



Commonwealth of Massachusetts

TOWN OF ORLEANS  
Municipal Form  
Office of Campaign and Political Finance

MARKS OFFICE  
10 MAY 19 AM 11:12

File with:  
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month MARCH 1 Date 2010 Ending Month APRIL 30 Date 2010

Type of report: (Check one)

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

MARK E. CARRON

Full Name of Candidate (if applicable)

BOARD OF SELECTMAN

Office Sought and District

7 AREYS LANE

Residential Address

SOUTH ORLEANS, MA

508-255-0760

Tel. No. (optional)

Committee to Re-Elect MARK CARRON

Committee Name

CATHERINE SOUTHWORTH

Name of Committee Treasurer

P.O. Box 213

Committee Mailing Address

SOUTH ORLEANS, MA

508-255-0760

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ -0-  
Line 2: Total receipts this period (page 2, line 11) \$ 4,410.72  
Line 3: Subtotal (line 1 plus line 2) \$ 4,410.72  
Line 4: Total expenditures this period (page 3, line 14) \$ 1,972.62  
Line 5: Ending balance (line 3 minus line 4) \$ 2,438.10  
Line 6: Total in-kind contributions this period (page 4) \$ 25.00  
Line 7: Total (all) outstanding liabilities (page 4) \$ -0-  
Line 8: Name of bank(s) used SOVEREIGN 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:

Catherine Southworth  
Treasurer's signature (in ink)

5/10/10  
Date

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 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.

Candidate without Committee OR Candidate with independent activity filing separate report

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 committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Mark E. Carron  
Candidate signature (in ink)

5/10/10  
Date

## 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.

This page may be copied 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)
2/10/10	MARK E. CARRON	2,500	00	CANDIDATE (LDAN)
1/22/10	ALBERT E. WELCH, SR.	100	00	
1/23/10	WILLIAM CONYER	100	00	
2/18/10	PAUL F. KELLY	100	00	
2/18/10	SHEEM REED	100	00	RETIRED
2/18/10	JOAN REED	100	00	RETIRED
2/10/10	FRANK E. SUITS	99	00	
2/23/10	CATHERINE SOUTHWORTH	100	00	
3/25/10	DENNIS DOWD	100	00	
4/6/10	STEPHANIE S. GRAY	30	00	
4/7/10	MARK S. ZIVAN	50	00	
4/10/10	LAURENCE K. HAYWARD	100	00	
4/11/10	WALTER BENNETT	100	00	
4/14/10	MICHAEL McDONALD	50	00	
4/15/10	CARI H. HEVERT	100	00	
Line 9: Total receipts in excess of \$50 (or listed above)		3,599	00	
Line 10: Total receipts \$50 and under* (not listed above)		130	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD				

Enter on page 1, line 2 (See page 3)

\* 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.*

This page may be copied 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)
4/23/10	JANE COOK	50	00	
3/17/10	MARK E. CARON	631	72	CANDIDATE (LOAN)
Line 9: Total receipts in excess of \$50 (or listed above)		631	72	
Line 10: Total receipts \$50 and under* (not listed above)		50	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		446	72	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.*

This page may be copied 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	
3/10	Sign - A - Rama	Yarmouth, MA	Political Signs	223	13
3/10	Community Newspapers	NAMSKAKET RD. ORLEANS, MA	Political Stuffer	359	77
3/17/10	Sir Speedy	180 RT. 6A ORLEANS	BROCHURE AND POLITICAL LETTER	631	72
4/18/10	Community Newspaper	NAMSKAKET RD. ORLEANS MA.	FINAL AD	758	00
Line 12: Expenditures over \$50				1,972	62
Line 13: Expenditures \$50 and under*					
<b>Line 14: TOTAL EXPENDITURES</b>				<b>1,972</b>	<b>62</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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4/11/10	GRANT FITZGERALD	77 WICKERSON ROAD ORLEANS, MA.	CAMPAIGN Buttons	25.00
Line 15: In-kind over \$50				- 0 -
Line 16: In-kind \$50 and under				25.00
<b>Line 17: Total In-kind</b>				<b>25.00</b>

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 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
<b>Line 18: OUTSTANDING LIABILITIES (ALL)</b>				<b>- 0 -</b>

Enter on page 1, line 7