Commonwealth of Massachusetts

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

ORLEANS TOWN CLERK
'14 MAY 9 10:13AM

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: **Beginning Date:** Jan 1 2014 **Ending Date:** May 9, 2014

Type of Report: (Check one)

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

PETER H. O' MEARA
Candidate Full Name (if applicable)

SELECTMAN ORLEANS
Office Sought and District

4 LITTLE marsh La. So. ORLEANS.
Residential Address

Telephone Number (optional): 508-240-2195

COMMITTEE TO ELECT PETER O'MEARA
Committee Name

Susan L. O' Meara
Name of Committee Treasurer

P.O. BOX 799 So ORLEANS, MA
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	820.27
Line 2: Total receipts this period (page 3, line 11)	10,256.09
Line 3: Subtotal (line 1 plus line 2)	11,076.36
Line 4: Total expenditures this period (page 5, line 14)	10,963.17
Line 5: Ending Balance (line 3 minus line 4)	113.19
Line 6: Total in-kind contributions this period (page 6)	-0-
Line 7: Total (all) outstanding liabilities (page 7)	6,621.24
Line 8: Name of bank(s) used:	SANTANDER, ORLEANS, MA.

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: Susan L O'Meara (Treasurer's signature) **Date:** 5/9/14

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: Peter H. O' Meara (Candidate's signature) **Date:** 5/9/14

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
3/2/14	Paul Amman P.O.B. 1253 East Orleans, ma	70	
4/23/14	Carl Berstest 17 Seavers rd Orleans ma.	100	
4/30/14	Mary Allen Bradley 4 Bittas Way Orleans, Ma	200	Veterinarian
1/15/14	Paul D Lahey P.O. Box 1923 Orleans ma	100	
1/15/14	Anne Cannon 7 Carey's Lane So. Orleans, ma	250	nurse.
1/15/14	Peter Coneen 95 Raymond Orleans	50	
1/15/14	Judith Crockett 50 Birchhill Rd Centerville, Ma	50	
4/28/14	Maurice Cunningham 153 Massasoit St Cambridge Ma.	100	
1/15/14	James Davidson 9 Carver Rd Orleans.	50	
1/11/14	Emerson Davis PO Box 626 Orleans.	25	
4/22/14	George Dunn PO Box 1957 Orleans, Ma	50.	
1/15/14	Brian Embleton 26 Ellis Rd. Orleans	150	Retired
4/15/14	" "	150	
Line 9: Total Receipts over $50 (or listed above)		1,345	
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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
1/15/14	Richard Farley 875 Raynor Blvd Ori.	150	Business Owner
4/24/14	Richard Farley	50	
1/25/14	D.J. Farquhar P.O.B. 868 Orleans Ma	75	
2/5/14	Dale Fuller P.O. Box 18 E. Ori. Mass.	50.	
3/20/14	Dale Fuller P.O.B. 18. E. Ori. Mass.	50.	
3/16/14	Gary Furst Boston 141 Worchester Ave	300	Financial Services
4/25/14	" "	100	
4/14/14	Bill Gardner P.O.B. 472. East Orleans.	150.	
4/21/14	Kani Goldkamp. P.O.B. 752 So. Ori.	50	
4/27/14	William Grant 294 Pond St Quincy Ma.	100	
1/15/14	Mary Hartley 26 Salty Ridge Ori. Ma.	25	
1/18/14	Lanny Hayward P.O. Box 525 Ori. Ma.	50	
4/18/14	John Hodgson 56 Great Oak Ori.	100	
Line 9: Total Receipts over $50 (or listed above)		1250	
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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
1/14/14	Chris Ricciuti 46 Defiance Ln. Orleans, Ma	50	
1/15/14	Christopher Fletcher 15 Stillmeadow Dr. Orleans, MA	75	
1/15/14	Justine Kirkwood PO Box 373 So. Orl. Ma	50	
1/16/14	Virginia Lesnick 17 Little Bay Rd So. Orl. Ma	100	
1/18/14	Joseph Lewis 26230 Hickory La. Bonita Springs FL	100	
1/15/14	Fran Meaney 45 Bittersweet N. Chatham Ma	150	
1/15/14	Harry Mirdich PO Box 2231 Orl. Ma.	100	
4/23/14	Stephen Morrissey PO Box 919 So. Orl. Ma	50	
4/22/14	Victor Doerflinger PO Box 385 E. Orl. Ma	50	
1/15/14	Peter O'Meara 4 Little Marsh La So. Orl. Ma	562.50	Retired / Consulton
4/3/14	" "	66.60	" "
4/9/14	" "	3,264	" "
4/14/14	" "	181.25	" "
Line 9: Total Receipts over $50 (or listed above)		4799.35	
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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of $200 or more)
4/14/14	PETER O'MEARA 4 LITTLE MARSH LA SO. ORL. MA	290.91	RETIRED/CONSULTANT
4/14/14	" "	196	" "
4/18/14	" "	375	" "
5/7/14	SUSAN O'MEARA 4 LITTLE MARSH LA SO. ORL	250	RETIRED
11/11/14	MIKE PETERS 2844 High Ridge Rd. STAMFORD, CT	50	
1/26/14	DOUG GLUCKSMITH 49 Chichodee La. ORL. MA	100	
3/5/14	R. RATCLIFFE 4005 Gulf Shore Blvd Naples, FL.	500	RETIRED
4/25/14	C. RATCLIFFE 4005 Gulf Shore Blvd Naples, FL.	500	RETIRED
11/6/14	Gordon Smith 3 Aussies Rd ORL MA	100	
4/24/14	Robert Southwick POB 993 SO. ORL.	50	
4/12/14	DORIS TOCHILL 4 NICKERSON RD ORL. MA	100	
11/15/14	JAMES TRAINOR POBOX 1845 ORL. MA	100	
1/6/14	DELLO TRECISAN 21 Sky Meadow Dr. ORL. MA	250	RETIRED
Line 9: Total Receipts over $50 (or listed above)		2,861.91	
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		10,256.09	← 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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
5/2/14	Cape Codder	1AM Stoney Rd ORLEANS, ma	Advertising	1,562
4/1/14	Curley Direct	15 Freeman Ave So. Yarmouth, ma	Printing	521.25
4/21/14	" "	" "	Printing + mailing	1238.27
4/18/14	Design Services	44 Cypress St WELLFLEET, ma	Design Ads	375
3/27/14	" "	"	" "	120
4/24/14	Orleans Bowling Center	RT 6A ORLEANS, ma	Reception	360.04
1/15/14	Orleans Public House	Cove Rd ORLEANS, ma	Reception	1262.50
4/9/14	Quantom Communication	154 Barnstable Rd Hyannis, ma	advertising	3,264
4/22/14	Signarama	12-6 whites Path So. Yarmouth, ma	Campaign Signs + materials	1,722.90
4/14/14	Sir Speedy	180 RT 6A ORLEANS, ma	Printing + mailing	55.25
4/1/14	" "	"	"	181.25
1/2/14	STAPLES	128 Cranberry Hy ORLEANS, ma	Invitations + Banner	290.71
		Line 12: Total Expenditures over $50 (or listed above)		10,963.17
		Line 13: Total Expenditures $50 and under* (not listed above)		-0-
Enter on page 1, line 4 →		**Line 14: TOTAL EXPENDITURES IN THE PERIOD**		10,963.17

* 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over $50 (or listed above)	
Line 16: In-Kind Contributions $50 & under (not listed above)	
Line 17: TOTAL IN-KIND CONTRIBUTIONS	-0-

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
3/25/13	Peter O'Meara	4 Little Marsh St. Orleans Ma.	Loan to Committee	500
4/23/13	" "	"	"	250
4/27/13	" "	"	"	275.63
4/30/13	" "	"	"	1230.52
11/5/14	" "	"	"	562.50
11/2/14	" "	"	"	290.71
5/3/14	" "	"	"	66.60
4/9/14	" "	"	"	3264
4/14/14	" "	"	"	181.28

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 6,621.24

Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

ORLEANS TOWN CLERK
'14 JUN 17 3:52PM

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/10/14 Ending Date: 6/18/14.

Type of Report: (Check one)

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

PETER H. O'MEARA
Candidate Full Name (if applicable)

SELECTMAN / ORLEANS
Office Sought and District

4 LITTLE MARSH LANE.
Residential Address

Telephone Number (optional): 508-240-2195

COMM. TO ELECT PETER O'MEARA
Committee Name

SUSAN L. O'MEARA
Name of Committee Treasurer

P.O. BOX 799 SO. ORLEANS, MA. 02662
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1:	Ending Balance from previous report	113.19
Line 2:	Total receipts this period (page 3, line 11)	425.00
Line 3:	Subtotal (line 1 plus line 2)	538.19
Line 4:	Total expenditures this period (page 5, line 14)	328.00
Line 5:	Ending Balance (line 3 minus line 4)	210.19
Line 6:	Total in-kind contributions this period (page 6)	-0-
Line 7:	Total (all) outstanding liabilities (page 7)	6,821.24
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: Susan L. O'Meara (Treasurer's signature) Date: 6/18/14

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: Peter H. O'Meara (Candidate's signature) Date: 6/18/14

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
5/12/14	Jeff Eagler P.O.Box 496 So. Orleans, ma.	25.	
5/18/14	Howard Mead P.O.Box 1413 E. Orleans, ma	100	
5/11/14	Paula Doughty 19 Mallard Dr Orleans, ma.	50.	
5/25/14	Peter O'Meara 4 Little Marsh La So. Orleans, ma.	200.	Retired/Consultant
5/10/14	Alan Rogers 3 Huckleberry Dr. Orleans, ma.	50	
Line 9: Total Receipts over $50 (or listed above)		425.00	
Line 10: Total Receipts $50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD		425.00	← 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, 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	WINDSCREEN	P.O. BOX 612 ORLEANS, MA	ADVERTISING MATERIALS	328.a

	Line 12: Total Expenditures over $50 (or listed above)	328.a
	Line 13: Total Expenditures $50 and under* (not listed above)	
Enter on page 1, line 4 →	**Line 14: TOTAL EXPENDITURES IN THE PERIOD**	328.a

* 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions over $50 (or listed above)		
		Line 16: In-Kind Contributions $50 & under (not listed above)		
Enter on page 1, line 6 →		**Line 17: TOTAL IN-KIND CONTRIBUTIONS**		-0-

* 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
3/25/13	Peter O'Meara	4 Little Marsh La. P.O. Box 799 Orleans, Ma.	Loan To Committee	500
4/23/13				250
4/27/13				275.63
4/30/13				1,230.52
11/5/14				562.50
11/21/14				290.71
4/3/14				66.60
4/9/14				3264
4/14/14				181.28
5/25/14				200

Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)** 6821.24