File with: City or Town Clerk or Election Commission



Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date: 10	0/31/2023 Ending Date: 12/31/2023						
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☐ 30 day after election						
Paula Schnepp Candidate Full Name (if applicable) Municipal, Barnstable Office Sought and District 956 River Road, Marstons Mills, MA 02648 Residential Address E-mail: paulabarnstable@gmail.com Phone #:	Committee to Elect Paula Schnepp Committee Name Robert Bucchianeri Name of Committee Treasurer 956 River Road, Marstons Mills, MA 02648 Committee Mailing Address E-mail: rjbucchia@gmail.com Phone #:						
SUMMARY BALAN	CE INFORMATION:						
Line 1: Ending Balance from previous report	\$3,897.04						
Line 2: Total receipts this period (page 3, line 12) Line 3: Subtotal (line 1 plus line 2)	\$3,997.04						
Line 4: Total expenditures this period (page 5, line 1)	0.00						
Line 5: Ending Balance (line 3 minus line 4)	\$3,997.04						
Line 6: Total in-kind contributions this period (page 6	5, line 18) 0.00						
Line 7: Total (all) outstanding liabilities (page 7, line	19) \$2,784.€						
Line 8: Total out-of-pocket expenses this period (page 8, line 22)							
Line 9: Name of bank(s) used: Eastern Bank							
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: (Treasurer's signature) Date:							
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 t	pox only)						
l 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 that are not otherwise disclosed in this report.							
Candidate without Committee I certify that I have examined this report including anached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, bans, 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. Date: /21 20 24							
Signed under the penalties of perjury:	(Candidate's signature) M102 (12/2023)						

SCHEDULE A: RECEIPTS

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 E 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)
10-30-23	Marya Jim Mohan 130 Sturbridge Osterville, MA 02655	100-	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address ate Received (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)		
Line 10: Total Receipts over \$50 (or listed above) / 0 0		* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.			
Line 11: Total Receipts \$50 and under (not listed above)					
Line 12: TOTAL F	RECEIPTS IN THE PERIOD	← 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 D. 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		D 677 114	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				-
				1