive Morstons Milk, MA  Committee Treasurer Milk, MA  Committee Mailing Address.	.0264
E-mail: b she resold out took con E-mail: cshe radd of sma, 1-com	
Phone #: 978-852-7130 Phone #: 617-993-3977	
SUMMARY BALANCE INFORMATION:	
# 7 CZ(1) 0.1	
Line 2: Total receipts this period (page 3, line 12)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 15)	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6, line 18)	
Line 7: Total (all) outstanding liabilities (page 7, line 19)	
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	
Line 9: Name of bank(s) used: Bank of America	
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 fina 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:  Output  Date: 10/2 7/2	nce
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 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 contribution incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.	tinance utions,
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.	1
Signed under the penalties of perjury: Date: 10/27/20	25
M102 (12)	2023)

### **SCHEDULE A: RECEIPTS**

27 OCT 125 PM12:03 ARNSTABLE TOWN CLERK

M.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 year. 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 of \$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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities.

Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/23/2025	Farhad Amiapar & The Matte 232 Marlborough St. Roston, on 16	\$250	Retired/retired
10/7/2025	David - Judish Benke 61-26 ZIIMSt., Bay side, My	\$200	St. Peter's Luther East New York
10/23/2015	1000	\$200	Research scientist Regeneral Pharmacenticals, Torry Journ, My
9/24/2025		\$500	Retire
10(1/025	Carol B. Sheingold	\$ 200	Retired
9/29/2025	Barry J. Sheingol) 457 Regenz Dr. Mastrus Mills	\$1,000	Retired
10/15/2025	Borry J. Sheingh	\$200	Retired

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

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	(mpanting)		
5			
		·	
Line 10: Total Rece	ipts over \$50 (or listed above)	\$2,850.0	* If you have itemized receipts of \$50 and under, include them in line 10. Line 11
Line 11: Total Receipts \$50 and under (not listed above)		\$ 0	should include only those receipts not itemized above.
Line 12: TOTAL RECEIPTS IN THE PERIOD		\$2,850.00	← Enter on page 1, line 2

### **SCHEDULE B: EXPENDITURES**

M.G.L. c. 55 requires for each expenditure over \$50 that the candidate or committee list the name and address, in alphabetical order, to whom each expenditure is paid in a reporting period. Expenditures of \$50 and less can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all expenditures made of any amount. Do not include out-of-pocket expenditures of candidate reported on Schedule E. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
19/5/2025	Amazon	5e-He, wa 98109	Postands	\$132.55
10/2/2025	Benk . F America	1090 Jyannargh Rd Hymnis MA 02601	Checks	\$36.74
10/2/2025	Bank of America		Bank fee	\$5.00
19/4/025	Bank of Americ		Bank See	\$ 1,00
10/1/2025	Coden) Conterny ConsultagiLLC	177B Swame St. Lockland, MA 02370	Gusting services	\$450.00
10/10/1025	1 100000	Some as above	Consultry services	\$457.00
(0/11/10)		Holdrook, MA 02343	Company mederals	\$1,000,61
10(18/02	US. Postal Serine	Marstons Mills Mozors	Stamps	\$292.80

## SCHEDULE B: EXPENDITURES (continued)

D . D . I	To Whom Paid	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Aduress	rurpose of Expenditure	Amount
				l l
	×			
				[
and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		\$2,368.70
		Line 14: Expenditures \$50 and under (not listed above)		
	Enter on page 1, line 4 →	ne 4 → Line 15: TOTAL EXPENDITURES IN THE PERIOD		\$2,368.70

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. 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 of \$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 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a-page number on each additional page.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
\$50 and under, include them in line 16. Line 17		Line 16: In-Kind Contributions over \$50 (or listed above)		
		Line 17: In-Kind Contributions \$50 and under (not listed above)		
Enter on page 1, line 6 -> Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIO		RIBUTIONS IN THE PERIOD	50	

## **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	-			
Enter on page 1, line 7 → Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)			PO	

### SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
, , , , , , , , , , , , , , , , , , ,			
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)		_	and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD			← Enter on page 1, line 8