

M.G.L. c. 55.

Candidate signature (in ink)

Form CPF M 102: Campaign Finance Report

	Inicipal Form ampaign and Political Finance	TOW 10 APR DUXB
le with:	all information, except signatures.	TOWN CLERK DUXBURY, MAG
Fill in dates: Reporting Period Beginning Month Date 19	Year Month 2010 Ending OH	Date Dyear ST R
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding 6	election ⊠30 day after election □yea	ar-end report dissolution
Shawn Dahlen Full Name of Candidate (if applicable) Select Man Office Sought and District	Committee to Elect S Committee Na Friend G Weg Name of Committee	LER, SR
Residential Address DUX BURY, MA 0833/ 781-934-7580 Tel. No. (optional	Committee Mailing	Rood Address 02332
SUMMARY BA Line 1: Ending balance from Line 2: Total receipts this per Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures th Line 5: Ending balance (line 3 magnetic states) Line 6: Total in-kind contribut Line 7: Total (all) outstanding Line 8: Name of bank(s) used	riod (page 2, line 11) s 2 sis period (page 3, line 14) minus line 4) s ions this period (page 4) liabilities (page 4) s s s	605.33 226.64 .831.97 .831.97 -0- 480
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedule campaign finance activity, including all contributions, loans, receipts, and represents the campaign finance activity of all persons acting un M.G.L. c. 55. Treasurer's signature (in ink)	es and it is, to the best of my knowledge and belie expenditures, disbursements, in-kind contributions der the authority or on behalf of this committee in alties of perjury:	and liabilities for this reporting period
FOR CANDIDATE FILING	S ONLY: (CANDIDATE MUST SIGN BELO)W)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the cartify that I have examined this report including attached schedule campaign finance activity, of all persons acting under the authority have not received any contributions, incurred any liabilities nor made. Candidate without Committee OR Candidate with independent I certify that I have examined his report including attached schedule campaign finance activity including contributions, loans, receipts, exand represents the eampaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity finance activity of all persons acting under the campaign finance activity finance activity finance activity of all persons acting under the campaign finance activity finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all persons acting under the campaign finance activity of all pers	es and it is, to the best of my knowledge and belied or on behalf of this committee in accordance with any expenditures on my behalf during this reporting that activity filing separate report and it is, to the best of my knowledge and belief expenditures, dispursements, in kind contributions a	th the requirements of M.G.L. c. 55. I g period. f, a true and complete statement of all and liabilities for this reporting period.

Signed under the penalties of perjury:

4-12-10 Date

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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

number on each page.

A	The state of the s				
Date Name and Residential Address Received (alphabetical listing required)		Amount		Occupation & Employer	
Received	6-1			(for contributions of \$200 or more)	
3/17/10	Jonathan + Elizabeth Caffrey 82 Powder Point aul. Doxbory, MA 02332	100	Contracta		
3/8/10	Shallen Dahlen	1,171	64	Candidate Bolder	
4/3/10	Duxbury, MH 03331	′		Self employed	
3/16/10	Amy + Dakky Demos 80 Mondull 57, Doxboy, MA 02332	500	-	Novantas, Inc.	
3/8/10	Eduard + Janet January Road Doxhony, MH 0+331	250		Retired	
Bligho	Richard + Patorora Lo Ring 245 Washington St, Duxbury, MA 0230	100	chooking		
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		·			
:			·		
				· · · · · · · · · · · · · · · · · · ·	
Line 9:	Total receipts in excess of \$50 (or listed above)	2kl.	64		
Line 10:	Total receipts \$50 and under* (not listed above)	105			
	TOTAL RECEIPTS IN THE PERIOD	2226	1.4	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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
				•	
3/29/10	Doxbory Chipper	Duxbury, MA 02331	Ad	268	80
3/25/10	. 10	(\	Ad	762	30
3/8/10	17	11	Ad	375	
3/16/10	(1)		Hd.	375	-90-
4/8/16	Muncey, Kathy		Reimbursent for decals	144	ing.
4/8/10	Reed, DM	Doxbory, MHO 2332	Website design , constructor I wavegel + urplate,	480	,12 35
3/23/10	STAM A Rama	62 Main St. Kungstm, MA 02364	< 40 m A	. 95	63
3/25/10	Surstine Liquer	133 Muin Hill Kingstm, MA 03364	Represente - Ber, Wine & Liquor.	165	Market State of State
3/9/10.	We Print today	Wy Summer 57. Kingstm, MA 02364	Portanda 900	132	4/1
	•				
			• .		
		Line 12:	Expenditures over \$50	2798	07
		Line 13:	Expenditures \$50 and under*	33	90
T	Enter on page 1, line 4		TOTAL EXPENDITURES	<u> </u>	//

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	Don Regal	3 Captain's Hill Rd- Duxbury, MA 0 = 332	Website design init, monage a update.	480.
•				
		Line 15:	In-kind over \$50	480
		Line 16:	In-kind \$50 and under	
•	Enter on page 1, line 6	Line 17:	Total In-kind	480.

^{*} 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
	NA	,		
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	-

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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