



Commonwealth  
of Massachusetts

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

ORLEANS TOWN CLERK

18 JAN 12 9:27AM

File with: Director  
Office of Campaign and Political Finance  
One Ashburton Place Rm. 411  
Boston, MA 02108  
(617) 979-8300

CPF ID# 16844

Reporting Period: Beginning: 11/14/2017 Ending: 12/31/2017

Type of Report: 2017 Dissolution Report (MUN)

\_\_\_\_\_  
Full Name of Candidate

Municipal, Harwich

\_\_\_\_\_  
Office Sought/ District

\_\_\_\_\_  
Residential Address

Yes on Cape Cod Tech

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

Noreen Donahue

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

PO Box 3  
Harwich, MA 02645

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

**SUMMARY BALANCE INFORMATION**

|   |                |
|---|----------------|
| Ending balance from previous report:    | \$467.77       |
| Total receipts this period:             | \$0.00         |
| Subtotal:                               | \$467.77       |
| Total expenditures this period:         | \$467.77       |
| Ending Balance:                         | \$0.00         |
| <hr/>                                   |                |
| Total inkind contributions this period: | \$1,954.21     |
| Total outstanding liabilities:          | \$0.00         |
| Name of Bank Used:                      | Santander 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, inkind 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:

Noreen Donahue

Treasurer's signature (in ink)

12/31/17

Date

**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, and 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 and 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, inkind 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:

\_\_\_\_\_  
Candidate's signature (in ink)

\_\_\_\_\_  
Date

## 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 over \$50 and under may be added together from committee records, and reported on line 13.

| <u>Date</u> | <u>Name and Address</u>                                    | <u>Amount</u> | <u>Purpose</u>    |
|-------------|--|---------------|-------------------|
| 12/28/2017  | Curley Direct<br>15 Fruean Ave<br>South Yarmouth, MA 02664 | \$460.27      | Liability Payment |

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|                                       |                        |
|---------------------------------------|------------------------|
| <b>Total Itemized Expenditures:</b>   | <b>\$460.27</b>        |
| <b>Total Unitemized Expenditures:</b> | <b>\$7.50</b>          |
| <b>Total Expenditures:</b>            | <b><u>\$467.77</u></b> |

## Schedule C: "Inkind" Contributions

*Please itemize contributors who have made inkind 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. An exception to this is that all contributions (under or over \$50) given by persons who have contributed more than \$50 in the calendar year must be itemized. Please report the names and addresses of contributors. Also give the occupation and employer of any contributor who has given an aggregate amount of \$200 or more in the calendar year.*

| <u>Date</u>                                    | <u>Name and Residential Address</u>                        | <u>Value</u>             | <u>Description, Occupation &amp; Employer</u> |
|--|--|--------------------------|---|
| 12/18/2017                                     | Curley Direct<br>15 Fruean Ave<br>South Yarmouth, MA 02664 | \$1,954.21               | Liability Forgiveness                         |
| <b>Total Itemized In-kind Contributions:</b>   |  | <b>\$1,954.21</b>        |   |
| <b>Total Unitemized In-kind Contributions:</b> |  | <b>\$0.00</b>            |   |
| <b>Total In-kind Contributions:</b>            |  | <b><u>\$1,954.21</u></b> |   |

## 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 the liabilities incurred during this reporting period.

| <u>Date</u> | <u>To Whom Due</u>   | <u>Amount</u>        | <u>Purpose</u>        |
|-------------|--|----------------------|-----------------------|
| 11/13/2017  | Curley Direct  | \$2,414.48           |                       |
| 12/18/2017  | Curley Direct<br>15 Fruean Ave<br>South Yarmouth, MA 02664 | (\$1,954.21)         | Liability Forgiveness |
| 12/28/2017  | Curley Direct<br>15 Fruean Ave<br>South Yarmouth, MA 02664 | (\$460.27)           | Liability Payment     |
|             | <b>Total Liabilities:</b>                                  | <b><u>\$0.00</u></b> |                       |