



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

15 JUN 16 1:39PM

ORLEANS TOWN CLERK

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

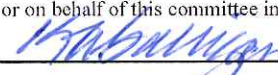
Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="\$5,113.73"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="\$2,138.25"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="\$7,251.98"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="\$7,251.98"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="0"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="ROCKLAND TRUST"/>

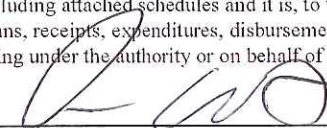
Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind 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:

Date Rec'd	Last Name	First Name	Address	Town	State	Zip	Amount	Occupation	Employer
5/2/15	Davis	Paul W.	34 Seamist Dr., P.O. Box 731	East Orleans	MA	02643	\$ 100.00		
5/6/15	Galligan	Kevin F.	22 Great Oak Rd.	Orleans	MA	02653	\$ 75.00		
5/4/15	Hidden	Mary L.	10 Bufflehead Ln., PO Box 858	Orleans	MA	02653-0858	\$ 100.00		
5/2/15	Meyer	John H.	11 Blue Rock Rd., PO Box 1005	East Orleans	MA	02643-1005	\$ 500.00	Retired	
5/2/15	Meyer	Hannelore F.	11 Blue Rock Rd., PO Box 1005	East Orleans	MA	02643-1005	\$ 500.00	Retired	
5/13/15	Mulroney	Ellen	5 Champlain Rd	Orleans	MA	02653	\$ 100.00		
5/13/15	Mulroney	Michael	5 Champlain Rd	Orleans	MA	02653	\$ 100.00		
5/6/15	Robertson	D. James	8 Highwood Rd., P.O. Box 550	South Orleans	MA	02662	\$ 200.00	Retired	
5/2/15	Wilkinson	Robert L.	20 Pershing Lane	Orleans	MA	02653	\$ 100.00	Realtor	Self-employed
				LN 9: TOTAL RECEIPTS OVER \$50				\$ 1,775.00	
				LN 10: TOTAL RECEIPTS \$50 AND UNDER				\$ 363.25	
				LN 11: TOTAL RECEIPTS IN THE PERIOD				\$ 2,138.25	

Date Paid	Check No.	To Whom Paid	Address	Town	State	Zip	Purpose of Expenditure	Amount
5/8/15	105	Cape Cod Times	Main St., PO Box 550	Hyannis	MA	02601	Ads in Cape Cod Times (5/17 & 18)	\$ 1,539.89
6/4/15	BK CK	Lower Cape Outreach	19 Brewster Cross Rd.,	Orleans	MA	02653	Contribution (& to close-out campaign a/c)	\$ 132.26
5/22/15	110	McClellenn, Fran	157 Namequoit Rd	Orleans	MA	02653	Postage (Reimb.)	\$ 17.15
5/19/15	109	Orleans Inn	3 Old County Rd, RT 6A	Orleans	MA	02653	Post-election gathering	\$ 750.00
6/4/15	BK CHG	Rockland Trust	RT28 & Main St.	Orleans	MA	02653	Bank Fee	\$ 3.00
5/11/15	106	Short, Leonard	59 Herring Brook Way	Orleans	MA	02653	Big Daddy's Signs (4/20/15)-add'l 50 signs&stands (Reimb.)	\$ 393.91
5/11/15	106	Short, Leonard	59 Herring Brook Way	Orleans	MA	02653	4over4 (5/8/15) add'l Rackcards (Reimb.)	\$ 435.52
5/12/15	107	Sir Speedy	180 Rte 6A * Hilltop Pla	Orleans	MA	02653	Prepaid postage for letter mailing.	\$ 461.98
5/14/15	108	Sir Speedy	180 Rte 6A * Hilltop Pla	Orleans	MA	02653	Letter, envelope and mailing services Inv. #64382.	\$ 1,009.07
5/6/15	104	The Cape Codder	5 Namskaket Rd	Orleans	MA	02653	Ad in The Cape Codder (5/15)	\$ 2,509.20
							LINE 14: TOTAL EXPENDITURES IN THE PERIOD	\$ 7,251.98



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:	5/11/2015
Name of Individual Being Reimbursed:	LEONARD SHORT (CK #106)	
Committee Name:	COMMITTEE TO ELECT JUDITH BRUCE	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/20/2015	BIG DADDY'S SIGNS	24 LEXINGTON DR., SUITE 1 LACONIA, NH 03246	50 2-SIDED SIGNS & STANDS	\$393.91
5/8/2015	4OVER4	1941 46 STREET ASTORIA, NY 11105	1,000 RACKCARDS	\$435.52

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	\$829.43
	Line 2: Expenditures \$50 or under (not itemized):	
	Line 3: TOTAL AMOUNT REIMBURSED:	\$829.43

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Handwritten Signature

Date: 5/11/2015

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



Form CPF R 1: Itemization of Reimbursements

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Boston, MA 02108
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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:	5/22/2015
Name of Individual Being Reimbursed:	FRAN MCCLENNEN (CK #110)	
Committee Name:	COMMITTEE TO ELECT JUDITH BRUCE	
CPF ID Number (if applicable):		Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/15/2015	USPS	SOUTH ORLEANS MPO SOUTH ORLEANS, MA 02662	POSTAGE	\$17.15
(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above):				\$17.15
Line 2: Expenditures \$50 or under (not itemized):				
Line 3: TOTAL AMOUNT REIMBURSED:				\$17.15

Signed under the penalties of perjury:



Signature of Candidate / Treasurer

Date: 5/22/2015

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