



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

16 JUN 23 9:49AM

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/30/16 Ending Date: 6/6/16

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

MARK MATHISON  
Candidate Full Name (if applicable)  
SELECTMAN ORLEANS MA  
Office Sought and District  
20 TANGLEWOOD TR ORLEANS MA  
Residential Address  
E-mail: mathmp@verizon.net  
Phone # (optional): \_\_\_\_\_

COMMITTEE TO ELECT MARK MATHISON  
Committee Name  
ALEXIS MATHISON  
Name of Committee Treasurer  
PO BOX 278 ORLEANS MA 01653  
Committee Mailing Address  
E-mail: alexis.mathison@gmail.com  
Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2775<sup>00</sup></u>
Line 2: Total receipts this period (page 3, line 11)	<u>825<sup>00</sup></u>
Line 3: Subtotal (line 1 plus line 2)	<u>3600<sup>00</sup></u>
Line 4: Total expenditures this period (page 5, line 14)	<u>3594<sup>71</sup></u>
Line 5: Ending Balance (line 3 minus line 4)	<u>529</u>
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used:	<u>CAPE COD FIVE</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: Alexis Mathison (Treasurer's signature) Date: 6/16/16

#### 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: Mark Mathison (Candidate's signature) Date: 6/16/16

### 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)
5/8/16	MARK MATHISON ORLEANS MA	200 <sup>00</sup>	CANDIDATE
5/8/16	ALEXIS MATHISON ORLEANS MA	100 <sup>00</sup>	
5/7/16	KENNETH RATCLIFFE ORLEANS MA	100 <sup>00</sup>	
Line 9: Total Receipts over \$50 (or listed above)		400 <sup>00</sup>	
Line 10: Total Receipts \$50 and under* (not listed above)		425 <sup>00</sup>	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>825<sup>00</sup></b>	← 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
5/6/16	PAUL BLAKELEY	PO BOX 1923 ORLEANS MA	REIMBURSE	2612 <sup>31</sup>
5/10/16	PAUL BLAKELEY	PO BOX 1923 ORLEANS MA	REIMBURSE	892 <sup>90</sup>
5/20/16	DARRIN WETHERSPOON DESIGN	WELLFLEET MA	NEWSPAPER AD DESIGN	100 <sup>00</sup>
Line 12: Total Expenditures over \$50 (or listed above)				3594 <sup>71</sup>
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				3594 <sup>71</sup>

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 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: <span style="border: 1px solid black; padding: 2px;">5/6/16</span>
Name of Individual Being Reimbursed:	<span style="border: 1px solid black; padding: 2px;">PAUL BLAKELEY</span>
Committee Name:	<span style="border: 1px solid black; padding: 2px;">COMMITTEE TO ELECT MARK MATHISON</span>
CPF ID Number (if applicable):	Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/12/16	CURLEY DIRECT	15 FRUEAN AVE S. YARMOUTH, MA	PRINT HANDOUT FLYER	265 <sup>03</sup>
5/5/16	CURLEY DIRECT	15 FRUEAN AVE S. YARMOUTH, MA	PRINT FLYER MAILING	1586 <sup>68</sup>
3/31/16	SIGN DEPOT	ORLANDO, FL	SIGNS	570 <sup>00</sup>
4/29/16	SIGN DEPOT	ORLANDO, FL	SIGNS	190 <sup>00</sup>

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<span style="border: 1px solid black; padding: 2px;">2612<sup>31</sup></span>
Line 2: Expenditures \$50 or under (not itemized):	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<span style="border: 1px solid black; padding: 2px;"><b>2612<sup>31</sup></b></span>

Signed under the penalties of perjury:

\_\_\_\_\_  
Signature of Candidate / Treasurer

Date: 6/16/16

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



# Form CPF R 1: Itemization of Reimbursements

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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: <span style="border: 1px solid black; padding: 2px;">5/18/16</span>
Name of Individual Being Reimbursed:	<span style="border: 1px solid black; padding: 2px;">PAUL BLAKELEY</span>
Committee Name:	<span style="border: 1px solid black; padding: 2px;">COMMITTEE TO ELECT MARK MATHISON</span>
CPF ID Number (if applicable):	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span> Telephone Number (optional): <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/10/16	THE CAPE CODDER	ORLEANS MA	NEWS PAPER AD	882 <sup>40</sup>

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<span style="border: 1px solid black; padding: 2px;">882<sup>40</sup></span>
	Line 2: Expenditures \$50 or under (not itemized):	<span style="border: 1px solid black; display: inline-block; width: 80px; height: 15px;"></span>
	<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<span style="border: 1px solid black; padding: 2px;">882<sup>40</sup></span>

<b>Signed under the penalties of perjury:</b>	
<hr style="width: 80%; margin: 0 auto;"/> Signature of Candidate / Treasurer	Date: <span style="border: 1px solid black; padding: 2px;">6/16/16</span>

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