Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

'15 MAY 7 2:23PM
ORLEANS TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2015 Ending Date: 5/1/2015

Type of Report: (Check one)

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

JOSEPH W HARTUNG Candidate Full Name (if applicable)	Committee Name
BOARD of HEALTH Office Sought and District	Name of Committee Treasurer
30 HERITAGE DR ORLEANS MA 02653 Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	$169.00
Line 3: Subtotal (line 1 plus line 2)	$169.00
Line 4: Total expenditures this period (page 5, line 14)	$169.00
Line 5: Ending Balance (line 3 minus line 4)	0.00
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	N/A

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: Joseph W Hartung (Candidate's signature) Date: 5/7/15

Form CPF R 1: Itemization of Reimbursements
Office of Campaign and Political Finance

ORLEANS TOWN CLERK

'15 MAY 7 2:23PM

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: 4/8/15

Name of Individual Being Reimbursed: JOSEPH W HARTUNG

Committee Name: N/A

CPF ID Number (if applicable): N/A

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/8/15	Big Daddy Signs	24 Lexington Dr. Suite 1 Laconia NH 03246	Election Signs	$169.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	$169.00
Line 2: Expenditures $50 or under (not itemized):	0
Line 3: TOTAL AMOUNT REIMBURSED:	$169.00

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 4/8/15

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

ORLEANS TOWN CLERK

Committee Name: Page:

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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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
4/8/15	JOSEPH W HARTUNG 30 HERITAGE DR ORLEANS MA 02653	$169.00	

Line 9: Total Receipts over $50 (or listed above)	169.00
Line 10: Total Receipts $50 and under* (not listed above)	
Line 11: TOTAL RECEIPTS IN THE PERIOD	169.00 ← 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.

Committee Name: _____ Page: _____

ORLEANS TOWN CLERK
'15 MAY 8 9:05AM

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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure (include CPF ID# if a contribution to another committee)	Amount
4/8/15	Big Daddy Signs	24 Lexington Dr. Suite I Laconia NH 03246	Election Signs	169.00

Line 12: Total Expenditures over $50 (or listed above)	169.00
Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	169.00

* If you have itemized expenditures of $50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.