



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ORLEANS TOWN CLERK

14 MAY 14 2:15PM

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning April 1 ^{Month} 2014 ^{Date} ^{Year} Ending May 14 ^{Month} 2014 ^{Date} ^{Year}

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

DAVID M CURRIER
Full Name of Candidate (if applicable)
BOARD OF HEALTH
Office Sought and District
136 BAKERS AND RD, ORLEANS
Residential Address
Tel. No. (optional)

Committee to Elect David Currier
Committee Name
Brook Carlson
Name of Committee Treasurer
P.O. Box 422, Orleans, MA 02653
Committee Mailing Address
508-255-0236
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

| | |
|--|---------------------------|
| Line 1: Ending balance from previous report | \$ <u>0</u> |
| Line 2: Total receipts this period (page 2, line 11) | \$ <u>1,399.83</u> |
| Line 3: Subtotal (line 1 plus line 2) | \$ <u>1,399.83</u> |
| Line 4: Total expenditures this period (page 3, line 14) | \$ <u>1,399.83</u> |
| Line 5: Ending balance (line 3 minus line 4) | \$ <u>0</u> |
| ----- | |
| Line 6: Total in-kind contributions this period (page 4) | \$ <u>0</u> |
| Line 7: Total (all) outstanding liabilities (page 4) | \$ <u>0</u> |
| Line 8: Name of bank(s) used | <u>Santander, Orleans</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:

Brook Carlson
Treasurer's signature (in ink)

4/13/14
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:

David Currier
Candidate signature (in ink)

Date



COMMITTEE TO ELECT DAVID M CURRIER Account number: [REDACTED]

Mini-statement
A list of recent transactions on your account

BALANCE SUMMARY

| Type | Amount (\$) |
|-----------|-------------|
| Available | 215.80 |
| Ledger | 215.80 |

PENDING ACTIVITY

| Date | Details | Deposit (\$) | Withdrawal (\$) |
|------|---------|--------------|-----------------|
|------|---------|--------------|-----------------|

POSTED ACTIVITY

| Date | Details | Deposit (\$) | Withdrawal (\$) | Balance (\$) |
|------------|-------------------|--------------|-----------------|--------------|
| 05/05/2014 | Check 00000000101 | | -834.20 | 215.80 |
| 05/02/2014 | Deposit | 150.00 | | 1,050.00 |
| 04/25/2014 | Cash deposit | 50.00 | | 900.00 |
| 04/24/2014 | Deposit | 250.00 | | 850.00 |
| 04/14/2014 | Deposit | 600.00 | | 600.00 |

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 | |
|---------------------------------------|--|-----------------------------------|------------------------|--------|----|
| 5/14/14 | PAUL BLAKELEY | P.O BOX 1923 ORLEANS, MA 02653 | BROCHURES | 265 | 63 |
| 3/24/14 | PAUL BLAKELEY | P.O BOX 1923 ORLEANS, MA 02653 | SIGNS | 834 | 20 |
| 4/29/14 | DARREN DESIGN NOTHERSPORN | 44 CYPRESS ST WELLFLEET, MA | FLYERS | 300 | 00 |
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| | | | | | |
| Line 12: Expenditures over \$50 | | | | 1,399 | 83 |
| Line 13: Expenditures \$50 and under* | | | | | |
| Line 14: TOTAL EXPENDITURES | | | | 1,399 | 83 |

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.

XFINITY Connect

bcarlson@comcast.net
Fri May 09 11:01 AM

Fwd: Signs Invoice

From: Dave <dcurrie77@yahoo.com>
Subject: Fwd: Signs Invoice
To: bcarlson@comcast.net

Tue, May 13, 2014 03:47 PM
1 attachment

Begin forwarded message:

From: Paul A Kate Blakeley <pkblakeley@comcast.net>
Date: May 13, 2014 at 2:37:35 PM EDT
To: "Carrie Dave" <dcurrie77@yahoo.com>
Subject: Signs Invoice

Here's the invoice for the signs.
It was \$834.20 Sign O Rama.



12-5 Whites Path
South Yarmouth, MA 02864
Phone: 508-398-9100
Fax: 508-398-1760
Tax ID: 51-0491090

Invoice Number 25480

P.O. #:
Estimate Number: 0
Requested Date: No Date Specified
Ship Via:
Clerk: vic
Order Date: 4/16/2014 - 4:37PM
Due Date: 4/22/2014 - 4:00 PM
Printed Date: 4/16/2014 - 4:37:56PM
External Customer #: 0

Bill To:

Committee to Elect David Currier
Paul Blakeley

Orleans, MA
Phone: (508) _____ Ext. / Fax: (508) _____
E-Mail: pkblakeley@comcast.net

Ship To:

Committee to Elect David Currier
Paul Blakeley

Orleans, MA
Phone: (508) _____ Ext. / Fax: (508) _____
E-Mail: pkblakeley@comcast.net

| 2014 Political signs | | | | | | | | INVOICE DESCRIPTION | |
|----------------------------|-------|-------------|----------|---------------|---------------|--------------|--|---------------------|----------|
| Product Code | Sides | Color | Quantity | Vert | Horiz | Depth | | Price @ | Total |
| Coru Plast 4mm | 2 | Black/PMS 1 | 100.00 | 18.00 Inch | 24.00 Inch | 0.00 Inch | | \$6.10 | \$610.00 |
| <i>Coroplast</i> | | | | | | | | | |
| Coro Step Stake | 1 | Metal | 100.00 | 39.00 Inch | 10.00 Inch | 0.00 Inch | | \$1.75 | \$175.12 |
| <i>30" Tall Step Stake</i> | | | | | | | | | |

Notes/Ship to:

| | |
|-----------------|----------|
| Sub-Total | \$785.12 |
| Taxable | \$785.12 |
| Non-Taxable | \$0.00 |
| Sales Tax | \$49.08 |
| Shipping | \$0.00 |
| Total | \$834.20 |
| Deposits | |
| Payments | |
| Finance Charges | \$0.00 |
| Balance | \$834.20 |

Customer #: 14999
Customer Tax ID:
Terms: 50% Down / COD
Salesperson: Vicki McDermott
Date Picked Up:

Paid In Full
APR 28 2014
SIGNARAMA

Clerk: _____ x _____
Customer Signature

SIGN-A-RAMA -- Phone: 508-398-9100 -- Fax: 508-398-1760 -- E-Mail: ccsar@verizon.net -- Website: http://www.signarama-syarmouth.com

Dave Currie Signs.jpg
303 KB

DARREN WOTHERSPOON DESIGN

Invoice

CLIENT: Dave Currier
PROJECT: Board of Health Marketing Materials
Job No: 0645

| DATE | INVOICE N° | DESCRIPTION | AMOUNT |
|---------|------------|--------------|--------|
| 4/29/14 | 0645 | Flyer Design | 300 |

PLEASE PAY THIS AMOUNT \$300

Thank you for your business!

Darren Wotherspoon

44 Cypress Street.

Wellfleet, MA 02667

Office: 508-413-2613

Mobile: 617-959-4690

Email: dw@darrenwotherspoon.com

TERMS: Net 14 Days/Freelancer

Please make checks payable to: Darren Wotherspoon

Accounts over thirty(30) days are subject to a finance charge of 2.5% per month.



ELECT DAVE CURRIER

PAID
05/01/2014

INVOICE 43767

We accept: Check, Visa,
Amex and Mastercard.
Thank you!

Invoice Date: 4/29/2014

| DESCRIPTION | QTY | RATE | AMOUNT |
|---|-------|------|---------|
| BROCHURE - 4/4 - 8.5x11 - 100# GLOSS TEXT | 1,000 | 0.25 | 250.00T |

Job Description:

INFO FLYER

SUBTOTAL \$250.00

SALES TAX (6.25%) \$15.63

INVOICE TOTAL \$265.63

PAYMENTS APPLIED: -\$265.63

BALANCE DUE TODAY \$0.00

Mail check payments to:
15 Fruean Avenue
South Yarmouth, MA 02664

For Credit Card payments, call:
508.398.4580 x 12

TERMS: DUE UPON RECEIPT

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) |
|--|---|----------|---|
| 4/14/14 | KATHERINE + PAUL BLAKELEY P.O. BOX 1923, ORLEANS, MA. | 100 - | |
| 4/8/14 | HALEY CARLSON 136 BAKERS POND RD, ORLEANS, MA. | 100 - | |
| 4/5/14 | MARK + ANNE CARRON P.O. BOX 213, S. ORLEANS, MA. | 100 - | |
| 4/3/14 | DAVID M. DUNFORD P.O. BOX 774, S. ORLEANS, MA. | 50 - | |
| 4/23/14 | GARY + ETHEL FURST 141 DORCHESTER AVE, S. BOSTON MA. | 150 - | |
| 4/10/14 | COM TO ELECT JOHN G. HODGSON 56 GREAT OAK RD, ORLEANS, MA. | 100 - | |
| 4/4/14 | PETER + SUSAN O'MEARA. 4 LITTLE MARSH LN, S. ORLEANS, MA. | 150 - | |
| 4/2/14 | KENNETH R. RATCLIFFE | 250 - | |
| 4/25/14 | CASH DEPOSIT - ^{DAVE} CORRIER | 50 - | |
| 5/14 | CHECK DEPOSIT - ^{DAVE} CORRIER | 349 83 | |
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| Line 9: Total receipts in excess of \$50 (or listed above) | | 1,299 83 | |
| Line 10: Total receipts \$50 and under* (not listed above) | | 100 00 | |
| Line 11: TOTAL RECEIPTS IN THE PERIOD | | 1,399 83 | 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.