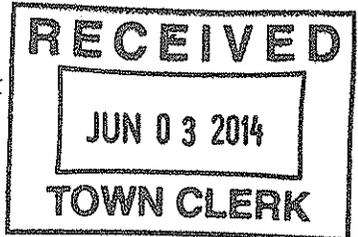


Form CPF M 102: Campaign Finance Report  
Municipal Form  
Office of Campaign and Political Finance



File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:  
Reporting Period Beginning Month APR Date 19 Year 2014 Ending Month MAY Date 26 Year 2014

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

Cheryl Lee Andrews  
Full Name of Candidate (if applicable)  
Selectman - Province Town  
Office Sought and District  
86 Harry Kemp Way  
Residential Address  
508. 487. 4802  
Tel. No. (optional)

Committee to Elect Cheryl Andrews  
Committee Name  
Barbara B. Fischer  
Name of Committee Treasurer  
86 Harry Kemp Way  
Committee Mailing Address  
Province Town, MA  
Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

|  |                   |
|--|-------------------|
| Line 1: Ending balance from previous report              | \$ <u>409.21</u>  |
| Line 2: Total receipts this period (page 2, line 11)     | \$ <u>375.00</u>  |
| Line 3: Subtotal (line 1 plus line 2)                    | \$ _____          |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>0</u>       |
| Line 5: Ending balance (line 3 minus line 4)             | \$ <u>784.21</u>  |
| -----  |                   |
| Line 6: Total in-kind contributions this period (page 4) | \$ <u>450.00</u>  |
| Line 7: Total (all) outstanding liabilities (page 4)     | \$ <u>1149.21</u> |
| Line 8: Name of bank(s) used                             | <u>TD Bank</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:  
Barbara B. Fischer June 3, 2014  
Treasurer's signature (in ink) Date

**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:  
[Signature] June 3, 2014  
Candidate's signature (in ink) Date





### 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.

| Date Received                   | From Whom Received* | Residential Address                   | Description of Contribution | Value |
|---------------------------------|---------------------|---------------------------------------|-----------------------------|-------|
| 4.24.14                         | Betsy Melamed       | 177 Commercial St<br>Provincetown, MA | Food                        | 150   |
| 7.24.14                         | Betsy Melamed       | 177 Comm St<br>Provincetown           | space                       | 300   |
|                                 |                     |                                       |                             |       |
|                                 |                     |                                       |                             |       |
| Line 15: In-kind over \$50      |                     |                                       |                             |       |
| Line 16: In-kind \$50 and under |                     |                                       |                             |       |
| Line 17: Total In-kind          |                     |                                       |                             | 450   |

Enter on page 1, line 6

\* 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.

### SCHEDULE D: LIABILITIES

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

| Date Incurred                          | To Whom Due        | Address                              | Purpose        | Amount            |
|--|--------------------|--------------------------------------|----------------|-------------------|
| 3.31.14                                | Vista Print        | 95 Hayden Ave<br>Lexington, MA 02424 | Campaign Signs | 501.21            |
| 4.14.14                                | Gatehouse Media MA | P.O. Box 9113<br>Needham MA          | Newspaper Ads  | 648 <sup>00</sup> |
|  |                    |                                      |                |                   |
|  |                    |                                      |                |                   |
| Line 18: OUTSTANDING LIABILITIES (ALL) |                    |                                      |                | 1149.21           |

Enter on page 1, line 7