

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2019 MAY 8 PM12:08 BARNSTABLE TOWN CLERK

File with: City or Town Clerk or Election Commission					
Fill in Re	eporting Period dates: Beginning Date:	Ending Date: May 6, 2019			
Type of I	Report: (Check one)				
7.2	•	30 day after election year-end report dissolution			
Laura Cror	nin	Committee to Elect Laura Cronin Hyannis Fire District Commission			
Laura Croi	Candidate Full Name (if applicable)	Committee Name			
Hvannis Fi	ire District Commissioner	Laura Cronin			
	Office Sought and District	Name of Committee Treasurer			
402 South	Street, Hyannis, NA 02601	PO Box 1953, Hyannis MA 02601			
702 0000	Residential Address	Committee Mailing Address			
E-mail:	Itftmc@not nail, com	E-mail: electlaura@roninggmail.com			
Phone # (opti		Phone # (optional) 508 776 8159 (508) 771-0644			
	SUMMARY BALANC	CE INFORMATION:			
	Line 1: Ending Balance from previous report	341.61			
, and shallow,	Line 2: Total receipts this period (page 3, line 11)	291.98			
	Line 3: Subtotal (line 1 plus line 2)	633.59			
	Line 4: Total expenditures this period (page 5, lin	ne 14) 554.07			
	Line 5: Ending Balance (line 3 minus line 4)	79.52			
	Line 6: Total in-kind contributions this period (pa	age 6) 0			
•	Line 7: Total (all) outstanding liabilities (page 7)	0			
	Line 8: Name of bank(s) used: Rockland Trust				
I certify that I activity, inclu		at of my knowledge and belief, a true and complete statement of all campaign finance contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.			
	r the penaltics of perjury:	(Treasurer's signature) Date: 5/6/19			
FOR CAN	IDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	ox only)			
I certify to activity, incurred	of all persons acting under the authority or on behalf of this committee in ac any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period that are not otherwise disclosed in this report.			
I certify t	Andidate 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 op behalf of this candidate in accordance with the requirements of M.G.L. c. 55.				
Signed under	r the penalties of perjury: Lauru Clor	(Candidate's signature) Date: 5/6/19			

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 r t all receipts. Please include your committee name and a page number on each page.)

D. / D	Name and Residential Address	A	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
Apr 17, 2019	Laura Cronin	291.98	Loan
A service and the service and			
Line 9: Total Receipts over \$50 (or listed above)		291.98	Leura Cronin
10: Total Receipts \$50 and under* (not listed above)		0	
	RECEIPTS IN THE PERIOD	291.98	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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Rece	ipts over \$50 (or listed above)		Laura Cronin
J 10: Total Rece	eipts \$50 and under* (not listed above)		
Line 11: TOTAL 1	RECEIPTS 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 the stable expenditures. Please include your committee name and a page number on each page.)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Nov 1, 2016	Laura & William Cronin	402 South St Hyannis, MA 02601	Repayment Campaign Loan	200
Jan/2018 -Mar	Rockland Trust	W. Main Street, Hyannis, MA 02601	Bank Fees	62.09
Apr 17, 2019	Buils-A-Sign	Austin TX 78758	2019 Campaign Signs	291,98
Neura Cronn		Line 12: Total Expenditures over \$50 (or listed above)		554.07
		Line 13: Total Expenditures \$50 and under* (not listed above)		
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD				554.07

^{*} 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				A STATE OF THE STA
		Line 12: Expenditures over \$50 (or listed above)		
Laur Cronen		Line 13: Expenditures \$50 and under* (not listed above)		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

^{*} 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 on page 1.

·) 	- 10 10 10 10 10 10 10 10 10 10 10 10 10			
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
7				
			The state of the s	
1				
			f .	
<u> </u>	36	Line 15: In-Kind Contributions	over \$50 (or listed above)	
Lewra Cropin		LING 13. III-KIRU CORUIOURIOIR	a over 400 (or nated 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.

Incurred	To Whom Due	Address	Purpose	Amount
detailement of the second of t				
	Laura Cre			
	New Co			
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	