

SELECTED EXTRACTS FROM M.G.L. C. 55

Section 1 defines candidate's committee: "Candidate's committee", the political committee organized on behalf of a candidate....The term "candidate's committee" shall also apply to the campaign fund of a candidate who has not organized a political committee for the purpose of carrying out the election campaign of such candidate or who receives contributions or makes expenditures independently of said committee.

Section 2 requires candidates to keep certain records: Every candidate shall keep detailed accounts of all contributions received by him, or by a person acting on his behalf, and of all expenditures made by him, or by a person acting on his behalf. Said accounts may be kept by an agent duly authorized thereto, but the candidate shall be responsible for said accounts, which shall be kept separate and distinct from all other accounts and shall include contributions made by the candidate....The candidate shall preserve all receipted bills and accounts relative to all contributions received, expenditures made and any other campaign finance activity....The candidate shall preserve said receipted bills and accounts for six years from the date of the relevant election.....

Section 3 requires the director to "assess a civil penalty for any [late filed] report ... of ten dollars per day....[up to \$2,500]. In the case of failure to file by a candidate or a candidate's committee, the civil penalty shall be assessed against the candidate....

Section 5 outlines statements of organization of political committees: Each political committee shall organize by filing with the director or, if organized for the purpose of a city or town election only, with the city or town clerk, a statement of organization.

The statement of organization shall include: (1) the full name of the political committee, which, if organized on behalf of a candidate, shall include the name of the candidate in said name;....(2) the address of the political committee; (3) a statement of the purpose for which the political committee is organized(4) the name and residential address of the chairman and the treasurer; (5) the name, residential address, and position of other principal officers, including officers and members of the finance committee, if any, and; (6) the name and address, if known, and party affiliation of each candidate the political committee is supporting; provided, however, that if a candidate is nominated without reference to a political party, the name of his political party shall not be required....

Any change in information previously submitted in a statement of organization shall be reported to the director, or if organized for the purpose of a city or town election only, to the city or town clerk, within ten days following the change.

Each political committee shall have a treasurer who shall qualify for his office by filing a written acceptance thereof with the director, or if organized for the purpose of a city or town election only, with the city or town clerk. Said treasurer shall remain subject to all the duties and liabilities imposed by this chapter until his written resignation of the office is received or his successor's written acceptance is filed as aforesaid. No person acting under the authority of, or on behalf of, any political committee shall receive any money or anything of value, or expend or disburse the same, or incur expenses while it has no treasurer qualified as aforesaid....

Each treasurer of a political committee shall keep and preserve detailed accounts, vouchers and receipts as prescribed for a candidate by the provisions of section two. Each treasurer of a political committee shall keep said records for a period of six years following the date of the relevant election....

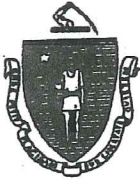
No expenditure shall be made for, or on behalf of, a political committee without the authorization of the chairman or treasurer, or their designated agents....

All funds of a political committee shall be kept separate from any personal funds of officers, members or associates of such committee....

IMPORTANT: M.G.L. c. 55, s. 5 requires that any changes in the information provided on this form shall be filed within ten days of said change. Further information can be obtained from OCPF at (617) 727-8352

M 101 7/96

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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

TOWN OF ORLEANS.
 Please print or type all information, except signatures.

Fill in dates:
 Reporting Period Beginning Month 05 Date 02 Year 13 Ending Month 06 Date 10 Year 13

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
 Full Name of Candidate (if applicable)
Board of Health ORLEANS
 Office Sought and District
4 LITTLE MASSACHUSETTS ST. ORLEANS, MA 02661
 Residential Address
508-240-2195
 Tel. No. (optional)

COMMITTEE TO ELECT PETER O'MEARA
 Committee Name
Susan L. O'Meara
 Name of Committee Treasurer
P.O. Box 799 SC ORLEANS, MA 02661
 Committee Mailing Address
508-240-2195
 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$ <u>61.00</u>
Line 2: Total receipts this period (page 2, line 11)	\$ <u>128.67</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>190.27</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>-0-</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>190.27</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>2,256.15</u>
Line 8: Name of bank(s) used	<u>SOVEREIGN BANK</u> <u>ORLEANS, MA</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:
Susan O'Meara Date 6/6/13
 Treasurer's signature (in ink)

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:
Peter H. O'Meara Date 6/10/13
 Candidate signature (in ink)

Comm To Elect
 Peter O'Meara

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)
5/29	Curley Direct, 15 Frueanque St, Ipswich MA	128	67	Printing Refund
Line 9: Total receipts in excess of \$50 (or listed above)		128	67	
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD		128	67	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.

Comm. TO ELECT
PETER O'NEARA

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				0
Line 16: In-kind \$50 and under				0
Line 17: Total In-kind				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
3/25/12	PETER O'NEARA	PO BOX 280 4 LITTLE MANNA LN	LOAN TO COMMi TEE	500
4/12/13	" "	" "	"	250
4/27/13	" "	" "	"	275.63
7/30/12	" "	" "	"	1,230.51
Line 18: OUTSTANDING LIABILITIES (ALL)				2,256.15

Enter on page 1, line 7



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ORLEANS TOWN CLERK
13 MAY 13 10:38AM

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning 03 05 2013 Ending 05 12 2013

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
Full Name of Candidate (if applicable)
BOARD OF HEALTH / ORLEANS
Office Sought and District
4 LITTLE MARSH LANE, SOUTH WARD
Residential Address
508-240-2195
Tel. No. (optional)

COMMITTEE TO ELECT PETER O'MEARA
Committee Name
Susan L. O'Meara
Name of Committee Treasurer
P.O. Box 299 So. Orleans, MA 02662
Committee Mailing Address
508-240-2195
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>3,901.15</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>3,901.15</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>3,839.55</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>61.60</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>2,256.15</u>
Line 8: Name of bank(s) used	<u>SOVEREIGN BANK, ORLEANS, MA</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:
Susan L. O'Meara Date 5/12/13
Treasurer's signature (in ink)

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:
Peter H. O'Meara Date 5/12/13
Candidate signature (in ink)

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)
3/11/13	MAY ALLEN BRADLEY 4 RTTOSWAY, ORLEANS, MA	100.	-
4/11/13	ANNE CARRON P.O. BOX 213 SO. ORLEANS, MA	100.	-
3/11/13	DULIA DUNFORD P.O. Box 774 SO. ORLEANS, MA.	350	Select man TOWN OF ORLEANS.
3/25/13	JOHN HODGSON COMMITTEE TO ELECT P.O. BOX 1787, ORLEANS, MA.	100.	
3/25/13	PETER O'NEARA 4 LITTLE MARSH LG SO. ORLEANS, MA	500.	CONSULTANT
4/27/13	PETER O'NEARA 4 LITTLE MARSH LG SO. ORLEANS, MA.	250	CONSULTANT
4/22/13	PETER O'NEARA 4 LITTLE MARSH LG SO. ORLEANS, MA.	275.63	CONSULTANT
4/30/13	PETER O'NEARA 4 LITTLE MARSH LG SO. ORLEANS, MA	1,230.52	CONSULTANT
4/2/13	ORLEANS REPUBLICAN TOWN COMMITTEE P.O. B. 2354, ORLEANS, MA.	500.	
4/17/13	DOUGLAS OLCIENIK 49 CHICKADEE LG. ORLEANS, MA	100.	

Line 9: Total Receipts over \$50 (or listed above) 3,504.¹⁵

Line 10: Total Receipts \$50 and under* (not listed above) 395.⁰⁰

Line 11: TOTAL RECEIPTS IN THE PERIOD **3,901.¹⁵**

← 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
3/21/13	PAUL BLAHELY	P.O. BOX 1923 ORLEANS, MA	Reimbursement for printing	290.63
4/27/13	Cape Cadden	ORLEANS, MA	Advertisement	1,066.00
4/26/13	CURLEY Direct	15 FRUEAN AVE SO. YARMOUTH	Printing	275.63
4/30/13	CURLEY Direct	15 FRUEAN AVE SO. YARMOUTH	Printing + mailing	1230.52
4/12/13	Sign-a-Rama	12-6 Whites Path SO. YARMOUTH	Signs	434.20
3/21/13	Sign-a-Rama	12-6 Whites Path SO. YARMOUTH	Signs	400.
4/10/13	WINDSCREEN	P.O. Box 617 SO. ORLEANS, MA	HATS	142.50

Line 12: Expenditures over \$50 (or listed above)	3,839.55
Line 13: Expenditures \$50 and under* (not listed above)	-
Line 14: TOTAL EXPENDITURES IN THE PERIOD	3,839.55

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

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.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

ORLEANS TOWN CLERK

13 MAY 13 10:38AM

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
 Reporting Period Beginning 03 05 2013 Ending 05 12 2013

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
 Full Name of Candidate (if applicable)
BOARD OF HEALTH ORLEANS
 Office Sought and District
5 LITTLE MARSH LANE, SO. ORLEANS
 Residential Address
508-240-2195
 Tel. No. (optional)

COMMITTEE TO ELECT PETER O'MEARA
 Committee Name
Susan L. O'Meara
 Name of Committee Treasurer
P.O. Box 299 So. Orleans, Ma. 02662
 Committee Mailing Address
508-240-2195
 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>3,901.15</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>3,901.15</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>3,839.55</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>61.60</u>
Line 6: Total in-kind contributions this period (page 4)	\$ <u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>2,256.15</u>
Line 8: Name of bank(s) used	<u>SOVEREIGN BANK ORLEANS, MA</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:
Susan L. O'Meara Date 5/12/13
 Treasurer's signature (in ink)

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:
Peter H. O'Meara Date 5/12/13
 Candidate signature (in ink)

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)
3/11/13	MANY ALLEN BRADLEY 4 ETROS WAY, ORLEANS, MA	100.	-
4/11/13	ANNE CARMON P.O. BOX 213 SO. ORLEANS, MA	100.	-
3/11/13	DAVID WILFORD P.O. BOX 774 SO. ORLEANS, MA.	350	Select man TOWN OF ORLEANS,
3/25/13	John Hodson COMMITTEE TO ELECT P.O. BOX 1787, ORLEANS, MA	100.	
3/25/13	PETER O'NEARA 4 LITTLE MARSH LA SO. ORLEANS, MA	500.	CONSULTANT
4/27/13	PETER O'NEARA 4 LITTLE MARSH LA SO. ORLEANS, MA.	250	CONSULTANT
4/22/13	PETER O'NEARA 4 LITTLE MARSH LA SO. ORLEANS, MA.	275.63	CONSULTANT
4/30/13	PETER O'NEARA 4 LITTLE MARSH LA SO. ORLEANS, MA	1230.52	CONSULTANT
4/2/13	ORLEANS REPUBLICAN TOWN COMMITTEE P.O. B. 2354, ORLEANS, MA.	500.	
4/17/13	DOUGLAS OLCIENTIK 49 CHICKADEE LA. ORLEANS, MA	100.	
Line 9: Total Receipts over \$50 (or listed above)		3,506.15	
Line 10: Total Receipts \$50 and under* (not listed above)		395.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3,901.15	← 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.



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

13 DEC 31 9:49AM

ORLEANS TOWN CLERK

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning 6 - 11 - 2013 Ending 12 - 31 - 2013

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
Full Name of Candidate (if applicable)
Board of Health Orleans
Office Sought and District
4 LITTLE MARSH LAKE
Residential Address
So. Orleans, MA, 02662
Tel. No. (optional) 1-508-240-2195

Committee To Elect Peter O'Meara
Committee Name
Susan L. O'Meara
Name of Committee Treasurer
P.O. Box 799
Committee Mailing Address
So. Orleans, MA, 02662
Tel. No. (optional) 508-240-2195

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 190.27
Line 2: Total receipts this period (page 2, line 11) \$ 700.00
Line 3: Subtotal (line 1 plus line 2) \$ 890.27
Line 4: Total expenditures this period (page 3, line 14) \$ 70.00
Line 5: Ending balance (line 3 minus line 4) \$ 820.27
Line 6: Total in-kind contributions this period (page 4) \$ -0-
Line 7: Total (all) outstanding liabilities (page 4) \$ 2,256.15
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 (in ink)

12/31/13
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:

Peter H O' meara
Candidate signature (in ink)

12/31/13
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)
12/4/12	M. A. Bradley 4 ETROS Way ORLEANS, MA 02643	200	00	VETERINARIAN
4/22/13	K. RUTCHIFFE BOX 1171, ORLEANS, MA, 02643	500	00	RETIRED.
Line 9: Total receipts in excess of \$50 (or listed above)		700	00	
Line 10: Total receipts \$50 and under* (not listed above)				
Line 11: TOTAL RECEIPTS IN THE PERIOD		700	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 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				-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
3/25/12	PETER O'MEARA	P.O. BOX 799 So. ORLEANS, MA.	Loan to Committee	500.
4/22/12	" "	" "	" "	250.
4/27/12	" "	" "	" "	275. ⁰³
4/20/12	" "	" "	" "	1,230. ⁵²
Line 18: OUTSTANDING LIABILITIES (ALL)				2256. ¹⁵

Enter on page 1, line 7

