



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report RECEIVED Municipal Form

SEP - 1 2016 Office of Campaign and Political Finance

FALMOUTH TOWN CLERK

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 7-18-16 Ending Date: 9-1-16

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Douglas Brown
Candidate Full Name (if applicable)
Selectman
Office Sought and District
Residential Address
E-mail:
Phone # (optional):

Campaign To Elect Doug Brown
Committee Name
Mary J Little
Name of Committee Treasurer
21 Mattapan St - Testicket 02536
Committee Mailing Address
E-mail:
Phone # (optional): 508-548-3883

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	—
Line 2: Total receipts this period (page 3, line 11)	\$ 4713.99
Line 3: Subtotal (line 1 plus line 2)	
Line 4: Total expenditures this period (page 5, line 14)	2850.30
Line 5: Ending Balance (line 3 minus line 4)	1863.69
Line 6: Total in-kind contributions this period (page 6)	—
Line 7: Total (all) outstanding liabilities (page 7)	—
Line 8: Name of bank(s) used:	<u>Rockland Trust</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: Mary J Little (Treasurer's signature) Date: 9-1-16

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: Douglas Brown (Candidate's signature) Date: 9/1/16

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)
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 E
Municipal Form
Disclosure of Assets Statement
Office of Campaign and Political Finance**

Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

CPF ID# _____

This form should be filed by all candidates and committees with each year end and each dissolution report.

Committee Name: Campaign To Elect Douglas Brown Date of report: _____

All candidates and committees must fill in Part A or Part B.

Part A:

No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement.

Part B:

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how value is determined.

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

Signed under the penalties of perjury:

[Signature] 9-1-16
Candidate signature Date

Signed under the penalties of perjury:

Mary J Little 9-1-16
Treasurer signature Date

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.

8-3-16	ALWARDT, MARY ELLEN 25 ALWARDT WAY E.F.02536	100.00	
8-3-16	BOTELHO, GEORGE POB 3498 WAQUOIT 02536	250.00	EXCAVATING CONTRACTOR
7-6-16	BOYER, PETER F. Waterside Dr. N.F 02556	100.00	
7-8-16	BUMPUS, CATHERINE POB 703 WOOD HOLE 02543	100.00	
8-5-16	COOL, ANNIE HART POB 825, W.F.02574	100.00	
8-24-16	DENSMORE, ANNE J. POB 609 WH. 02543	100.00	
8-3-16	DROLETTE, JOSEPH POB 2193 T.T. 02536	100.00	
8-3-16	DRULEY, JOHN L. 270 TEATICKET HWY. 02536	200.00	REALTOR
8-16-16	ESTES, JAMES A. 87 MCCALLUM DR. FAL. 02540	100.00	
7-12-16	FENWICK, JUDITH L. 18 MILL RD. FAL.02540	100.00	
7-20-16	FORRESTER, NED C. 24 CUMLODEN DR. WH.02543	250.00	ENGINEER/WHOI
8-5-16	HADDAD, STEVEN 139 NASHAWENA ST. W.F.02574	150.00	REALTOR
8-3-16	HERBST, RALPH 121 REGIS RD., E.F. 02536	100.00	
7-5-16	HARRIS, MARY POB 1065 N.F. 02556	150.00	

* 1900

Total \$5575

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)

see attached

Line 9: Total Receipts over \$50 (or listed above) 3575.00

Line 10: Total Receipts \$50 and under* (not listed above) 1138.99

Line 11: TOTAL RECEIPTS IN THE PERIOD 4713.99

← 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
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total 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.

8-3-16	LEARY, ROBERT JAMES 196 GOLETTA DR. HATCHVILLE	100.00	
8-3-16	LEBLANC-PETERSON, MARTHA 70 SADDLEBACK LN N.F. 02556	100.00	
8-3-16	LEWIS, BARBARA J. 10 GREEN ACRES RD. E.F.02536	100.00	
7-8-16	LITTLE, MARY J. 21 MATTAPAN ST., E.F. 92536	100.00	
7-16-16	LOWELL, VICTORIA H. 188 SIPPEWISSETT RD FAL.02540	100.00	
8-3-16	MEILE, STEPHANIE J 17 GREEN MEADOW LN E.F02536	75.00	
8-3-16	MISKELL, EILEEN C 4 SNAPPER LN. FAL.02540	200.00	MANAGER/WOOD LUMBER
8-3-16	NEWTON, WILLIAM A. POB 64 W.F. 02574	100.00	
7-5-16	SHEPHARD, SUSAN L. 35 CUMLODEN DR. FAL.02540	100.00	
8-9-16	SMITH, JONATHAN A. 96 PEMBROKE ST. #1 BOS.02118	100.00	
8-3-16	SMITH, TIMOTHY G. POB 3102 WAQUOIT 2536	100.00	
7-20-16	SULANOWSKI, MARGARET POB 508 W.H. 02543	100.00	
8-5-16	THOMAS, ARTHUR 414 TEATICKET HWY., E.F.02536	100.00	
7-8-16	VALIELA, VIRGINIA POB 237 N.F. 02556	100.00	
7-5-16	WATERBURY, JOHN 779 PALMER AVE. W.F. 025774	100.00	
7-07-16	WHITEHEAD, LINDA 7 GREGORY LN FAL.02540	100.00	

\$1675

\$ 3595.00

SCHEDULE A: RECEIPTS \$75.00 AND OVER

PAGE 3

7-18-16	BIG DADDY'S 24 LEXINGTON ST. LACONIA, NH. 03246	523.73	LOAN
8-24-16	BIG DADDY'S 24 LEXINGTON ST. NH. 03246	429.00	LOAN
7-29-16	FALMOUTH PUBLISHING 50 DEPOT AVE. FAL.02540	722.25	LOAN
8-3-16	LOYAL ORDER OF ELKS PALMER AVE. FAL.02540	132.82	LOAN

*\$ 1807.80
see form CPF R-1*

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
7-18-16	Big Daddy's	24 Lexington D, Racoma N.H. 03240	200 signs	523.73
7-29-16	Salmouth Publishing	50 Depot Ave Salmouth 02540	2 ads 7-22 - 7-29	722.25
8-3-16	Royal Order Elks	Palmer Ave Sal 02540	Rental Hall	132.82
8-3-16	Cheryl Leahy	Palmer Ave Sal 02540	Bartender	50.00
8-24-16	Salmouth Publishing	50 Depot Ave Salmouth 02540	Banner & Ad 8-26 - 9-8	992.50
8-24-16	Big Daddy's	24 Lexington Dn. Racoma, N.H.	100 signs & stands	429.00
				2850.30
Line 12: Expenditures over \$50 (or listed above)				2800.30
Line 13: Expenditures \$50 and under* (not listed above)				50
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2850.30

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



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: <u>7-28-8/24-2016</u>
Name of Individual Being Reimbursed: <u>Douglas Brown</u>	
Committee Name: <u>Campaign To Elect Douglas Brown</u>	
CPF ID Number (if applicable): <u>-</u>	Telephone Number (optional): <u>508-548-3883</u>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
7-18-16	Big Daddy's	24 Lexington Dn Salem, N.H 03246	200 signs check 991	523.73
8-24-16	Big Daddys	'	100 signs stamps check 993	429.00
7-29-16	Salmouth Publishing	50 Depot ave Salmouth, MA	2 political ads check 991	722.25
8-3-16	Royal Order Elks	Belmer ave Salmouth, MA 02540	Hall Rental check 991	132.82

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<u>1807.80</u>
Line 2: Expenditures \$50 or under (not itemized):	<u>-</u>
Line 3: TOTAL AMOUNT REIMBURSED:	<u>1807.80</u>

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Mary J Little

Date: 9-1-16

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

