



Commonwealth of Massachusetts

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FALMOUTH TOWN CLERK

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2016 Ending Date: 5/3/2016

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
P.O. Box 1065, NORTH FALMOUTH, MA 02556
Committee Mailing Address
E-mail: mharris@haiadm.com
Phone # (optional): 508-563-5165

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>0.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>4024.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>4024.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1769.23</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>2254.77</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0.00</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0.00</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: 5/5/16

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: 5/5/16

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 Schedule A: Receipts</i>		
Line 9: Total Receipts over \$50 (or listed above)		3650.00	
Line 10: Total Receipts \$50 and under* (not listed above)		374.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4024.00	← 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 A: Receipts

Date	Amount	Last Name First Name(s)	Street	City, St Zip	Occupator Employer
3/20/2016	100.00	Anonymous			
3/20/2016	50.00	Azzato	39 Rolling Acres Lane	East Falmouth, MA 02536	
3/20/2016	400.00	Baker	328 Sippiwissett Road	Falmouth, MA 02541	Retired
3/29/2016	100.00	Beckett, Jr.	PO Box 1082	North Falmouth, MA 02556-1082	
3/1/2016	100.00	Bluestein	22 Bakers Lane	Falmouth, MA 02540-2102	
3/1/2016	300.00	Braga	22 Whitecaps Drive	East Falmouth, MA 02536	Owner
3/20/2016	50.00	Bumpus	P. O. Box 703	Woods Hole, MA 02543	
3/2/2016	200.00	Cusolito	510 Old Barnstable Road	East Falmouth, MA 02536-5440	Retired
3/18/2016	50.00	Dewitt	116 Pin Oak Way	Falmouth, MA 02540-2102	
3/4/2016	200.00	English	PO Box 783	Falmouth, MA 02541	
3/26/2016	50.00	Fassett	P. O. Box 271	West Falmouth, MA 02574	
3/20/2016	50.00	Flynn	P. O. Box 427	North Falmouth, MA 02556	
3/20/2016	50.00	Gillis	24 Cooper Road	East Falmouth, MA 02536-7413	
3/19/2016	50.00	Goldstein	8 Lakeview Avenue	Falmouth, MA 02540-2830	
3/29/2016	100.00	Graham	40 Viola Lane	Marstons Mills, MA 02648-1745	
3/20/2016	50.00	Harney	19 Cachalot Lane	Falmouth, MA 02540-3017	
3/20/2016	50.00	Hauck	11 Woodrise	Falmouth, MA 02540-2510	
3/20/2016	50.00	Hickey	P. O. Box 1202	West Falmouth, MA 02574	
3/20/2016	100.00	Kanellopoulos	77 Hamlin Avenue	Falmouth, MA 02540-2821	
3/20/2016	200.00	Lebach	98 County Road	North Falmouth, MA 02556	Retired
3/20/2016	100.00	Maguire	105 Pin Oak Way	Falmouth, MA 02540-2660	
3/20/2016	100.00	McCormack III	35 Mary Manuel Way	East Falmouth, MA 02536	
3/19/2016	100.00	McDonnell	46 White Caps Drive	East Falmouth, MA 02536	
3/20/2016	50.00	Moritz	7 Ravenwood Circle	Falmouth, MA 02540	
3/20/2016	50.00	Navarro	468 Woods Hole Road	Woods Hole, MA 02543	
2/26/2016	300.00	Norton	24 Brick Kiln Road	Teaticket, MA 02536	Retired
5/2/2016	150.00	Paritan	P. O. Box 428	North Falmouth, MA 02556-0428	
3/20/2016	100.00	Patrick	P. O. Box 3252	Waquoit, MA 02536-3252	
3/20/2016	50.00	Shephard	35 Cumloden Drive	Falmouth, MA 02540-1607	
3/19/2016	100.00	Simenas	21 Circular Avenue	Falmouth, MA 02540-3484	
2/17/2016	50.00	Slade, Jr	15 Eldridge Street	Bourne, MA 02532-3840	
3/20/2016	50.00	Turkington	4 Sheeps Crossing Lane	Falmouth, MA 02540-2656	
3/20/2016	100.00	Valliea	193 Old Main Road	North Falmouth, MA 02556	
3/19/2016	50.00	Ziss	149 Cliffwood Lane	Falmouth, MA 02540	
	3650.00	Total			

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
3/21/16	Falmouth Enterprise Signs	50 Depot Ave Falmouth, MA 02540	Advertising	425.63
4/15/16	Forekast Vinyl Graphics	56 Nicolette Way Mashpee, MA 02649	Yard Signs	80.00
3/20/16	Liam McGuire's	273 Main St Falmouth, MA 02540	Campaign Event	266.00
3/20/16	Staples	7 Davis Streets Falmouth, MA 02540	Campaign Supplies	267.60
Line 12: Total Expenditures over \$50 (or listed above)				1769.23
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1769.23

* 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 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 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				0