

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

27 OCT '25 PM1:10 BARNSTABLE TOWN CLERK

of Massachus		File with: City or Town Clerk or Election Commission
Fill in Re	eporting Period dates: Beginning Date: 10/4	1/25 Ending Date: 0/27/25
Type of	Report: (Check one)	
☐ 8th day	y preceding preliminary 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution
0	110/11/1/20	L. T. Carrier
_ Chris	Candidate Full Name (if applicable)	Committee Name
	ble Housing Authority Board of Commissioners	Linda Lauron
443 G.	Office Sought and District	Name of Committee Treasurer 429 Flint Street Marstons Mills, HA 02648
- (1) [11	Residential Address	Committee Mailing Address
	lauzo 1. Isu Egmail-com	E-mail: linbob 6364 @ concest. ret
Phone #:	774-251-1989	Phone #: 508-364-7592
	SUMMARY BALANC	E INFORMATION:
	Line 1: Ending Balance from previous report	1108.56
	Line 2: Total receipts this period (page 3, line 12)	20.00
		1128.56
	Line 3: Subtotal (line 1 plus line 2)	
	Line 4: Total expenditures this period (page 5, line 15)	314.00
	Line 5: Ending Balance (line 3 minus line 4)	814.56
	Line 6: Total in-kind contributions this period (page 6, 1	line 18)
	Line 7: Total (all) outstanding liabilities (page 7, line 19	9) 0
	Line 8: Total out-of-pocket expenses this period (page 8	, line 22)
	Line 9: Name of bank(s) used:	5
I certify that I activity, inclufinance activity	ding all contributions, loans, receipts; expenditures, disbursements, in-kind c ity of all persons acting under the authority of on behalf of this committee in a r the penalties of perjury:	(Treasurer's signature) Date: 10/25/25
	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)
I certify activity,	ate with Committee that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in acc any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
I certify	ate without Committee that I have examined this report including attached schedules and it is, to the activity, including contributions, loans, receipts, expenditures, disbursements, m finance activity of all persons acting under the authority or on behalf of this	
Signed under	r the penalties of perjury:	(Candidate's signature) Date: 10 127/15

SCHEDULE A: RECEIPTS

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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)
10/4/25	F. Paul Richards 139 Longview Dr. Centerville, MA 02632	20.00	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
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	
Line 11: Total Receipts \$50 and under (not listed above)			should include only those receipts not itemized above.	
Line 12: TOTAL F	RECEIPTS IN THE PERIOD	20.00	← 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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
10/8/25	FlagMan Store	1480 Falmonte Rl. Suse 2 Centeriste. MA 02632	Campaign Signs	300.00
10/10/25	Boston Heald	70 Fago St. Smile 600 Bostons MA 02210	Digital Susscription	14,00

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date 1 aid	(urphabeteur insting)	1 AWAR CON	Turpose of Emponditure	
and under, include them in line 13. Line 14		Line 13: Expenditures over \$50 (or listed above)		314.50
		Line 14: Expenditures \$50 and under (not listed above)		
Enter on page 1, line $4 \rightarrow 1$		Line 15: TOTAL EXPENDITURES IN THE PERIOD		314.00

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

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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
* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.		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 PERIOD		0

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 OUTSTAND	DING LIABILITIES (ALL)	0

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