



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

Fill in Reporting Period dates: Beginning Date: 5/3/21 Ending Date: 6/11/21

Type of Report: (Check one)

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

Oriana Conklin
Candidate Full Name (if applicable)
Select Board Provincetown
Office Sought and District
191 Commercial St. Apartment 1
Residential Address
E-mail: <u>orianaconklin@gmail.com</u>
Phone # (optional): _____

Committee to Elect Oriana Conklin
Committee Name
Adrian Butterton
Name of Committee Treasurer
PO Box 661 , Provincetown, MA 02657
Committee Mailing Address
E-mail: <u>adrianjbutterton@gmail.com</u>
Phone # (optional): <u>6179990044</u>

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$2674
Line 2: Total receipts this period (page 3, line 11)	309
Line 3: Subtotal (line 1 plus line 2)	2875
Line 4: Total expenditures this period (page 5, line 14)	2982
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	150
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: <u>Seaman's Bank</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: Adrian Butterton (Treasurer's signature) Date: 6/4/21

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 that are not otherwise disclosed in this report.

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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Oriana Conklin (Candidate's signature) Date: 6/4/21

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)
4/30/2021	Mia Cliggott-Perlt	100	
6/1/2020	Oriana Conklin	108	
Line 9: Total Receipts over \$50 (or listed above)		208	
Line 10: Total Receipts \$50 and under* (not listed above)		100	
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)

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

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
4/5/2021	Reynolds Dewalt	186 Duchaine Blvd. New Bedford, MA 02745	printing folding gluing delivery 1600 mail pieces	2752
4/5/2020	Facebook	186 Duchaine Blvd. New Bedford, MA 02745	facebook and instagram ads	220
Line 12: Total Expenditures over \$50 (or listed above)				2972
Line 13: Total Expenditures \$50 and under* (not listed above)				10
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				2982

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above)	
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Line 13: Expenditures \$50 and under* (not listed above)	
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Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES IN THE PERIOD	
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* 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
5/4/2021	Adrian Butterton	26 Brewster St. Provincetown, MA	Printed gotv fliers	122
Line 15: In-Kind Contributions over \$50 (or listed above)				122
Line 16: In-Kind Contributions \$50 & under (not listed above)				28
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				150

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