



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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BALMOUTH TOWN CLERK  
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/3/2016 Ending Date: 6/17/2016

Type of Report: (Check one)

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

MEGAN ENGLISH BRAGA  
Candidate Full Name (if applicable)

SELECTMAN  
Office Sought and District

12 BRADY DRIVE EAST FALMOUTH 02536  
Residential Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

COMMITTEE TO ELECT MEGAN ENGLISH BRAGA  
Committee Name

MARY HARRIS  
Name of Committee Treasurer

PO, Box 1065, NORTH FALMOUTH, MA 02556  
Committee Mailing Address

E-mail: m.harris@haiadm.com

Phone # (optional): 508-563-5165

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>2254.77</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1305.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3559.77</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1628.26</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>1931.51</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
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 Harris (Treasurer's signature) Date: 6/17/16

#### 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: \_\_\_\_\_ (Candidate's signature) Date: 6/17/16

## 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)
	<i>See attached</i>		
Line 9: Total Receipts over \$50 (or listed above)		1305.06	
Line 10: Total Receipts \$50 and under* (not listed above)		-	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		1305.06	← 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

Date	Amount	Last	First Name(s)	Street	City, St Zip	Occupation
3/25/2016	100.00	Adams	Levi C. & Jeanne E.	29 Nickerson Street	Teaticket, MA 02536	
5/15/2016	35.00	Armstrong	Ellen & Richard	57 Millfield Street	Woods Hole, MA 02543	
4/24/2016	150.00	Brown	Robert A.	PO Box 353	Falmouth, MA 02541-0353	
5/1/2016	100.00	Cain	Linda B.	9 Millfield Street	Woods Hole, MA 02543	Attorney
4/20/2016	250.00	Connolly	John M.	314 Gifford St #5	Falmouth, MA 02540	
5/1/2016	50.00	Hallinan	Daniel or John	145 Deer Pond Road	Hatchville, MA 02536	
5/1/2016	100.00	Henrique	Genevieve K.	122 Teaticket Hwy	East Falmouth, MA 02536	
5/1/2016	50.00	Heylin	Pamela J. & Michael	38 Irving Street	Norwood, MA 02062	
5/2/2016	50.00	Hickey	Elaine C.	P. O. Box 1202	West Falmouth, MA 02574	
5/1/2016	35.00	Keoughan	Patricia E.	P. O. 538	Woods Hole, MA 02543	
5/15/2016	50.00	Moniz	Maria H.	14 Ludlam Street	Falmouth, MA 02540	
5/15/2016	50.00	Moritz	Kirstin A.	7 Ravenwood Circle	Falmouth, MA 02540	
5/16/2016	35.00	Woodwell	George & Katharine	64 Church Street	Woods Hole, MA 02543	
5/15/2016	250.00	Zweig	Christina & Ronald	P. O. Box 365	Woods Hole, MA 02543	Retired

Total 1305.00

## 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
5/6/16	Falmouth Enterprise	50 Depot Ave. Falmouth, MA 02540	Advertis: sup	662.50
5/12/16	Falmouth Service Center	P.O. Box 208 Falmouth, MA 02541	Charity	100.00
5/20/16	J. R. Brady	734 Taaticat Hwy Falmouth, MA 02536	Campaign Event	374.51
5/23/16	Falmouth Enterprise	as above	advertising	191.25
5/31/16	Zelda MacGregor	1169 South St #10 Falmouth, MA 02536	media consulting/design	300.00
Line 12: Total Expenditures over \$50 (or listed above)				1628.26
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: <b>TOTAL EXPENDITURES IN THE PERIOD</b>				<b>1628.26</b>

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
	W. DAVE			
			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 →			<b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>	—

\* 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
	None			
Enter on page 1, line 7 →	<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>			0