Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

ORLEANS TOWN CLERK
'15 MAY 8 12:08PM
CMay

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/23/2015 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

JUDITH W BRUCE	COMMITTEE TO ELECT JUDITH BRUCE, SELECTMAN
Candidate Full Name (if applicable)	Committee Name
SELECTMAN, TOWN OF ORLEANS	KEVIN F GALLIGAN
Office Sought and District	Name of Committee Treasurer
26 TOWHEE LANE, SOUTH ORLEANS, MA 02662	P.O. BOX 1614, 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)	$7,832.45
Line 3: Subtotal (line 1 plus line 2)	$7,832.45
Line 4: Total expenditures this period (page 5, line 14)	$2,718.72
Line 5: Ending Balance (line 3 minus line 4)	$5,113.73
Line 6: Total in-kind contributions this period (page 6)	$285.33
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	ROCKLAND TRUST

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: 5/8/2015

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: _____ (Candidate's signature) Date: 5/7/15

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
Line 9: Total Receipts over $50 (or listed above)			
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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
		Line 12: Expenditures over $50 (or listed above)		
		Line 13: Expenditures $50 and under* (not listed above)		
		Line 14: TOTAL EXPENDITURES IN THE PERIOD		

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 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

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 0

SCH A. RECEIPTS DETAIL

COMMITTEE TO ELECT JUDITH BRUCE, SELECTMAN ORLEANS
KEVIN F. GALLIGAN, TREASURER

FORM CPF M 102
CAMPAIGN FINANCE REPORT
MUNICIPAL FORM

Date Rec'd	Last Name	First Name	Address	Town	State	Zip	Amount	Occupation	Employer
4/2/15	Brainerd	Judith K.	9 High Tide Ln., P.O. Box 473	East Orleans	MA	02643	$ 100.00		
4/27/15	Broderick	Joanne	11 Seaside Dr., PO Box 1603	East Orleans	MA	02643	$ 100.00		
3/30/15	Bruce	Margaret R.	34 John Kenrick Rd., P.O. Box 118	South Orleans	MA	02662	$ 100.00		
4/6/15	Conklin	Thomas L. & Janice H.	12 Andre Ln., Mayflower Point	Orleans	MA	02653	$ 250.00	Retired	
3/12/15	Corlette	Jane H.	49 Chestnut Dr.	Orleans	MA	02653	$ 500.00	Retired	
3/26/15	Davis	Sharon C.	34 Seamist Dr., P.O. Box 731	East Orleans	MA	02643	$ 100.00		
5/1/15	Delaney	Karin	105 Great Oak Rd., PO Box 753	East Orleans	MA	02643	$ 100.00		
5/1/15	Delaney	Richard F.	105 Great Oak Rd., PO Box 753	East Orleans	MA	02643	$ 100.00		
4/25/15	Dewing	J.T.	16 Packet Landing	Orleans	MA	02653	$ 100.00		
4/22/15	Eagar	Cynthia	15 Honeysuckle Ln.	Orleans	MA	02653	$ 100.00		
4/3/15	Fallender	Patricia A. & John F.	79 Uncle Israels Rd., P.O. Box 97	South Orleans	MA	02662	$ 100.00		
3/30/15	Farber	Dawson L. & Lynn R.	53 Kenneth Ln, P.O. Box 2351	Orleans	MA	02653	$ 100.00		
4/8/15	Fleck-Hender	Ann	113 Richdale Ave., Unit 11	Cambridge	MA	02140	$ 100.00		
4/1/15	Fromm	Douglas W. & Alice D.	21 Mill Pond Rd, P.O. Box 1492	East Orleans	MA	02643	$ 100.00		
3/27/15	Fuller	Beverly Bridgewater	184 Main St., P.O. Box 667	East Orleans	MA	02643	$ 100.00		
4/1/15	Galligan	Kevin F.	22 Great Oak Rd.	Orleans	MA	02653	$ 75.00		
4/28/15	Hussey	Jane K.	18A Pershing Lane	Orleans	MA	02653	$ 100.00		
3/31/15	Jackson	Allison K. & James R.	6 Mill Race	Orleans	MA	02653	$ 100.00		
4/6/15	Lavin	Gail Meyers	17 Daley Ter	Orleans	MA	02653	$ 100.00		
4/9/15	Levitt	Alan H. & Elizabeth T.	1 Spinnaker Trail	Orleans	MA	02653	$ 75.00		
3/30/15	McClennen	Frances T.	157 Namequoit Rd., Box 208	South Orleans	MA	02662	$ 242.45	Retired	
3/25/15	McKusick	Augusta F.	48 Namequoit Rd., P.O. Box 548	South Orleans	MA	02662	$ 125.00		
3/25/15	McKusick	Kenneth A.	48 Namequoit Rd., P.O. Box 548	South Orleans	MA	02662	$ 125.00		
3/29/15	McNett	Jeanne M. & Nicholas Athanassiou	31 Loomis Ln, P.O. Box 882	East Orleans	MA	02643	$ 200.00	Professor	Northeastern University
4/11/15	Meyer	John H.	11 Blue Rock Rd., PO Box 1005	East Orleans	MA	02643-1005	$ 500.00	Retired	
4/11/15	Meyer	Hannelore F.	11 Blue Rock Rd., PO Box 1005	East Orleans	MA	02643-1005	$ 500.00	Retired	
4/4/15	Moore	J. Suzanne	25 Primrose Ln, P.O. Box 746	East Orleans	MA	02643	$ 500.00	letter sent (4/23)	
4/4/15	Moore	Robert L. II	25 Primrose Ln, P.O. Box 746	East Orleans	MA	02643	$ 500.00	letter sent (4/23)	
4/28/15	Parra	Erica P.	Payson Ln., PO Box 672	East Orleans	MA	02643	$ 100.00		
4/7/15	Rowell	Patricia O.	206 Beach Rd., PO Box 236	East Orleans	MA	02643	$ 100.00		
4/1/15	Scanlon	Judith	40 Monument Rd.	Orleans	MA	02653	$ 400.00	Self-employed	Owner/operator of small farm
4/16/15	Schneider	Jan, M.D.	46 Thayer Lane, PO Box 1044	South Orleans	MA	02662	$ 100.00		
4/27/15	Schumacher	A.	1332 29TH ST NW	Washington	DC	20007-3351	$ 100.00		
3/11/15	Wilkinson	Robert L.	20 Pershing Lane	Orleans	MA	02653	$ 100.00		
				LN 9: TOTAL RECEIPTS OVER $50				$ 6,092.45	
				LN 10: TOTAL RECEIPTS $50 AND UNDER				$ 1,740.00	
				LN 11: TOTAL RECEIPTS IN THE PERIOD				**$ 7,832.45**	

SCH B. EXPENDITURES DETAIL

COMMITTEE TO ELECT JUDITH BRUCE, SELECTMAN ORLEANS
KEVIN F. GALLIGAN, TREASURER

FORM CPF M 102
CAMPAIGN FINANCE REPORT
MUNICIPAL FORM

Date Paid	Check No.	To Whom Paid	Address	Town	State	Zip	Purpose of Expenditure	Amount
4/28/15	POS	Community Newspaper by GateHouse Media New England	5 Namskaket Rd	Orleans	MA	02653	Ad in The Cape Codder (5/1 & 5/8)	$ 1,582.00
4/18/15	103	McClennen, Fran	157 Namequoit Rd	Orleans	MA	02653	Sir Speedy - 300 Reply Envelopes (Reimb.)	$ 71.89
4/2/15	101	Short, Leonard	59 Herring Brook Way	Orleans	MA	02653	Big Daddy's Signs (Reimb.)	$ 610.73
4/2/05	101	Short, Leonard	59 Herring Brook Way	Orleans	MA	02653	4over4 Rackcards (Reimb.)	$ 399.19
4/9/15	102	Short, Leonard	59 Herring Brook Way	Orleans	MA	02653	Banner (Reimb.)	$ 54.91
						Line 14: Total Expenditures In The Period		**$ 2,718.72**

SCH C. IN-KIND DETAILS

COMMITTEE TO ELECT JUDITH BRUCE, SELECTMAN ORLEANS

FORM CPF M 102
CAMPAIGN FINANCE REPORT
MUNICIPAL FORM

Date Rec'd	From Whom Rec'd	Address	Town	State	Zip	Description of Contribution	Value	Occupation	Employer
3/26/15	Galligan, Kevin F.	22 Great Oak Rd	Orleans	MA	02653	Invitations and postage stamps	$ 36.89		
3/31/15	Bruce, Judith	26 Towhee Lane	South Orlean	MA	02662	Headshot sitting w/1-finished file	$ 185.93	Retired	
4/1/15	Bruce, Judith	26 Towhee Lane	South Orlean	MA	02662	Thank you cards & postage stamps	$ 62.51	Retired	
				Total in-kind contributions this reporting period			**$ 285.33**		

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: 4/2/2015

Name of Individual Being Reimbursed: LEONARD SHORT (CK #101)

Committee Name: COMMITTEE TO ELECT JUDITH BRUCE

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/9/2015	BIG DADDY'S SIGNS	24 LEXINGTON DR., SUITE 1 LACONIA, NH 03246	200 2-SIDED SIGNS & 50 HEAVY DUTY STANDS	$610.73
3/16/2015	4OVER4	1941 46 STREET ASTORIA, NY 11105	3,000 RACKCARDS	$399.19

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	$1,009.92
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	$1,009.92

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 4/2/2015

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

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: 4/9/2015

Name of Individual Being Reimbursed: LEONARD SHORT (CK #102)

Committee Name: COMMITTEE TO ELECT JUDITH BRUCE

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/8/2015	BIG DADDY'S SIGNS	24 LEXINGTON DR., SUITE 1 LACONIA, NH 03246	Banner (13 oz. matte)	$54.91

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	$54.91
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	$54.91

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 4/9/2015

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

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: 4/18/2015

Name of Individual Being Reimbursed: FRAN MCCLENNEN (CK #103)

Committee Name: COMMITTEE TO ELECT JUDITH BRUCE

CPF ID Number (if applicable):

Telephone Number (optional):

ITEMIZE EXPENDITURES IN EXCESS OF $50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/27/2015	SIR SPEEDY #81650	180 RTE 6A - HILLTOP PLAZA ORLEANS, MA 02653	A2 REPLY ENVELOPES (QTY 300)	$71.89

(Include items listed on Page 2) →

Line 1: Expenditures in excess of $50 (itemized above):	$71.89
Line 2: Expenditures $50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	$71.89

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 4/18/2015

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