



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning 8 / 1 / 11 Ending 10 / 31 / 11

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

Full Name of Candidate (if applicable)  
William J. Cronin

Office Sought and District  
Town Council Precinct 9

Residential Address  
402 South St Hyannis

Tel. No. (optional)  
508-771-0644

Committee Name  
Committee to elect William Cronin

Name of Committee Treasurer  
Laura Cronin

Committee Mailing Address  
P.O. Box 1953

Tel. No. (optional)  
Hyannis MA 02601  
508-771-0644

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report \$ 0

Line 2: Total receipts this period (page 2, line 11) \$ 1400 (if approximate)

Line 3: Subtotal (line 1 plus line 2) \$ 1400

Line 4: Total expenditures this period (page 3, line 14) \$ 700 (if approximate)

Line 5: Ending balance (line 3 minus line 4) \$ 700 (if approximate)

Line 6: Total in-kind contributions this period (page 4) \$ \_\_\_\_\_

Line 7: Total (all) outstanding liabilities (page 4) \$ \_\_\_\_\_

Line 8: Name of bank(s) used ROCKLAND TRUST

**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: \_\_\_\_\_ Date \_\_\_\_\_

Treasurer's signature (in ink)

**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: \_\_\_\_\_ Date 11/1/11

Candidate signature (in ink)



