



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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FILE WITH: CITY OR TOWN CLERK OR ELECTION COMMISSION

Fill in Reporting Period dates: Beginning Date: 5-20-14 Ending Date: 6-20-14

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
Office Sought and District

24 Nancy Ave E. Falmouth, MA 02536
Residential Address

Telephone Number (optional): _____

Comm. to Elect David Braga
Committee Name

Linda Davis
Name of Committee Treasurer

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

Telephone Number (optional): 508 392 9581

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<u>1528⁰⁶</u>
Line 2: Total receipts this period (page 3, line 11)	<u>250⁻</u>
Line 3: Subtotal (line 1 plus line 2)	<u>1778⁰⁶</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1766²⁵</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>8.81</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: Leola C. Denis (Treasurer's signature) Date: 6 9 14

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: [Signature] (Candidate's signature) Date: 6 9 14

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
6/9/14	Capital Promotions	Bx 231 19038 Glenside PA	Political Signs	360-
6/9/14	Falmouth Enterprise	50 Depot Ave Falmouth MA	Advertising Political Ads	1406.25
Line 12: Total Expenditures over \$50 (or listed above)				1766.25
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1766.25

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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/22	John Hater 94 EAST FALHYGEE	100-	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)		150-	
Line 11: TOTAL RECEIPTS IN THE PERIOD		250-	← 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.