



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/12/14 Ending Date: 5/01/14 **TOWN CLERK**

Type of Report: (Check one)

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

Heidi S. Schadt  
Candidate Full Name (if applicable)

Selectman  
Office Sought and District

20 Hemlock Lane, South Dennis  
Residential Address

Telephone Number (optional): \_\_\_\_\_

Committee to Re-elect Heidi S. Schadt  
Committee Name

Gladys E. Kearney  
Name of Committee Treasurer

13 Barry Lane, South Dennis  
Committee Mailing Address

Telephone Number (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

<b>Line 1:</b> Ending Balance from previous report	--0--
<b>Line 2:</b> Total receipts this period (page 2, line 11)	\$3466.20
<b>Line 3:</b> Subtotal (line 1 plus line 2)	3466.20
<b>Line 4:</b> Total expenditures this period (page 3, line 14)	2144.26
<b>Line 5:</b> Ending Balance (line 3 minus line 4)	\$1321.94
<b>Line 6:</b> Total in-kind contributions this period (page 4)	\$150.00
<b>Line 7:</b> Total (all) outstanding liabilities (page 4)	--0--
<b>Line 8:</b> Name of bank(s) used: <u>The Cooperative Bank of Cape Cod</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: Gladys E. Kearney (Treasurer's signature) Date: 5-5-14

#### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

**Candidate with 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**  
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: Heidi S. Schadt (Candidate's signature) Date: 5-5-14

## 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)
3/10/14	Gary Barber 14 Farm Hill Road Dennis	\$250.00	retired
4/10/14	Patrick B. Bresnahan 907 Main Street Dennis	\$100.00	
3/14/14	Withie & Karen Gallagher 132 Wellesley Street Weston, MA	\$100.00	
3/17/14	Wendy Grassi 849 Jennings Avenue N St. Petersburg, FL	\$100.00	
4/22/14	Peter Nyberg 106 Long Hill Road Dennis	\$100.00	
3/20/14	Seth & Penny Pearson 4 Rice Lane Dennis	\$100.00	
3/7/14	Billy & Betsy Phillips 566 Airline Road East Dennis	\$500.00	retired
4/10/14	Woodruff M. Price 42 Scarsdale Road Dennis	\$100.00	
4/5/14	Paul F. Prue 15 Old Hills Road Dennis	\$100.00	
3/24/14	Dorrie Sears 847 NW Mossy Oakway Jensen Beach, FL	\$150.00	
3/27/14	Sam Sears 20 Seven Springs Lane Burlington, MA	\$250.00	attorney
3/14/14	Sandra Wolf 16 Appleseed Road Linden, VA 22642	\$150.00	
Line 9: Total Receipts over \$50 (or listed above)		\$2100.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$1366.20	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		\$3466.20	← 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
4/10/14	The Marshside Restaurant	28 Bridge Street East Dennis	appetizers for fundraiser	\$150.00
* 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.			Line 15: In-Kind Contributions over \$50 (or listed above)	\$150.00
Enter on page 1, line 6 →			Line 16: In-Kind Contributions \$50 & under (not listed above)	
			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	<b>\$150.00</b>

## 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 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	

