



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

25 OCT '23 PM 1:48
BARNSTABLE TOWN CLERK

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 9.5.2023 Ending Date: 10.23.2023

Type of Report: (Check one)

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

JOHN R. CROW
Candidate Full Name (if applicable)

Town Council Precinct 5
Office Sought and District

88 Tower Hill Rd, OSTERVILLE MA
Residential Address 02655

E-mail: JOHN CROW PRECINCT 5 @ gmail.com

Phone # (optional): _____

Committee to Elect John Crow
Committee Name

Michael TULMAN
Name of Committee Treasurer

PO Box 851, OSTERVILLE, MA 02655
Committee Mailing Address

E-mail: JOHN CROW PRECINCT 5 @ gmail.com

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>255.53</u>
Line 2: Total receipts this period (page 3, line 11)	<u>9160.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>9415.53</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>8316.80</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1098.73</u>
Line 6: Total in-kind contributions this period (page 6)	<u>102.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>ROCKLAND TRUST, OSTERVILLE, MA</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: Michael Tulman CPA (Treasurer's signature) Date: 10/23/23

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: J Crow (Candidate's signature) Date: 10.23.2023

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)
8.31.23	CONRAD + MARZA BETAUER 67 Robbins JT OSTERVILLE, MA 02655	100 ⁻	RETIRED
9.2.23	Broker Buyat Mediation 33 BARNARD RP. OSTERVILLE, MA 02655	200 ⁻	INVESTMENT ADVISORS
9.10.23	COPPLESTONE, DAVID + MARGARET 36 SHARON CIR OSTERVILLE, MA 02655	100 ⁻	RETIRED
8.29.23	JOHN CROW 88 Tower Hill RD OSTERVILLE, MA 02655	500 ⁻	Deposit by Candidate RETIRED
9.26.23	JOHN CROW 88 TOWER HILL RD OSTERVILLE, MA 02655	2,000 ⁻	Deposit by Candidate RETIRED
10.10.23	JOHN CROW 88 TOWER HILL RD OSTERVILLE, MA 02655	1,500	Deposit by Candidate RETIRED
10.12.2023	JOHN CROW 88 TOWER HILL RD OSTERVILLE, MA 02655	1,000 ⁻	Deposit by Candidate RETIRED
10.17.23	JOHN CROW 88 TOWER HILL RD OSTERVILLE, MA 02655	1,000 ⁻	Deposit by Candidate RETIRED
9.18.23	GERDY, GREG + MARIA 19 NUTMEG LN OSTERVILLE, MA 02655	100 ⁻	RETIRED
10.10.23	HUBBARD, RICHARD + Deb 67 WESTWIND CIR OSTERVILLE, MA 02655	50 ⁻	RETIRED
9.10.23	MACGOWAN, MARGARET / JAMES EARLARD 39 TOWER HILL RD OSTERVILLE, MA 02655	200 ⁻	RETIRED
9.6.23	MACMILLAN, MARY 153 EVANS ST OSTERVILLE, MA 02655	100 ⁻	RETIRED
Line 9: Total Receipts over \$50 (or listed above)		8875 ⁻	
Line 10: Total Receipts \$50 and under* (not listed above)		285 ⁻	
Line 11: TOTAL RECEIPTS IN THE PERIOD		9160.00	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9.12.23	Peters, GARY + ANN 108 Hollingsworth Rd Osterville, MA 02655	200 ⁻	Surgeon Cape Cod Health Care
9.26.23	Peters, GARY + ANN 108 Hollingsworth Rd Osterville, MA 02655	200 ⁻	Surgeon Cape Cod Health Care
9.8.23	Schulte, BOB + ANNE 52 Fox Run Ln Centerville, MA 02632	500 ⁻	RETIRED
9.8.23	Sylvester, PAUL + KATHY 31 chine way Osterville, MA 02655	500 ⁻	RETIRED
9.6.23	Vyas, ANIL + PATRICIA 117 pausley Ln Osterville, MA 02655	100 ⁻	RETIRED
10.12.23	WRIGHTSON, Rick + Lois 132 Swift Ave Osterville, MA 02655	75 ⁻	RETIRED
9.25.23	WROE, David + Peggy 174 Starboard Ln	250 ⁻	RETIRED
10.10.23	Suprenant, AL 174 Old Abnott Rd Marston, MA 02648	200 ⁻	RETIRED / OYSTER FARMER
Line 9: Total Receipts over \$50 (or listed above)		8875	
Line 10: Total Receipts \$50 and under* (not listed above)		285 ⁻	
Line 11: TOTAL RECEIPTS IN THE PERIOD		9160 ⁻	← 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
8.29.23	U.S. PS	42 WIANNO AVE OSTERVILLE, MA 02655	Mailbox Rental	108. ⁻
9.11.23	ERIC SCHWARZ	157 Melbourne RD HYANNIS, MA 02601	Printing Expense RACK CARDS	255. ⁸¹
9.16.23	Kinko's	297 North St HYANNIS MA 02601	Printing Expense RACK CARDS	411. ¹⁷
9.20.23	Lujean Printing	P.O. Box 571 OSTERVILLE, MA 02655	Business Cards RACK CARDS YARD SIGNS	1174. ⁰⁶
9.26.23	Lujean Printing	P.O. Box 571 OSTERVILLE, MA 02655	Signs Door Hangers	1336. ⁶³
10.5.23	Lujean Printing	P.O. Box 571 OSTERVILLE, MA 02655	Magnetic Signs Yard Signs Post + Rack Cards	2331. ¹³
10.10.23	POSTMASTER U.S. PS	40 River RD MARSTONS MILLS, MA 02648	Postage for POSTCARDS	116. ⁶²
10.10.23	U.S. PS	1672 Falmouth RD CENTERVILLE, MA 02632	Postage for POSTCARDS	116. ⁴²
10.10.23	U.S. PS	42 WIANNO AVE OSTERVILLE, MA 02655	Postage for POSTCARDS	660. ⁷³
10.18.23	Lujean Printing	P.O. Box 571 OSTERVILLE, MA 02655	YARD SIGNS	1806. ²³
Line 12: Total Expenditures over \$50 (or listed above)				8316. ⁸⁰
Line 13: Total Expenditures \$50 and under* (not listed above)				—
Line 14: TOTAL EXPENDITURES IN THE PERIOD				8316. ⁸⁰

Enter on page 1, line 4 →

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

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
9.6.23	ERIC SCHWARTZ	157 Melbourne Rd HYANNIS, MA 02601	Printed Campaign Flyers	\$ 102.
Line 15: In-Kind Contributions over \$50 (or listed above)				102.
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				102.

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

