



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK
BRAINTREE, MA

2014 JAN 17 PM 3:10

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Ending Date:

Type of Report: (Check one)
 8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

Candidate Full Name (if applicable)

Office Sought and District

Residential Address

Telephone Number (optional):

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="1557.25"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="440.000"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="1997.25"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="1482.91"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="514.34"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0"/>
Line 8: Name of bank(s) used:	<input type="text" value="Rockland Trust"/>

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: *Scott Killgoar* (Treasurer's signature) Date:

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: *Michael Joseph Owens* (Candidate's signature) 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.

(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)
10/22/13	Leland Dingee 211 Glenrose Ave Braintree MA 02184	50.00	
10/21/13	Paul Eid 15 Dale St Dedham MA 02026	100.00	
10/23/13	Barney Murphree 34 Spring St Braintree MA 02184	100.00	
11/4/13	Alison Scarcella 50 Colonial Ct Wolcott CT 06716	50.00	
11/4/13	Bruce White 1 Hazel Ct Braintree MA 02184	100.00	
Line 9: Total Receipts over \$50 (or listed above)		400.00	
Line 10: Total Receipts \$50 and under* (not listed above)		40.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		440.00	← 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 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
10/17/13	Braintree Advertiser	28 River St Braintree MA 02184	2nd Print Ad	230.00
12/10/13	Braintree Advertiser	28 River St Braintree MA 02184	'Thank You' Ad	62.50
11/4/13	Ocean State Job Lot	141 Newport Ave Quincy MA 02170	Safety Vests For Overnight Literature Drop	79.69
11/14/13	Printing Unlimited	63 Plymouth St Holbrook MA 02343	Door Hangers, GOTV Flyers	612.00
10/18/13	Staples	500 Grossman Dr Braintree MA 02184	Additional Prints, Lists	62.05
11/4/13	United States Postal Service	125 Pearl St Braintree MA 02184	'Friend Card' Postage	363.00
Line 12: Total Expenditures over \$50 (or listed above)				1409.24
Line 13: Total Expenditures \$50 and under* (not listed above)				73.67
Line 14: TOTAL EXPENDITURES IN THE PERIOD				1482.91

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.



Commonwealth of Massachusetts

Schedule E
Municipal Form
Disclosure of Assets Statement
Office of Campaign and Political Finance

RECEIVED TOWN CLERK
BRAintree, MA

2014 JAN 17 PM 3:25

File with: City or Town Clerk or Election Commission

CPF ID#

This form should be filed by all candidates and committees with each year end and each dissolution report.

Committee Name: COMMITTEE TO ELECT MICHAEL OWENS Date of report: 1/17/14

All candidates and committees must fill in Part A or Part B.

Part A:

[X] No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement.

Part B:

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Table with 5 columns: Asset, Date Acquired, Present Location, Manner Acquired, Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Table with 5 columns: Asset, Date Acquired, Disposition to: Name and Address, Date and Manner of Disposition, Disposition Value

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

Signed under the penalties of perjury:

Candidate signature [Signature] Date 1/17/14

Signed under the penalties of perjury:

Treasurer signature [Signature] Date 1/17/14

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.

