



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ORLEANS TOWN CLERK
13 MAY 13 12:19PM

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

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

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<input type="text" value="1708.59"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="9865.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="11573.59"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="7120.71"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="4452.88"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text"/>
Line 8: Name of bank(s) used:	<input type="text" value="SANTANDER"/>

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:

FOR CANDIDATE FILINGS ONLY: 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: (Candidate's signature) 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.

(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)
2/23/15	Ed DAILY 10 DRIFTWOOD LN	200.00	RETIRED
2/23/15	Todd ASH 17 PENDELTON DR	100.00	
2/23/15	CHUCK KETCHUCK 15 SKY MEADOW DR	100.00	
2/10/15	DAVE DUNFORD 11 PORTSIDE LN	200.00	Retired
3/9/15	KEN RATCLIFFE PO BOX 1171 E. ORL 34 JACKSONFORD	500.00	retired
3/9/15	JEFF EAGLES PO BOX 496 ORLEANS 521 S. ORL RD	40.00	RETIRED
3/15/15	NELLO TREVASAN 21 SKY MEADOW LN	100.00	
3/16/15	BERKVIST 17 SEAVERS	100.00	
3/16/15	DAVE FULLER PO BOX 18 E ORL 14 GRESHAM	50	
3/17/15	Bill RISKO 46 LOCUST	100	
3/18/15	BOB SHAFTO 13555 ROBERTHOOD ^{NAPLES} FI	300	Retired
3/25/15	CHERYL EISNER 50 TONSET RD	50	
Line 9: Total Receipts over \$50 (or listed above)		1840	
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		1840	← 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

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)
3/23/15	MARK CARROLL 7AERYS LN	200. ⁰⁰	BANKER SELF EMPLOYED
3/28/15	LYNN BOURNEAU 2 SEACREST DRIVE	500	RETIRED
3/30/15	Paul AMMANN 5 FISHER LN #212ANS	100	
4/2/15	OHNEGUS 11 BRISTOL	100	
4/6/15	HEBERT 24 SCAMIST	100	
4/1/15	TOM CROWIN 414 S. ORIENTAL S. ORIENTAL	100	
4/6/15	Nicole Paul 25 WALDWICK WALDWICK NJ 02463	350	
4/6/15	NEWSOME PO BOX 383 S. ORIENTAL 31 TWININGS	100	
4/6/15	LARASA 21 UNCLE BEANS WAY	100	
4/7/15	GARY FURST 141 DORCHESTER AVE BOSTON MA 02127	300	VENTURE CAP. SELF EMPLOYED
4/13/15	DINWIDDIE 53 LOCUST ST	100	
4/13/15	TODD ASH 17 PADDINGTON	100	RETIRED
Line 9: Total Receipts over \$50 (or listed above)		2150	
Line 10: Total Receipts \$50 and under* (not listed above)		50	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2200	← 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

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)
4/13/15	JIM TRAINOR 48 BEACH RD	500	REALTOR SOUTHBY'S
4/13/15	CHRIS KANANGA 46 DEFIANCE	100	LAWYER LARAJA + KANANGA
4/16/15	DAN COURSEY 17 SURF PATH	500	
4/16/15	CORDON SMITH 3 BRUGGLES RD	100	
4/16/15	DAVE DUNFORD 11 PORTSIDE LN	200	RETIRED
4/16/15	PETER OMEARA 4 LITTLE MARSH LN	100	
4/21/15	WARREN WAUGH 106 DEER GRASS LN CONCORD MA 01742	500	CARDIACER LYNN + WAUGH AUTO
4/21/15	KUREKS 38 BEACH RD	100	
4/21/15	PETE NORZGOTT 45 KEZINHS LANE	50	
4/22/15	MAZY ALLEN BRADLEY 4 ETIAS WAY	500	VET SELF EMPLOYED
4/22/15	JOHN BURZLINGAM 11 DAMBI WAY	100	
4/22/15	JOE LEWIS 5 BEACH RD	200	JOES BARZLEY NECK INN
Line 9: Total Receipts over \$50 (or listed above)		2950	
Line 10: Total Receipts \$50 and under* (not listed above)		50	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3000	← 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

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)
4/24/15	Cheryl Eisner 50 Toadset Rd	100	
4/24/15	DONNA FINDERMAN 7 COUNTRYSIDE BOSTON MA 02126	200	Retired
4/24/15	ED MAHONEY 11 THE LAKE	500	MAHONEY'S REST
4/24/15	SCOTT MORRIS 18 Church St E HARWICH 02645	250	ELECTRICIAN SDM ELECTRIC
4/24/15	MICHELE MORRIS 18 Church St E HARWICH 02645	500	
4/29/15	RICHARD FARLEY 87 SEAKET BEACH Rd	100	
4/29/15	ART DOUGENT 9 MAPLE LN	150	NAUSET BEACH CLUB REST
5/1/15	BILL DELANEY 18 TREMONT ST BOSTON	100	
4/30/15	STEVE SIMON 161 QUEEN ANNE HARWICH	250	OCEANSIDE POOLS
5/1/15	EMBLEY A 26 EILES Rd ORLEANS MA	100	
5/1/15	LISA PERRY 51 ROMA DR BREWSTER MA	100	
5/4/15	DON LESICURT PO Box 387 S. OR	100	
Line 9: Total Receipts over \$50 (or listed above)		2450	
Line 10: Total Receipts \$50 and under* (not listed above)		50	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2500	← 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

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)
5/6/15	W S GRANT 399 Pond St BRANDREE MA 02184	100	
2/7/15	GARY FURST 141 DORCHESTER AVE BOSTON MA 02124	200	
Line 9: Total Receipts over \$50 (or listed above)		300	
Line 10: Total Receipts \$50 and under* (not listed above)		25	
Line 11: TOTAL RECEIPTS IN THE PERIOD		325	← 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/15/15	Sign Depot	1813 ECOLONIAL ORLANDO FL 32803	LAWN SIGNS	270
5/5/15	Sign Depot	1813 ECOLONIAL ORLANDO FL 32803	LAWN SIGNS	398
4/23/15	DARTEN WOTHERSPAWN Design	44 OYSTER ST West Fleet MA	AD Design	675
4/23/15	Sign Depot	1813 ECOLONIAL ORLANDO FL 32803	LAWN SIGNS	270
4/14/15	Cuzley Direct	PO BOX 15 FULLEAN AVE S. YARMOUTH MA	POSTCARD MAILING	2144.86
4/22/15	CAPE CODDER NEWSPAPER	5 NANSUKETT RD ORLEANS MA	CAPE CODDER AD	2831.60
4/8/15	Cuzley Direct	15 FULLEAN AV S. YARMOUTH MA	PRINTING	531.25

Line 12: Total Expenditures over \$50 (or listed above)	7120.71
Line 13: Total Expenditures \$50 and under* (not listed above)	
Line 14: TOTAL EXPENDITURES IN THE PERIOD	7120.71

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. Page 4

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)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				

* 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	
Enter on page 1, line 7 →				Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	