



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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SEP 16 2021  
TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1.1.19 Ending Date: 9.1.21

Type of Report: (Check one)

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

John T Golden  
Candidate Full Name (if applicable)

Selectboard Provincetown  
Office Sought and District

14 Center St. Unit A Provincetown  
Residential Address

E-mail: papergy2010@gmail.com

Phone # (optional): \_\_\_\_\_

\_\_\_\_\_  
Committee Name

\_\_\_\_\_  
Name of Committee Treasurer

\_\_\_\_\_  
Committee Mailing Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0.00
Line 2: Total receipts this period (page 3, line 11)	3,813.01
Line 3: Subtotal (line 1 plus line 2)	3,813.01
Line 4: Total expenditures this period (page 5, line 14)	3,813.01
Line 5: Ending Balance (line 3 minus line 4)	0
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:	<u>Seaman's Bank Provincetown 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: \_\_\_\_\_ (Treasurer's signature) Date: \_\_\_\_\_

#### 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: [Signature] (Candidate's signature) Date: 9.15.21

## 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
2.8.19	Wicked local	15 Pamela Park Dr. Randolph MA 01902	Advertising	587 <sup>00</sup>
2.24.19	Don Gordon	Cash St. Provincetown MA	Reimburse for stamps	35 <sup>00</sup>
2.19.19	Elaine Anderson		Advertising	50 <sup>00</sup>
1.10.19	Darwin Tsoupolis		Yard signs	549 <sup>82</sup>
6.10.19	Provincetown Banner	15 Pamela Park Dr. Randolph MA 01902	Advertising	487 <sup>00</sup>
8.10.18	Friends of Tolliver Cove	10 Box 1269 Truro MA 02672	Donation	100 <sup>00</sup>
1.28.20	Committee to Elect Cheryl Andrews		Donation	100 <sup>00</sup>
1.28.20	Soup kitchen in Provincetown	20 Shale Park Rd Provincetown	Donation	250 <sup>00</sup>
3.21.20	Soup kitchen in Provincetown	20 Shale Park Rd Provincetown	Donation	250 <sup>00</sup>
3.24.20	Outer Cape Healthcare	49 Heavy Keep way Provincetown	Donation	250 <sup>00</sup>
4.7.20	Soup kitchen in Provincetown	20 Shale Park Rd Provincetown	Donation	250 <sup>00</sup>
4.17.20	Arts Support Groups Cape Cod	96 Broadwood St. Provincetown MA	Donation	250 <sup>00</sup>

Line 12: Total Expenditures over \$50 (or listed above)

Line 13: Total Expenditures \$50 and under\* (not listed above)

Enter on page 1, line 4 →

**Line 14: TOTAL EXPENDITURES IN THE PERIOD**

**3,158.82**

\* 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 B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5.14.20	Provincetown PTA	12 Winstan St. Provincetown MA.	Donation	300 <sup>00</sup>
5.13.20	Provincetown Art Museum PAMM	460 Commercial St. Provincetown.	Donation	354.19
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>654.19</b>

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 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)
9 1/10/19	Angie Gallano 101 Race Point R PROVINCETOWN MA 02657	100.00	Check # 2318 Seamons Bank
8 1/10/19	Elizabeth Gallo 37 Ware Ave West Hartford CT 06119	100.00	Check 10735 Webster Bank
13 1/18/2019	Michael Janopolis PO Box 895 Tisbury MA 02666	100.00	Restaurant
17 1/18/2019	Scott Pomfret 552 Columbus Ave #6 Boston MA 02118	75.00	<del>Lawyer</del> Lawyer
12 1/18/2019	Mark Janopolis 298 Pine St South Portland ME 04106	100.00	Restaurant
16 1/18/2019	Daniel A Mullin 10715 Place BOSTON MA 02108	500.00	Real Estate Broker Boston
6 1/18/2019	Brian Falvey 16 Peters Pond Rd Tisbury MA	100.00	<del>Funeral Home Director</del> Funeral Home Director
18 1/18/2019	Gary Reinhart 29 Tremont St Provincetown MA	500.00	Retired
15 1/18/2019	Dave Linch PO Box 232 Carrsville PA 18915	150.00	Retired
10 1/18/2019	Gerald L Hickman JR 3 Proofslope Ave Webster MA 01570	100.00	Self Employed
14 1/18/2019	Juan A Lenape Sally A Rose 92 Bayberry Ave Provincetown 02657	100.00	Real Estate
11 1/24/2019	Danica Haugh 27 Pelts Fishing Rd Brewster MA 02631	100.00	Mayflower Restaurant
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$ 2,025.00	← 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)
2 1/14/19 ✓	Donald Butterfield 43 Commercial St Provincetown MA 02657	500.00	Retired
7 1/27/2019 ✓	JOHN FeENEY 57 Mount Vernon St Dorchester MA 02125	100.00	City of Boston
3 1/28/2019 ✓	Gregory M Connors' Revoc Trust PO Box 65124 Washington DC 20035	500.00	
5 1/31/2019 ✓	Mary DeROCCO 56 Winslow St Provincetown MA 02657	25.00	Retired
1 2/1/2019 ✓	R Paul Boen 5 Appleton St 6C Boston MA 02116 X	50.00	Insurance Agent Provincetown
4 2/1/2019 ✓	Joe De Martino 68 Franklin St Provincetown MA 02657	100.00	Real Estate
19 2/11/2019	Richard ROGERS 446 M St NW Washington DC 20001	500	Retired
1 2/19/2019	JOAN LaProix 3050 NE 16th Ave Apt 401 Oakland Park Fla 33334-5207	30.00	Retired
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1,310.00	← 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

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)
May 8 2019	Daniel Mullin 107th Place Boston MA 02108	500.00	Retired
May 6 2019	Jerome P Colv 65 Bayberry Ave Provincetown MA 01959	250.00	
June 4 2019	John Lovano Sally Rose 92 Bayberry Rd Provincetown	50.00	Retired
June 12 2019	John La Croix 3656 NE 16th Ave Apt 401 Oakland Park FL 33334	50.00	Retired
June 17	Paul Breen Telegraph Hill Provincetown MA 02657	100.00	Insurance Agent
Jul 17	Karshaw PO Box 909 Provincetown MA 02652	2801	Retired
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)		478.01	
Line 11: TOTAL RECEIPTS IN THE PERIOD		<del>478.01</del>	← 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. Page 2