Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

12 JAN '26 PM1:19
BARNSTABLE TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/25 Ending Date: 12/31/25

Type of Report: (Check one)

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

Gordon M Starr
Candidate Full Name (if applicable)

Town Councilor Precinct 1 Barnstable
Office Sought and District

85 Pilots Way W Barnstable MA
Residential Address

E-mail: gordon.m.starr@gmail.com

Phone # (optional):

Gordon Starr for Town Councilor
Committee Name

Sherry Greene-Starr
Name of Committee Treasurer

85 Pilots Way W Barnstable MA
Committee Mailing Address

E-mail: gstarr362@msn.com

Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1:	Ending Balance from previous report	449.46
Line 2:	Total receipts this period (page 3, line 11)	300.00
Line 3:	Subtotal (line 1 plus line 2)	749.46
Line 4:	Total expenditures this period (page 5, line 14)	595.00
Line 5:	Ending Balance (line 3 minus line 4)	154.46
Line 6:	Total in-kind contributions this period (page 6)	0
Line 7:	Total (all) outstanding liabilities (page 7)	0
Line 8:	Name of bank(s) used:	Cape & Coast 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: Sherry Greene-Starr (Treasurer's signature) Date: 1/8/26

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: _____ (Candidate's signature) Date: _____

SCHEDULE A: RECEIPTS

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 ır. 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) 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 ords of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions eived. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule E Liabilities.
ach 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)
4/3/25	Gordon Starr 65 Pilots Way, WB 02540	300.00	Town Councilor Precinct 1

Enter receipt totals on Page 3

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.*

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/3/25	Avery Revere	P.O. Box 321 Barnstable, MA	Web services, back up + monthly maintenance	595.00

Enter expenditure totals on Page 5