



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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Commonwealth
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4-1-14 Ending Date: 5-12-14

Type of Report: (Check one)

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

David Braga
Candidate Full Name (if applicable)

Selectman Falmouth MA
Office Sought and District

24 Nancy Ave E. Falmouth MA
Residential Address 02536

Telephone Number (optional): 508 540 8036

Committee to Elect David Braga
Committee Name

Linda Davis
Name of Committee Treasurer

383 Boxberry Hill Rd E. Falmouth MA
Committee Mailing Address 02536

Telephone Number (optional): 508 392 9581

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	-
Line 2: Total receipts this period (page 2, line 11)	1825-
Line 3: Subtotal (line 1 plus line 2)	1825-
Line 4: Total expenditures this period (page 3, line 14)	299.94
Line 5: Ending Balance (line 3 minus line 4)	1525.06
Line 6: Total in-kind contributions this period (page 4)	-
Line 7: Total (all) outstanding liabilities (page 4)	-
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: Linda E. Davis (Treasurer's signature) Date: 5-12-14

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: David Braga (Candidate's signature) Date: 5-12-14

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)
4/13	Jayne Abbott E-Falmouth 207 McTavitt Rd MA 02536	100-	
4/13	Mary Ellen Alward E 25 Alward way E-Falmouth MA 02536	100-	
4/22	DOUG Braun 10 Green Acres Rd E-FALMOUTH MA 02536	100-	
4/1	Linda Davis 383 Boxberry Hill Rd E Falmouth MA 02536	200	Retired School Teacher
5/7	Joseph Droulette 39 Mill Pond way E. Falmouth MA 02536	100-	
5/4	Herbert Family Trust 18 Nancy Ave E Falmouth MA 02536	100-	
5/7	Kevin Murphy 83 Dale Dr. N-Falmouth MA 02574	100-	
4/22	Linda Okhagawa 801 W. Falmouth Highway W. Falmouth MA 02556	100-	

Line 9: Total Receipts over \$50 (or listed above) 900-

Line 10: Total Receipts \$50 and under* (not listed above) 925-

Line 11: TOTAL RECEIPTS IN THE PERIOD 1825-

← 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
4/18	Falmouth printing	205 Worcester CT Falmouth MA 02540	printing CK# 907	41.41
4/18	United Postal	RT 25 EAST Falmouth MA	STAMPS CK# 102	49-
4/18	United Postal	RT 25 EAST Falmouth MA	STAMPS CK# 103	49-
5/1	Jimmy Browns Cafe	RT 25 #239 EAST Falmouth MA	Kick off party	160.50
Line 12: Total Expenditures over \$50 (or listed above)				299.94
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				299.94

* 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
* 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)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
Enter on page 1, line 6 →			Line 17: TOTAL IN-KIND CONTRIBUTIONS	

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)	