'14 MAY 29 8:35AM

ORLEANS TOWN CLERK

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:
Reporting Period Beginning Month: May Date: 13 Year: 2014 Ending Month: May Date: 29 Year: 2014

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

David Dunford
Full Name of Candidate (if applicable)
Orleans Selectman
Office Sought and District
11 Rootsrde lane
Residential Address
S. Orleans, MA
Tel. No. (optional)

Committee to elect David Dunford
Committee Name
Timothy E. Lukicila
Name of Committee Treasurer
11 Rootsrde lane PO Box 774
Committee Mailing Address
S. Orleans MA
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$ 540.28
Line 2: Total receipts this period (page 2, line 11)	$ 1450.00
Line 3: Subtotal (line 1 plus line 2)	$ 1990.28
Line 4: Total expenditures this period (page 3, line 14)	$ 1990.28
Line 5: Ending balance (line 3 minus line 4)	$ -0-
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	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:

T. E. Lukicila — May 29, 2014

Treasurer's signature (in ink) — **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:

Candidate signature (in ink) — **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.

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)
5-3-14	Edward Daly PO Box 816 20 Dr. Hatwood Ln.			
	East orleans, ma	200	00	Retired
4-26-14	GARY S. FURST 164 CHESTNUT ST WEST NEWTON, MA 02465	150	00	
5-1-14	S. Gray Box 606 S. Orleans	100	00	
4-28-14	H. Alan Keener PO Box 823, E. Orleans	100	00	
5/8/14	Howard T. Mead P.O. Box 1413, S. Orleans	100	00	
4-29-14	Kenneth R. Ratcliffe P.O. Box 1171 E. Orleans	250	00	Retired
4/28/14	Robert W. Snow 26 Gibson Rd. Orleans	100	00	
Line 9: Total receipts in excess of $50 (or listed above)		1000	00	
Line 10: Total receipts $50 and under* (not listed above)		450	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1450	00	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.

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	
5-28-2014	Lower Cape Outreach (Charity)	Brewster Crossing Rd, Orleans	Dissolution of committee remaing balance	1916	21

Line 12: Expenditures over $50	1916	21
Line 13: Expenditures $50 and under*	74	07
Line 14: TOTAL EXPENDITURES	1990	28

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 M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

Commonwealth of Massachusetts

ORLEANS TOWN CLERK
'14 MAY 12 1:56PM

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning Month: Jan Date: 19 Year: 2014 Ending Month: May Date: 12 Year: 2014

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

David Dunford
Full Name of Candidate (if applicable)
Orleans Selectman
Office Sought and District
11 Portside Lane S.
Residential Address
S. Orleans, MA 02662
Tel. No. (optional)

Committee to Elect Dave Dunford
Committee Name
Timothy E. Linkkila
Name of Committee Treasurer
11 Portside lane, PO Box 774
Committee Mailing Address
S. Orleans, MA 02662
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$ -0-
Line 2: Total receipts this period (page 2, line 11)	$ 4650.00
Line 3: Subtotal (line 1 plus line 2)	$ 4650.00
Line 4: Total expenditures this period (page 3, line 14)	4109.72 (4109.72)
Line 5: Ending balance (line 3 minus line 4)	540.28 (540.28)
Line 6: Total in-kind contributions this period (page 4)	$ -0-
Line 7: Total (all) outstanding liabilities (page 4)	$ -0-
Line 8: Name of bank(s) used	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:

T. E. Linkkila — 5/12/2014
Treasurer's signature (in ink) — 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:

Candidate signature (in ink) — 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.

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)
4/10 14	Baskin, marylyn P.O Box 365 E.Orleans	100 —	
3-27 14	Bergkvist, Carl 17 Seaver Rd, Orleans 02653	100 —	
4-15 14	Bournazian, K 26 Uncle Israel's Rd, Orleans	$75 —	
3-3 14	Bradley, mary Allen 4 Ethas Way, Orleans 02653	200 —	Veterinarian self Employed
1-19 14	CARRON, MARK & Anne PO Box 213, S.Orleans 02662	500 —	Bank Consultant self Employed
3-24 14	CARRON, Mark/Anne P.O. Box 213, S.Orleans 02662	500 —	Retired Loan to Committee
4-1 14	Clinton, GARY Nickerson Rd, Orleans 02653	100 —	
4-8 14	Committee to elect Hodgson 56 Great Hill Rd Orleans 02653	100 —	
3-3 14	Donford, David PO Box 774 S.Orleans 02662	500 —	loan to Committee
4-15 14	Embleton, Beran 26 Ellis Rd Orleans 02653	150 —	
4-14 14	Gardiner, William P.O. Box 472, E.Orleans 02643	250 —	Retired
4-9 14	Hevert, CARL P.O. Box 1254 E.Orleans 02643	100 —	
3-3 14	Linckila, Timoth 186 Rock Harbor Rd Orleans 02653	100 —	
1-19 14	Merrick, Harry P.O. Box 2731 Orleans 02653	100 —	
4-15 14	OHNEMUS, David E. 19 Russles Rd, Orleans 02653	100 —	
Line 9: Total receipts in excess of $50 (or listed above)		2975 —	2975.
Line 10: Total receipts $50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			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.

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)
3-3 14	Roy, Jeff 8 Mckerson Rd. Orleans 02653	100	—	
4-14	Shaflo, Robert A 13555 Rosewood Lane Naples, FL 34119	500	—	Retired
3-3 14	Smith, Gordon 3 Rugsles Rd, Orleans 02655	100	—	
4-23 14	Southworth, Katherine PO Box 366 S. Orleans 02662	75	—	
3-3 14	Suits, Frank P.O. Box 2679, Orleans 02653	100	—	
4-12 14	Toohill, Doris 4 Mckerson Rd, Orleans 02653	100	—	
1-19 14	Treursan, Nello 21 Sky Meadow Rd. Orleans	250 ~~150~~	—	Retired
				1225
Line 9: Total receipts in excess of $50 (or listed above)		2975	—	
Line 10: Total receipts $50 and under* (not listed above)		450	—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4650	—	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.

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	
5/11/14	MarkCeerron	PO BOX 213 S.Orleans 02662	Loan Repayment	500	00
4/29/14	Dave Dunfield	PO BOX 774 S. Orleans 0266	loan repayment	500	00
2/11/14	GAte House media	Nauskatet/Rd Orleans	Newspaper Ads	761	48
4/23/14	"	"	"	761	48
2/14/14	Sign A Rama	126 W hite's Path, S. Yarmouth	Signs	578	03
3/3/14	"	"	"	171	50
4/11/14	"	"	Sign holders	93	03
3/28/14	S.r Speedy	180 RTGA Orleans, MA	Brochures	744	20
			Line 12: Expenditures over $50		
			Line 13: Expenditures $50 and under*		
			Line 14:TOTAL EXPENDITURES	4109	72

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 N/A

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		
Enter on page 1, line 6		**Line 17: Total In-kind**		

* 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 N/A

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: OUTSTANDING LIABILITIES (ALL)**		

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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