



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

16 FEB '24 PM 2:47  
BARNSTABLE TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/31/23 Ending Date: 2/16/24

Type of Report: (Check one)

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

Charles R. Bloom  
Candidate Full Name (if applicable)

Office Sought and District

Residential Address

E-mail:

Phone #:

Committee to Elect Charlie Bloom  
Committee Name

Maria L. Caputo  
Name of Committee Treasurer

29 Oak St., Hyannis, MA 02601  
Committee Mailing Address

E-mail: charliebloom02601@icloud.com

Phone #: 774-822-0077

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>400.00</u>
Line 2: Total receipts this period (page 3, line 12)	<u>0.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>400.00</u>
Line 4: Total expenditures this period (page 5, line 15)	<u>400.00</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0.00</u>
Line 6: Total in-kind contributions this period (page 6, line 18)	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 7, line 19)	<u>0.00</u>
Line 8: Total out-of-pocket expenses this period (page 8, line 22)	<u>0.00</u>
Line 9: Name of bank(s) used:	<u>TDBank</u>

#### 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: Maria L. Caputo (Treasurer's signature) Date: 2/16/2024

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

- Candidate with 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 that are not otherwise disclosed in this report.
- Candidate 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 on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Charles R. Bloom (Candidate's signature) Date: 2/16/24

**SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 10: Total Receipts over \$50 (or listed above)		<i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i>	
Line 11: Total Receipts \$50 and under (not listed above)			
<b>Line 12: TOTAL RECEIPTS IN THE PERIOD</b>	0.00		

**SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
2/16/24	St. Joseph's House Catholic Charities 77 Winder St. Hyannis, MA 02601	77 Winder St. Hyannis, MA 02601	Donation	400.00

*\* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14 should include only those expenditures not itemized above.*

Enter on page 1, line 4 →

Line 13: Expenditures over \$50 (or listed above)	400.00
Line 14: Expenditures \$50 and under (not listed above)	
<b>Line 15: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>400.00</b>

400.00

**SCHEDULE C: "IN-KIND" CONTRIBUTIONS**

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions 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. Do not include out-of-pocket expenditures of candidate reported on Schedule D. *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	From Whom Received*	Residential Address	Description of Contribution	Value

*\* If you have itemized in-kind contributions of \$50 and under, include them in line 16. Line 17 should include only those expenditures not itemized above.*

Enter on page 1, line 6 →

Line 16: In-Kind Contributions over \$50 (or listed above)	
Line 17: In-Kind Contributions \$50 and under (not listed above)	
<b>Line 18: TOTAL IN-KIND CONTRIBUTIONS IN THE PERIOD</b>	<b>0.00</b>

## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and the outstanding balance, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7 →			<b>Line 19: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	<b>0.00</b>

## SCHEDULE E: CANDIDATE OUT-OF-POCKET EXPENSES

Out-of-pocket expenses are expenditures on behalf of a candidate or candidate's committee made directly to a vendor using a candidate's personal funds. The information entered on Schedule E is not also entered on Schedule A or Schedule B. Direct monetary contributions from a candidate, which are deposited into the committee bank account, are receipts that should be listed in Schedule A. If a candidate intends an out-of-pocket expense to be a loan, enter the information on this schedule and on Schedule D: Liabilities. *Attach additional pages as needed to report all expenditures. Please include the candidate or committee name and a page number on each additional page.*

Date Paid	Name and Address of Vendor (alphabetical listing required)	Amount	Purpose of Expenditure
Line 20: Total Itemized Out-Of-Pocket Expenditures Over \$50 (or listed above)			* If you have out-of-pocket expenses of \$50 and under, include them in line 20. Line 21 should include only those expenditures not itemized above.
Line 21: Total Unitemized Out-Of-Pocket Expenditures \$50 and under (not listed above)			
<b>Line 22: TOTAL OUT-OF-POCKET EXPENDITURES IN THE PERIOD</b>		<b>0.00</b>	

← Enter on page 1, line 8

\*Schedule E is not for ballot question committee use.



Catholic Social Services  
Diocese of Fall River

## CATHOLIC SOCIAL SERVICES OF FALL RIVER, INC. Incoming Donation

Note: complete for cash and non-cash donations only

Date 2/16/24

Donor name Anonymous

Donor address Anonymous

Cash received or estimated value of goods received Check \$400

Description Centurian donated \$400 in a check  
made out to St. Joseph's  
check #105

Program St. Joseph's House

Employee name Elliot King

Employee signature [Signature]

CHARLES R BLOOM  
29 OAK ST  
HYANNIS, MA 02601-2853

105

Feb. 16, 2024

53-7054/2113  
175

Pay to the  
Order of

St. Joseph's House

\$ 400.00

Four hundred & 00/100

Dollars



Photo  
Safe  
Deposit  
Details on back



America's Most Convenient Bank

For

donation

CR Bloom

⑆ 211370545⑆ 0173785601⑆ 0105