

Form CPF M 102: Campaign Finance Report CEIVED **Municipal Form**

Office of Campaign and Political Finance

JUN 0 3 2014

Fill in Reporting Period dates: Beginning Date: May	1, 2013 Ending Date: June 3, 2014			
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election	☑ 30 day after election ☐ year-end report ☐ dissolution			
RAPHAEL WINSLOW RICHTER Candidate Full Name (if applicable)	COMMITTEE TO ELECT RAPHAEL RICHTER Committee Name			
SELECTMAN - PROVINCETOWN Office Sought and District	VIDA ROSE HAMNQUIST Name of Committee Treasurer			
3 UPPER MILLER HILL ROAD	PO BOX 333, PROVINCETOWN, MA 02657			
Residential Address	Committee Mailing Address			
Telephone Number (optional): 7747221422	Telephone Number (optional): 5082413795			
SUMMARY BALANC	E INFORMATION:			
Line 1: Ending Balance from previous report	74.95			
Line 2: Total receipts this period (page 3, line 11)	1150.47			
Line 3: Subtotal (line 1 plus line 2)	1225.42			
Line 4: Total expenditures this period (page 5, lin	ne 14) 1136.47			
Line 5: Ending Balance (line 3 minus line 4)	88.95			
Line 6: Total in-kind contributions this period (pa	age 6) 0			
Line 7: Total (all) outstanding liabilities (page 7)	0			
Line 8: Name of bank(s) used: SEAMEN'S 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: (Treasurer's signature) Date: Treasurer's signature				
Signed under the penalties of perjury:	(Candidate's signature) Date: (7)			

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.)

	Name and Residential Address		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
6/20/14	BRIAN DELAURENTIS 5 PEARL ST. PROVINCETOWN, MA 02657	100	
5/5/14	AMY GERMAIN 150 COMMERCIAL ST PROVINCETOWN, MA 02657	100	
5/5/14	MARCENE MARCOUX 186 BRADFORD ST PROVINCETOWN, MA 02657	75	
/22/14	DENNIFER WELLS (MORROW) 398 COMMERCIAL ST PROVINCETOWN, MA 02657	100	
1/22/14	JIM PALACINO 59 HARRY KEMP WAY PROVINCETOWN, MA 02657	100	
1/22/14	STEVEN PHILLIPS 1925 EAST LEE ST TUCSON, AZ 85719	500	ATTORNEY, SELF-EMPLOYED
5/03/14	RAPHAEL RICHTER 3 UPPER MILLER HILL RD PROVINCETOWN, MA 02657	63.47	
4/22/14	GUILLERMO YINGLING 16 RIVER HARBOR RD WELLFLEET, MA 02667	92	
Line 9: Total Rec	eipts over \$50 (or listed above)	1130.47	
Line 10: Total Rec	ceipts \$50 and under* (not listed above)	20	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	1150.47	← 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)

	Name and Residential Address	T	Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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Line 9: Total Rece	eipts over \$50 (or listed above)	[
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	1150.47	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.) To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
5/2/14	BANNER (GATEHOUSE MEDIA)	167 COMMERCIAL ST PROVINCETOWN, MA 02657	NEWSPAPER AD	462	
6/3/14	FACEBOOK	PO BOX 10005 PALO ALTO, CA 94303	ONLINE ADS	63.47	
5/23/14	PROVINCETOWN MAGAZINE	14 CENTER ST PROVINCETOWN, MA 02657	PRINT ADS	519	
4/22/14	SPIRITUS PIZZA	190 COMMERCIAL ST PROVINCETOWN, MA 02657	PIZZA FOR MEET AND GREET	92	
The second secon					
<u> </u>	<u> </u>	Line 12: Total Expenditures	over \$50 (or listed above)	1136.47	
		Line 13: Total Expenditures	\$50 and under* (not listed above)	0	
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD			1136.47		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Expenditures over	\$50 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1 line 4 >>	Line 14: TOTAL EXPEND	PITURES IN THE PERIOD	

^{*} 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
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1		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	0

^{*} 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.

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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
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		Line 18: TOTAL OUTSTAN		0