

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

BARNSTABLE
TOWN CLERK



Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission 08 01:44

Fill in Reporting Period dates: Beginning Date: 1/1/11 Ending Date: 10/26/11

Type of Report: (Check one)

- 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

ANN BAXTER CANEDY

Candidate Full Name (if applicable)

Town Council - Precinct 1 Barnstable

Office Sought and District

70 Van Duzer Rd, Cummaquid

Residential Address

02637

Telephone Number (optional):

Committee to Elect Ann Candedy

Committee Name

Patricia Nedean

Name of Committee Treasurer

Box 23, Cummaquid, MA 02637

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

1,779.11

Line 2: Total receipts this period (page 3, line 11)

9,589.00

Line 3: Subtotal (line 1 plus line 2)

11,368.11

Line 4: Total expenditures this period (page 5, line 14)

1,813.64

Line 5: Ending Balance (line 3 minus line 4)

9,554.47

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:

Bank of America, Yarmouth Port, MA.

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:

Patricia L. Nedean (Treasurer's signature)

Date: 10/26/11

FOR CANDIDATE FILINGS ONLY: 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 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 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:

(Candidate's signature)

Date:

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)
8/27/11	Betti, Robert Cummaguid, MA 02637	500 ⁰⁰	Vice President - H Betti & Sons
10/7/11	Cook, William Box 924, Calves Pasture Ln. Barnstable, MA	250 ⁰⁰	Naval architect - Self Cook Yacht Design
8/27/11	Dwyer, Robert 174 Salt Rock Rd Barnstable, MA	\$250	Director - Cape Cod Museum of Natural History
10/17/11	George, Lloyd 188 Commerce Rd Barnstable	200 ⁰⁰	Engineer - Sealed Air Corporation
8/27/11	Harden, Charles Box 82, Main St Barnstable, MA	200 ⁰⁰	Artist - self
8/17/11	Farella Robert 749 MAIN ST OSTERVILLE, MA	250 ⁰⁰	Dentist - Self
9/8/11	Hinckley, Helen Box 504, Beale Way Barnstable	200 ⁰⁰	Retired
9/10/11	Nahill, Elizabeth 22 Dayton St, Harris Meadow Boston Barnstable	250 ⁰⁰	Retired
10/19/11	Plethner, Kate 510 Willow St W. Barnstable 02668	200 ⁰⁰	Owner - Barnstable Manic Service
10/8/11	Pond, Lauren 309 Bolton St. SO. BOSTON 02127	200 ⁰⁰	lawyer - DLA Piper
9/4/11	Wilhemina Macomber Wilhemina Macomber 7 Burning Tree Ln	250 ⁰⁰	President President, Sandy Neck Association
8/17/11	Baba, Ken 1393 Mary Dunn Rd CUMMAGUID 02630	100 ⁰⁰	landscape - self
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			All Total
Line 11: TOTAL 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
8/23/11	Carver, Herbert Box 488, Scudder Lane Barnstable	100 ⁰⁰	
8/25/11	Claus, Clyde Box 1089 Barnstable 02630	100 ⁰⁰	
8/27/11	Clark, Kris 298 Woodside W. Barnstable	100 ⁰⁰	
8/27/11	Benson, Kathleen Box 335, Althea Dr. Barnstable	100 ⁰⁰	
9/27/11	Allen, Ruthanne 2590 Main Barnstable, MA.	100 ⁰⁰	
10/8/11	Cox, Elizabeth Box 484 Barnstable	100 ⁰⁰	
10/15/11	Berglund, Steven 39 Shepherds way Barnstable	100 ⁰⁰	
9/1/11	Donovan, Peter 50 Indian Hill Cummagued	100 ⁰⁰	
8/24/11	Eleftherakis, Peter Box 911, Mill Way Barnstable, 02630	100 ⁰⁰	
8/27/11	Eastman, Peter Box 1011, Mill Way Rd Barnstable 02630	100 ⁰⁰	
8/27/11	Ferguson, Marian 116 Saiten Pt Barnstable	150 ⁰⁰	
8/22/11	Garrahan, Ann Box 378, Country Club La. Cummagued	100 ⁰⁰	
8/20/11	Grealey, Christine 48 Glenwood Yamouth, MA.	100 ⁰⁰	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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 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)
8/27/11	Hill, Genevieve Box 330 Cummaguid	100 ⁰⁰	
9/1/11	Haskell, Nancy Box 172 Cummaguid	100 ⁰⁰	
9/4/11	Heslinga, Steven 3000 1649 Hyannis Rd Barnstable	100 ⁰⁰	
9/10/11	Fuller, Charles Seven Point Barnstable	100 ⁰⁰	
9/10/11	Handy, Susan Main St Barnstable	100 ⁰⁰	
10/2/11	Huddick, Nikki Palomino Dr, Box 717 Barnstable	100 ⁰⁰	
9/1/11	Langeland, Dianne Tisquantim Rd, Box 515 Cummaguid	100 ⁰⁰	
10/15/11	Mullen, Thomas Coach La, Box 551 Barnstable	100 ⁰⁰	
5/27/11	Miller, Roberta Carriage La, Box 383 Barnstable	100 ⁰⁰	
10/15/11	Morton, Kelly Bone Hill Rd Cummaguid	100 ⁰⁰	
8/17/11	Kane, Arthur Box 1178, Main St Barnstable 02630	100 ⁰⁰	
8/19/11	LaPointe, William Box 549, Old Jail Lane Barnstable	100 ⁰⁰	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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 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)
8/17/11	George, Alice 17 Thatcher Shore Rd Yarmouth Port, 02675	100 ⁰⁰	
9/3/11	Nill, Elizabeth 105 Pin Oaks Barnstable, 02630	100 ⁰⁰	
9/10/11	McCue, Bruce 3 Avery Ct Boston	100 ⁰⁰	
10/19/11	Ojala, Daniel 32 Midpine Yarmouth Pt	100 ⁰⁰	
8/27/11	McAfee, Joanne 31 Cedar Pt Circle Centerville 02632	100 ⁰⁰	
8/27/11	Nedeau, Carl 69 Van Duzer Rd Cummaquod	60 ⁰⁰	
8/27/11	O'Brien, Marjorie 41 Deacon Ct 02630	100 ⁰⁰	
10/19/11	O'Brien, Robert 41 Deacon Ct Barnstable, 02630	100 ⁰⁰	
9/7/11	Reid, David Box 479, Main St Cummaquod	100 ⁰⁰	
8/17/11	Sampou, Andre Box 658 W Barnstable	75 ⁰⁰	
10/5/11	Schiffmann, Richard 2786 Main Barnstable	100 ⁰⁰	
8/27/11	Temkin, Robert 294 Mill Way Barnstable	100 ⁰⁰	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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 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)
10/11/11	Shaughnessey, Kathryn Box 1221 Barnstable	100 ⁰⁰	
10/22/11	Eastman, Peter Eastman, Peter Box 1147, Barnstable	75 ⁰⁰	
8/30/11	Theodores, Ted 50 Shepherds Way 02630	100 ⁰⁰	
10/19/11	Theodores, Ted 50 Shepherds Way 02630	100 ⁰⁰	
9/20/11	Vonnegut, Edith 9 Scudder La Barnstable	100 ⁰⁰	
10/17/11	Umsdag, Janis 1871 Main St Barnstable	100 ⁰⁰	
Line 9: Total Receipts over \$50 (or listed above)		7110.00	
Line 10: Total Receipts \$50 and under* (not listed above)		2479.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		9,589.00	← 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

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
8/22/11	Business Center of Cape Cod	Centerville, MA	brochure printing	660.61
9/13/11	Staples	Hyannis, MA	supplies - paper, stationary, envelopes	144.25
10/4/11	Business Center of Cape Cod	Centerville, MA	voter lists	34. ⁰⁰
10/20/11	Katalities	Zarnstable, MA.	flowers fundraiser	155.12
10/20/11	Cape Cod Textiles	Sandwich, MA.	signs	597.66
10/24/11	Post office	Cummaquid MA	postage	88.00
01/31/11 to 08/30/11	(Bank charges) BANK of America	YMTHPORT, MA	BANK CHARGES	128.00
8/30/11 and 9/30/11	BANK of AMERICA	YmTH PORT, MA	CHECK IMAGE	6.00
Line 12: Total Expenditures over \$50 (or listed above)				1773.64
Line 13: Total Expenditures \$50 and under* (not listed above)				40.00
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1813.64

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

