

## Form CPF M 102: Campaign Finance Report

Municipal Form Office of Campaign and Political Finance of Massachusetts File with: City or Town Clerk or Election Commission Please print or type all information, except signatures. Fill in dates: Month Date Month 2009 Reporting Period Beginning 03 08 **Ending** Type of report: (Check one) ☐ 8th day preceding preliminary ■8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution Committee to Eloct Shaw Name of Committee Treasurer

Shaun	Dahlen
TO SECURE A	of Candidate (if applicable)
	e Sought and District
Duxbury, R	J sidential Address M 中 03331
	Tel. No. (optional)

TROJY FARM ROLD Dux Germittee Mailing Address

Dux Gury, MH 01332

Tel. No. (optional)

SUMMARY BALANCE INFORMATI	ON:
Line 1: Ending balance from previous report	\$ -0 -
Line 2: Total receipts this period (page 2, line 11)	\$ 4,550.
Line 3: Subtotal (line 1 plus line 2)	\$ 4,550.
Line 4: Total expenditures this period (page 3, line 14	\$ 3,944.67
Line 5: Ending balance (line 3 minus line 4)	\$ 605.33
Line 6: Total in-kind contributions this period (page 4	s ~ O -
Line 7: Total (all) outstanding liabilities (page 4)	\$ -0 -
Line 8: Name of bank(s) used Rock and Trus	-1 Co.
·	

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. 5 Signed under the penalties of perjury: Treasurer's signature (in ink)

## FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

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 b campaign finance activity, of all persons acting under the authority or on behalf of the	est of my knowledge and belief, a true and complete statement of all
have not received any contributions, incurred any liabilities nor made any expenditures or	my behalf during this reporting period.
Candidate without Committee OR Candidate with independent activity filing sep.	arate report
I certify that I have examined this report including attached schedules and it is, to the b campaign finance activity, including contributions, loans, receipts, expenditures, disburs and represents the campaign finance activity of all persons acting under the authority or M.G.L. c. 55.  Signed under the penalties of perjurence of the campaign finance activity of all persons acting under the penalties of perjurence of the campaign finance activity of all persons acting under the penalties of perjurence of the campaign finance activity of all persons acting under the penalties of perjurence of the campaign finance activity of all persons acting under the penalties of perjurence of the campaign finance activity of all persons acting under the authority or M.G.L. c. 55.	sements, in-kind contributions and liabilities for this reporting period
Signed under the penalties of perjur	318-2010
Candidate signature (in ink)	Date

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 e	T The state of the	<b>A</b>		Occurred to the second	
Date Name and Residential Address Received (alphabetical listing required)		Am	ount		
Keceiveu			<del></del>	(for contributions of \$200 or more	
1/16/10	Kathleen P. Muncey 486 Washington St.			Attmen	
11/6/00	Dux by ry, M. Q. 03331	200	60	Delanen+Moncoy, LP	
2/22/10	Jayt. Noonan 03556 25 Moses Rd, No. Falmouth, MA			,	
2/2-10	25 Moses Rd, No. Falmouth MA	100	11.		
1/0/10	Gregory O'Connell 03670	1		Owner	
7100 170	100 Buck leg Rd., W. Donies, MA	200		P.P.P. Parkaging, Inc	
3/1/10	Bonne P. Post				
טוןי יכ	32 Long Pt. Lave, Doxbury MA 62331	100			
2/3/10	Kitleen W+ John M. Shrolds 143 Powder Point ane. Buxbury MA 02332			Owner	
	Dux hory MA 02332	500		Shields MRI, Inc.	
114/10	Data B 1: Smarth				
,	243 St. George St Doxbury, MH 02332	100	_	•	
3/4/10	Chery Totank Jan	100.		ouve	
•	389 King Caesor Rd. Duxnory, MA 05332	' ' ' '		Tufankjian Family Reddershin	
2809	For only + Carlice Worler				
ŀ	7 TRUN FORM RD. Duchury, MIA 02732	/ • •		·	
1 140	Elizabeth M. Woods ft	٠,		, O	
2/1/10	41 Ban Pand Poly, MA 02332	500		Retired	
		V			
	·				
	·				
		····			
.	-			•	
Line 9: T	otal receipts in excess of \$50 (or listed above)	4,025	. —		
	1 1 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>~</b>			
	otal receipts \$50 and under* (not listed above)	315 1,550			
Line 11: TOTAL RECEIPTS IN THE PERIOD				Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Committee to Elect Shown Dahlen Page 3 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.  Date Name and Residential Address		Amount		Occupation & Employer	
Received	(alphabetical listing required)			(for contributions of \$200 or more)	
12/12/09	Nancy Bennett 24 Htcks Point Rd Duxbury MAGLES	,200	Coppendit.	Housewife	
2/14/10	Frederic M. Clifford 33 Water St. Dox bury, MA 01772	250		Retired	
والحداد	Patricia + Dau   Dowd 70 Park St. #9, Duxhurg, MH 02392	100.	·		
12/30/09	L Ka L T. Douz Call				
2/8/10	J3 Elder BrewsterRU, Dixon MADON				
1/31/10	Steplen Morey + Lisablea Fitzgibbung 65 Partridge Rd., Dubury MA 62332	101			
ilialio.	Churles Via Kag S. Foster 134 Surplus St. Duxbury, MA 02332 Paul D. Fur cinito	100			
1 24/10	110 Abrang Hill, Doxbury, MA 02732	100	-		
1/3/1/10	Paul R. & Meura D. Garney 47 Bay Road, Duxbury, MA 02372 William & Margaret M. Kearney	75			
, , ,	268 Church St. Duxbury MA 02332	100	_		
>130109	David and Fatricia Loway 155 Standish ST., Doxy	500	-	Rotired	
	Sarah C. L David J. Madigan 1050. Pasture Lane Dorbury, MA 02332	100	_		
12/09	Francis C+ Susan C. Mangrone 19 Sampson St. DV X Sury, MA 02732 Andre P. + Stephene P Martecchini	100	-		
- 1	110 11 2 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100	_		
15/10	Duxbury, MA 0 2332 Ribert 6. 4 Elizabeth L Miller i Jr. 3257 King Caesar Rd, Duxbury, MA 02313	100	-		
	Cotal receipts in excess of \$50 (or listed above)				
Line 10: T	otal receipts \$50 and under* (not listed above)				
Line 11: T	OTAL RECEIPTS IN THE PERIOD			Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Committee Le Elect Shawn Dahlon Page 4
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	Am	ount
3/6/10	Bennett, Nancy	Duxbury, MA 02732	Postage, Voter Lists Printing	591	
118/10	Duxbury Clipper	Duxbory MA 02737	Ad	200	******
2/15/10	Duxbury Clippen	11 So. Statem Ave Duxbung, MA 02332	Ad	358	40
3/1/10	Duxbury Clippe	Dunbuny MA 02732	Ad	470	40
2/15/10	Downlaton	P.O. BOX 1264 Duxbury, MH 02331	Spelling Bep Registration	330	_
3/15/10	Primition Plus	320 Washington St Norwell, MA 03061	Pens, Buttons	422	5-2
2/24/10	Sygn-a-Rama	62 Main Street Kingstm, MA 0 > 364		439	88
2/24/10	We Premt today	66 Su mmer 5+ Kungstm, MH 02364	Pads	206	38
2/17/10	Winson Hause Inn	Buxbury, MA 03332	Food + Service for Deception for 65 people.	902	69
				•	
		Line 12: I	Expenditures over \$50	3,921	27
		Line 13: I	Expenditures \$50 and under*	23	40
E	nter on page 1, line 4	Line 14:7	TOTAL EXPENDITURES	3,944	47

<sup>\*</sup>If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

Commobbel to Elect Shown Dan len schedule C: "IN-KIND" CONTRIBUTIONS Page 5

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
	NA	•		
		Line 15	: In-kind over \$50	
		Line 16	: In-kind \$50 and under	
	Enter on page 1, line 6	Line 17	7: Total In-kind	

<sup>\*</sup> 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.

Page 4