



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month 9 / Day 14 / Year 2011 Ending Month 12 / Day 5 / Year 11

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

James Cote  
 Full Name of Candidate (if applicable)  
Town Council  
 Office Sought and District  
169 Tower Hill Rd Oosterville 02055  
 Residential Address  
 Tel. No. (optional)

Committee to Elect James Cote  
 Committee Name  
Megan Toland  
 Name of Committee Treasurer  
840 Main St Oosterville 02055  
 Committee Mailing Address  
 Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>2077.86</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>1160</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>4,037.86</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>1,841.62</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>2,196.24</u>
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Line 6: Total in-kind contributions this period (page 4)	\$ <u>70.00</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>0</u>
Line 8: Name of bank(s) used	<u>TD BANK - OOSTERVILLE BRANCH</u>

**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:  
Megan Toland 12/5/11  
 Treasurer's signature (in ink) Date

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**Affidavit of Candidate: (check 1 box only)**  
 Candidate with Committee and no activity independent of the 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.  
 Candidate without Committee OR Candidate with independent activity filing separate report  
 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 committee in accordance with the requirements of M.G.L. c. 55.  
 Signed under the penalties of perjury:  
[Signature] 12/5/11  
 Candidate signature (in ink) Date

## SCHEDULE A: RECEIPTS

*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.*

This page may be copied 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)
11/3	Edinor Adams - 185 Cedar Tree Neck Rd, MARSTONS MILLS MA 02648	250 00	RETIRED
11/2	DONNA CARPENTER - 51 W. SHAM HILL, STOWE, VT 05672	500 00	OWNER BURTON SNOWBOARD
11/2	BARNES RIZNICK - 727 MAIN ST. OSTERVILLE MA 02055	200 00	RETIRED
11/3	NATE RUDMAN - 178 CABOT SAMADRES RD, CUTOIT, MA 02035	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)		1050 00	
Line 10: Total receipts \$50 and under* (not listed above)		110 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1160 00	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

*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.*

This page may be copied 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	
11/1	BARNSTABLE PATRIOT	4 OCEAN ST HYANNIS MA 02001	advertising	84	02
11/3	BARNSTABLE PATRIOT	4 OCEAN ST HYANNIS MA 02001	advertising	84	02
11/2	CAPE COD TIMES	319 MAIN ST HYANNIS MA 02001	Advertising	292	05
11/4	CAPE COD TIMES	319 MAIN ST HYANNIS MA 02001	Advertising	192	10
11/9	MIDNIGHT MAIL	110 BROADS Hill Rd UNIT 3 Hyannis 02001	Postcard sorting	275	27
11/5	OYSTER island Emporium	946 MAIN ST OSTERVILLE 02055	stationary	52	58
10/31	Postmaster	42 Wianno Ave OSTERVILLE 02055	Postage	350	02
11/18	Postmaster	47 WIANNO Ave OSTERVILLE 02055	Postage	88	02
11/3	Surferland	41 ROSARY LN HYANNISMA 02001	Printing	425	02
			Line 12: Expenditures over \$50		
			Line 13: Expenditures \$50 and under*		
			<b>Line 14: TOTAL EXPENDITURES</b>	<b>1,841</b>	<b>62</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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
11/1	LOU BARNICLE GRAPHIC DESIGN	127 CAPT. CARLTON'S RD COTUIT, MA. 02635	POSTCARD DESIGN	\$70.00
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
<b>Line 17: Total In-kind</b>				70.00

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
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				

Enter on page 1, line 7

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.



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