

May

TOWN OF ORLEANS
TOWN CLERKS OFFICE

10 MAY 11 PM 2:45



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:	Month	Date	Year	Month	Date	Year
Reporting Period Beginning	1	1	2010	Ending MAY	10	2010

Type of report: (Check one)

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

John G Hodgson III
Full Name of Candidate (if applicable)

ORLEANS SELECTMAN
Office Sought and District

56 GREAT OAK RD ORLEANS
Residential Address

Tel. No. (optional)

COMMITTEE TO ELECT JOHN HODGSON
Committee Name

BALINDA MESSERSMITH
Name of Committee Treasurer

PO BOX 1787 ORLEANS MA 02653
Committee Mailing Address

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ 100
Line 2: Total receipts this period (page 2, line 11)	\$ 825
Line 3: Subtotal (line 1 plus line 2)	\$ 825
Line 4: Total expenditures this period (page 3, line 14)	\$ 617
Line 5: Ending balance (line 3 minus line 4)	\$ 208
Line 6: Total in-kind contributions this period (page 4)	\$ _____
Line 7: Total (all) outstanding liabilities (page 4)	\$ _____
Line 8: Name of bank(s) used	_____

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:

[Signature]
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:

[Signature]
Candidate signature (in ink)

5/10/10
Date

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
4/15	CAPE COD TIMES	HYANNIS MA	PAPER CL# 104	69 60
3/30	ELIZABETH KEYKINDLER STAPLES	128 CRANBERRY ORLEANS MA	PRINTING #103	14 84
3/17	SIRSPEDDY	ORLEANS MA	PRINTING #101	115 13
3/16	CAPE CODDER	ORLEANS MA	Ad #105	341 10
3/30	CAPE CODDER	ORLEANS MA	Ad	76 93
			Line 12: Expenditures over \$50	
			Line 13: Expenditures \$50 and under*	
			Line 14: TOTAL EXPENDITURES	617 -

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
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

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
Line 18: OUTSTANDING LIABILITIES (ALL)				

Enter on page 1, line 7