



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

20 JUL 23 8:25AM

ORLEANS TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 06/09/20 Ending Date: 06/24/20

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

Andrea Shaw Reed
Candidate Full Name (if applicable)
Select Board - Town of Orleans
Office Sought and District
6 Crystal Lake Drive, Orleans, MA 02653
Residential Address
E-mail: andreasreed@gmail.com
Phone # (optional): 508-737-4669

Committee to Elect Andrea Reed
Committee Name
Per John Ostman
Name of Committee Treasurer
PO Box 1193, Orleans, MA 02653
Committee Mailing Address
E-mail: john@ostmanbusinessstrategy.com
Phone # (optional): 508-280-8980

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$2,196.16
Line 2: Total receipts this period (page 3, line 11)	\$285.00
Line 3: Subtotal (line 1 plus line 2)	\$2,481.16
Line 4: Total expenditures this period (page 5, line 14)	\$2,481.16
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:	Cape Cod Five Cents Savings 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: [Signature] (Treasurer's signature)

Date: 6/24/20

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: 6/24/20

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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			← 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.

		FORM CPF M 112 CAMPAGN FINANCE REPORT MUNICIPAL FORM					
DATE RECEIVED	LAST NAME	NAME	ADDRESS	Town, State, Zip	AMOUNT	OCCUPATION & EMPLOYER > \$200	
6/15/20	Cohen	Arlene	PO Box 1407	East Orleans, MA 02643	\$100.00		
6/15/20	Hobbs	Marion	326 Jonathan's Way	Brewster, MA 02631	\$35.00	PayPal	
6/15/20	Jackson	Mary	PO Box 1868	Orleans, MA 02653	\$25.00		
6/15/20	Rhyno	Shirin	One Holly Street	South Dennis, MA 02660	\$100.00		
6/19/20	Consen	Linda	95 Rayber Road	Orleans, MA 02653	\$25.00	PayPal	
					\$285.00		
DATE RECEIVED	LAST NAME	NAME	ADDRESS	Town, State, Zip	AMOUNT	OCCUPATION & EMPLOYER > \$200	
6/15/20	Cohen	Arlene	PO Box 1407	East Orleans, MA 02643	\$100.00		
6/19/20	Consen	Linda	95 Rayber Road	Orleans, MA 02653	\$25.00	PayPal	
6/15/20	Hobbs	Marion	326 Jonathan's Way	Brewster, MA 02631	\$35.00	PayPal	
6/15/20	Jackson	Mary	PO Box 1868	Orleans, MA 02653	\$25.00		
6/15/20	Rhyno	Shirin	One Holly Street	South Dennis, MA 02660	\$100.00		
					\$285.00		

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
	See Attached Spreadsheet			
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				\$2,481.16

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.

		FORM CP M-102		CAMPAIGN FINANCE REPORT		MUNICIPAL FORM	
DATE PAID	CHECK #	TO WHOM PAID	ADDRESS	Town, State, Zip	PURPOSE OF EXPENDITURE	AMOUNT	
6/15/20		PayPal			Fee	\$1.32	
6/15/20	1006	Sir Speedy	180 #6A, Suite 2	Orleans, MA 02653	Campaign Mailing	\$1,377.59	
6/19/20		PayPal			Fee	\$1.03	
6/24/20	1007	Lower Cape Outreach Council	19 Brewster Cross Road	Orleans, MA 02653	Campaign Donation	\$367.07	
6/24/20	1008	Community Development Partnership	3 Main Street Mercantile, Unit #7	Eastham, MA 02642	Campaign Donation	\$367.07	
6/24/20	1009	Homeless Prevention Council	PO Box 828, 14 Old Tote Road	Orleans, MA 02653	Campaign Donation	\$367.08	
						\$2,481.16	
DATE PAID	CHECK #	TO WHOM PAID	ADDRESS	Town, State, Zip	PURPOSE OF EXPENDITURE	AMOUNT	
6/24/20	1008	Community Development Partnership	3 Main Street Mercantile, Unit #7	Eastham, MA 02642	Campaign Donation	\$367.07	
6/24/20	1009	Homeless Prevention Council	PO Box 828, 14 Old Tote Road	Orleans, MA 02653	Campaign Donation	\$367.08	
6/24/20	1007	Lower Cape Outreach Council	19 Brewster Cross Road	Orleans, MA 02653	Campaign Donation	\$367.07	
6/15/20		PayPal			Fee	\$1.32	
6/19/20		PayPal			Fee	\$1.03	
6/15/20	1006	Sir Speedy	180 #6A, Suite 2	Orleans, MA 02653	Campaign Mailing	\$1,377.59	
						\$2,481.16	

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
Line 15: In-Kind Contributions over \$50 (or listed above)				
Line 16: In-Kind Contributions \$50 & under (not listed above)				
Line 17: TOTAL IN-KIND CONTRIBUTIONS				0

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 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)
	See Attached Spreadsheet		
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		\$285.00	← 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.