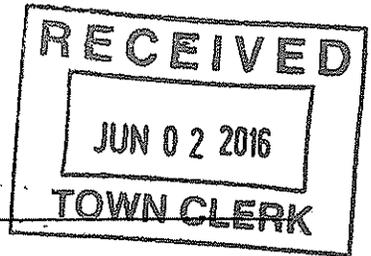




Commonwealth of Massachusetts

# 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 APRIL Date 24 Year 2016 Ending Month June Date 1 Year 2016

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 Provincetown  
 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. Fischler  
 Name of Committee Treasurer  
86 Harry Kemp Way  
 Committee Mailing Address  
Provincetown, MA 02657  
 Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$ <u>76.21</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>690.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$ _____
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>17.00</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>749.21</u>
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Line 6: Total in-kind contributions this period (page 4)	\$ <u>385.00</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. Fischler  
 Treasurer's signature (in ink) 6/1/16  
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]  
 Candidate signature (in ink) June 1, 2016  
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.*

This page may be copied 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)
4/20/16	Mary Ann Cabral 140 Old Colony Way Provincetown	50 -	
4/27/16	JUAN Lenore + Sally Row 15 Center St Provincetown	150 -	
4/28/16	Susan Avellar 2 Tings Way Provincetown	20 -	
4/28/16	Robert O'Malley 66 Franklin Provincetown	100 -	
4/28/16	Arthur Mahoney 24a Bradford Provincetown	100 -	
4/28/16	Christine Asselin Carla Mancini 1 Somerset Rd Provincetown	50 -	
4/4/16	Davis Nicolau 5 Maple Ct Provincetown	150 -	
Line 9:	Total receipts in excess of \$50 (or listed above)	620	
Line 10:	Total receipts \$50 and under* (not listed above)	70	
Line 11:	TOTAL RECEIPTS IN THE PERIOD	690 -	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.

CA



### 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
4/28/16	Napi VanDereck aka ANTON HAUNSTRUP	7 Freeman St	Food	85
4/28/16	Anton Haunstrup	7 Freeman Providence	space	300
Line 15: In-kind over \$50				385
Line 16: In-kind \$50 and under				
<b>Line 17: Total In-kind</b>				<b>385</b>

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
6-2-14	Cheryl Anderson	86 Hkew 02657	LOAN	501.21
6-15/14	Cheryl Anderson	86 Hkew 02657	LOAN	648
Line 18: OUTSTANDING LIABILITIES (ALL)				1149.21

Enter on page 1, line 7

CIA