



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ORLEANS TOWN CLERK
'21 OCT 26 8:27AM

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: SEPT 10, 2021 Ending Date: OCT 15, 2021

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

MICHAEL A. HERMAN
Candidate Full Name (if applicable)
SELECT BOARD, ORLEANS
Office Sought and District
50 TAR KILN RD, S. ORLEANS
Residential Address
E-mail: _____
Phone # (optional): _____

COMMITTEE TO ELECT MICHAEL HERMAN
Committee Name
GAIL MEYERS LAVIN
Name of Committee Treasurer
PO BOX 81, SOUTH ORLEANS, MA 02662
Committee Mailing Address
E-mail: gmlavin@outlook.com
Phone # (optional): _____

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	- 0 -
Line 2: Total receipts this period (page 3, line 11)	2,100.24
Line 3: Subtotal (line 1 plus line 2)	2,100.24
Line 4: Total expenditures this period (page 5, line 14)	1,480.34
Line 5: Ending Balance (line 3 minus line 4)	619.90
Line 6: Total in-kind contributions this period (page 6)	- 0 -
Line 7: Total (all) outstanding liabilities (page 7)	1,000.00
Line 8: Name of bank(s) used:	<u>CAMP COD 5, ORLEANS, 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: Gail Meyers Lavin (Treasurer's signature) Date: 10/15/21

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: Michael Herman (Candidate's signature) Date: 10/25/21

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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure (include CPF ID# if a contribution to another committee)	Amount
10/4/21	ESIGNS	5000 HASKELL AVE Van Nuys, CA 91406	CAMPAGN SIGN STANDS	329.38
10/15/21	KALEIDOSCOPE IMPRINTS	103 MIDTECH DRIVE W. YARMOUTH, MA 02673	CAMPAGN T-SHIRTS/DESIGN	471.00
10/12/21	MOO INC.	14 BLACKSTONE VALLEY PL LINCOLN 02865	CAMPAGN STICKERS	50.99
10/14/21	LEONARD SHORT	59 HERBING BROOK WAY SOUTH ORLEANS, MA	PAID TO GODDARD FOR CAMPAGN SIGNS	530.00
9/29/21	PAY PBL	2211 N 1ST ST SAN JOSE, CA 95131	TEST TO SET UP RECEIPTS ACCT - REIMBURSED	.24
9/21/21	STAPLES	128 RTE 6A ORLEANS, MA 02653	PENS, CAMPAGN ENVELOPES	18.57
9/21/21	STAPLES	128 RTE 6A ORLEANS, MA 02653	CAMPAGN CARDS, STAMP	52.04
10/11/21	STAPLES	128 RTE 6A ORLEANS, MA 02653	CAMPAGN ENVELOPES/LABEL	28.12
			Line 12: Total Expenditures over \$50 (or listed above)	1,480.34
			Line 13: Total Expenditures \$50 and under* (not listed above)	- 0 -
Enter on page 1, line 4			Line 14: TOTAL EXPENDITURES IN THE PERIOD	1,480.34

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

COMMITTEE CAMPAIGN TO ELECT
SCHEDULE A: RECEIPTS MICHAEL HERMAN

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)
10/13/21	SUSAN M CHANDLER 7 SALTWORKS CIRCLE ORLEANS	25.00	
9/10/21	MICHAEL HERMAN 50 TARC KILN RD SOUTH ORLEANS	1,000.00	FARMER / SELF-EMPLOYED/ CANDIDATE
9/29/21	GAIL MEYERS LAVIN 17 DIBLEY TERRACE ORLEANS,	50.00	
10/4/21	CAROLANN & GEORGE NATARIAN 123 FREEMANS LANE, ORL	1,000.00	RETIRED
9/29/21	PAYPAL 2211 N. 1ST ST SAN JOSE, CA 95131	.24	
10/14/21	LEONARD SFORT 59 HERRING BROOK WAY ORLEANS	25.00	
Line 9: Total Receipts over \$50 (or listed above)		2,100.24	
Line 10: Total Receipts \$50 and under* (not listed above)		- 0 -	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2,100.24	← 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 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
9/10/20	MICHAEL HERMAN	50 TALL KILW RD SORLEANS	LOAN	1,000.00
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	1,000.00



Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: 10/14/21
Name of Individual Being Reimbursed:	LEONARD SIFORT
Committee Name:	COMMITTEE TO ELECT MICHAEL HERMAN
CPF ID Number (if applicable):	
	Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
10/14/21	GODADDY	14455 N HAYDEN RD # 219 SCOTTSDALE, AZ 85260	CAMPAIGN SIGNS	530.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): CK#101	530.00
Line 2: Expenditures \$50 or under (not itemized):	- 0 -
Line 3: TOTAL AMOUNT REIMBURSED:	530.00

Signed under the penalties of perjury:

Signature of Candidate/Treasurer

Date: 10/15/21

Please prepare a separate report for each reimbursement check issued by the committee.