



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK
BRAintree, MA

2017 JAN 13 PM 3:04

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="5487.13"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="93.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="5,580.13"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="4939.80"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="640.33"/>
Line 6: Total in-kind contributions this period (page 6)	<input type="text" value="0.00"/>
Line 7: Total (all) outstanding liabilities (page 7)	<input type="text" value="0.00"/>
Line 8: Name of bank(s) used:	<input type="text"/>

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: Leslie K. Powers (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: [Signature] (Candidate's signature) Date:

Date Paid	To Whom	Address	Purpose	Amount
1/13/16	BHS Girls Hockey	128 Town St, Braintree, MA 02184	Fundraiser Donation	90
2/29/16	Bj's	200 Crown Colony Dr, Quincy, MA 02169	Food for Volunteers	90.77
9/7/16	Braintree Police Working Dog Foundation	282 Union St, Braintree, MA 02184	K9 Fundraiser Donation	250
4/14/16	Braintree Special Needs Recreation Program	128 Town St, Braintree, MA 02184	Road Race Sponsor	100
8/2/16	Committee to Elect Will Crocker	PO Box 472, West Hyannisport, MA 02672	Donation	100
12/29/16	CVS	884 Washington St, Braintree, MA 02184	Holiday Gift Cards	52.94
9/22/2016	Flaherty School PTO	99 Lakeside Dr, Braintree, MA 02184	Road Race Sponsor	200
2/11/16	Friends of Braintree Basketball	128 Town St, Braintree, MA 02184	Calendar Sponsor	100
12/9/16	Friends of Braintree Basketball	128 Town St, Braintree, MA 02184	Calendar Sponsor	100
3/2/16	Highlands PTO	144 Wildwood Ave, Braintree, MA 02184	Donation	60
11/7/16	Hollis PTO	482 Washington St, Braintree, MA 02184	Road Race Sponsor	250
6/8/16	Kyleigh's Cure	PO Box 850633, Braintree, MA 02185	Road Race Sponsor	250
10/7/16	Liberty School PTO	49 Proctor Rd, Braintree, MA 02184	Road Race Sponsor	100
8/5/16	Magnolia's New Beginnings	103 Jersey St, Marblehead, MA	Donation	100
5/23/16	Monilio's Baking Co.	703 Granite St, Braintree, MA 02184	Refreshments for Meeting	51.36
9/26/16	Muratore Committee	15 Gabriel Lane MA, Plymouth, MA 02360	Donation	100
8/19/16	Press Plus	One World Trade Center, New York, NY 10007	Subscription	79.95
2/3/16	Sean Powers	P. O. Box 850263, Braintree, MA 02185	Reimbursements	486.72
12/08/16	Sean Powers	PO Box 850263, Braintree, MA 02185	Reimbursements	330.19
10/31/16	Southside Tavern	941 Washington St, Braintree, MA 02184	Food for volunteers.	62.78
10/29/16	Verizon	PO Box 15062, Albany, NY 12212-5062	Phone Expense	270
2/3/16	Verizon	PO Box 15062, Albany, NY 12212-5062	Phone Expense	172.96

Total Expenditures over \$50 (or listed above)
Total Expenditures \$50 and under* (not listed above)

3397.67
1542.13
4939.8

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
	N/A			
Line 15: In-Kind Contributions over \$50 (or listed above)				0.00
Line 16: In-Kind Contributions \$50 & under (not listed above)				0.00
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				0.00

* 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. Page 6

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
	N/A			
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				0.00



Commonwealth of Massachusetts

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

RECEIVED TOWN CLERK
BRAintree, MA

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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: Powers Committee Date of report: 1/10/17

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

Part A:

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.

*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:

Signed under the penalties of perjury:

Candidate signature and date 1-10-17

Treasurer signature and date 1/12/17

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

