

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: Ending Date: Oct 31, 2011 Type of Report: (Check one) Bath day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution James H. Crocker, Jr Candidate Full Name (if applicable) Barnstable Town Council Precinct 5 Office Sought and District Name of Committee Treasurer	
Sth day preceding preliminary Sth day preceding election 30 day after election year-end report dissolution	n
James H. Crocker, Jr Candidate Full Name (if applicable) Committee Name Barnstable Town Council Precinct 5 Office Sought and District Name of Committee Treasurer	n
Candidate Full Name (if applicable) Barnstable Town Council Precinct 5 Office Sought and District Name of Committee Treasurer	
Barnstable Town Council Precinct 5 Office Sought and District Name of Committee Treasurer	
Office Sought and District Name of Committee Treasurer	
100 Culum Lana DO Day 106 Octomilla MA 036EE	
108 Sylvan Lane, PO Box 496 Osterville, MA 02655	
Residential Address Committee Mailing Address	
Telephone Number (optional): [Felephone Number (optional): [
SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14) 313.64	
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	
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.	ice
Signed under the penalties of perjury:(Treasurer's signature) Date:	iii
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 to 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. 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	itions.
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. e. 55.	1

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)
			(101 CONTINUETORS OF \$200 OF MOTO)
		<u> </u>	
ine 9: Total Receip	ts over \$50 (or listed above)		
ine 10: Total Receip	ots \$50 and under* (not listed above)		
ing 11. TOTAL D	ECEIDTE IN THE DEDICE		
ne 11: IUIAL K	ECEIPTS IN THE PERIOD	•	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

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
Oct 8, 2011	Staples	364 Barnstable Rd, Hyannis, MA		78.0
Oct 9, 2011	Staples	364 Barnstable Rd, Hyannis, MA	Photo Copies	108.5
Oct 20, 2011	Staples	364 Barnstable Rd, Hyannis, MA	Photo Copies	74.3
Oct 28, 2011	Staples	364 Barnstable Rd, Hyannis, MA	Photo Copies	52.5
		Line 12: Total Expenditures ove	er \$50 (or listed above)	313.64
		Line 13: Total Expenditures \$50	and under* (not listed above)	
		Line 14: TOTAL EXPENDITE er, include them in line 12. Line 13 sha	1	313.64

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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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
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

^{*} 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.

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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.

Pate Incurred	To Whom Due	Address	Purpose	Amoun
Oct 26, 2011	Lujean Printing	PO Box 571, Osterville, MA	Printing of Brochures & Signs	864.45
######################################				
The activities the second of				
990 100 0000				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	864.45