

Form CPF M 102: Campaign Finance Report VED TOWN CLERK MUNICIPAL FORM BRAINTREE. MA

Office of Campaign and Political Finance

2017 JAN 13 PM 3: 04

Fill in Reporting Period dates: Beginning Date: 1/1/1	End	ing Date:	12/31/16	r Election Commission		
Type of Report: (Check one)						
8th day preceding preliminary 8th day preceding election	30 day after election	on 🗹 y	ear-end report [dissolution		
Sean E. Powers		Powers	Committee			
Candidate Full Name (if applicable)		Comn	nittee Name			
Councilor At Large		Leslie	K. Powers			
Office Sought and District		Name of Co	mmittee Treasurer			
48 King Hill Rd		P.O.	Box 850263			
Residential Address		Committee	Mailing Address			
Telephone Number (optional):	Telephone Number (opt	ional):				
SUMMARY BALANC	INFORMATIO	ON:				
Line 1: Ending Balance from previous report			5487.13]		
Line 2: Total receipts this period (page 3, line 11)			93.00			
Line 3: Subtotal (line 1 plus line 2)	5,580.13					
Line 4: Total expenditures this period (page 5, line	4939.80					
Line 5: Ending Balance (line 3 minus line 4)	640.33					
Line 6: Total in-kind contributions this period (pa	e 6) 0.00					
Line 7: Total (all) outstanding liabilities (page 7)		_	0.00	,]		
Line 8: Name of bank(s) used:]		
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check I be activity, of all persons acting under the authority or on behalf of this committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in activity, including committee OR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of the	est of my knowledge and contained with the requiremental management of my knowledge and contained with the requiremental management of my knowledge and contained contributions and contribution	ements of M.G. asurer's signature is signatured belief, a true a lents of M.G.L. I belief, a true a liabilities for the	nd complete statement c. 55. I have not received and complete statement is reporting period and the ments of M.G.L. c. 55.	of all campaign finance wed any contributions, of all campaign ir represents the		
Signed under the penalties of perjury:	(Ca	ndidate's signat	ure) Date:	11-1-1-		

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.)

port all receipts. F	Please include your committee name and a pa	ge number on eac	Occupation & Employer
	Name and Residential Address	Amount	(for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(101 CONTIDUCIONS OF \$200 OF MOTO)
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Line O. T-4-1 D	eipts over \$50 (or listed above)	0.00	
Line 9: Total Kec	erbre over 200 (or using apove)		
Line 10: Total Da	ceipts \$50 and under* (not listed above)	93.00	
Line 10: Total Re	Cerpts 450 and under (not risted 46040)		<u>]</u>
Line 11. TOTAL	RECEIPTS IN THE PERIOD	93.00	← Enter on page 1, line 2
Bille II. IOIAL			Ild 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.)

phote an ember	untures. I lease include jour comm	ittee name and a page number on	The state of the s	
	To Whom Paid	A 11.	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	PLEASE SEE ATTACHED.			
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		Line 12: Total Expenditures of	ver \$50 (or listed above)	3397.67
		Line 13: Total Expenditures \$5	60 and under* (not listed above)	1542.13
	Untar on noce 1. line A →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	4939.80
			should include only those expenditure	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

	2/3/16	10/29/16	10/31/16	12/08/16	2/3/16	8/19/16	9/26/16	5/23/16	8/5/16	10/7/16	6/8/16	11/7/16	3/2/16	12/9/16	2/11/16	9/22/2016	12/29/16	8/2/16	4/14//16	9/7/16	2/29/16	1/13/16	Date Paid
	Verizon	Verizon	Southside Tavern	Sean Powers	Sean Powers	Press Plus	Muratore Committee	Monitlio's Baking Co.	Magnolia's New Begininings	Liberty School PTO	Kyleigh's Cure	Hollis PTO	Highland's PTO	Friends of Braintree Basketball	Friends of Braintree Basketball	Flaherty School PTO	CVS	Committee to Elect Will Crocker	Braintree Special Needs Recreation Program	Braintree Police Working Dog Foundation	Bj's	BHS Girls Hockey	To Whom
	PO Box 15062, Albany, NY 12212-5062	PO Box 15062, Albany, NY 12212-5062	941 Washington St, Braintree, MA 02184	PO Box 850263, Braintree, MA 02185	P.O. Box 850263, Braintree, MA 02185	One World Trade Center, New York, NY 10007	15 Gabriel Lane MA, Plymouth, MA 02360	703 Granite St, Braintree, MA 02184	103 Jersey St, Marblehead, MA	49 Proctor Rd, Braintree, MA 02184	PO Box 850633, Braintree, MA 02185	482 Washington St, Braintree, MA 02184	144 Wildwood Ave, Braintree, MA 02184	128 Town St, Braintree, MA 02184	128 Town St, Braintree, MA 02184	99 Lakeside Dr, Braintree, MA 02184	884 Washington St, Braintree, MA 02184	PO Box 472, West Hyannisport, MA 02672	128 Town St, Braintree, MA 02184	282 Union St, Braintree, MA 02184	200 Crown Colony Dr. Quincy, MA 02169	128 Town St, Braintree, MA 02184	Address
Total Expenditures over \$50 (or listed above) Total Expenditures \$50 and under* (not listed above)	Phone Expense	Phone Expense	Food for volunteers.	Reimbursements	Reimbursements	Subscription	Donation	Refreshments for Meeting	Donation	Road Race Sponsor	Road Race Sponsor	Road Race Sponsor	Donation	Calendar Sponsor	Calendar Sponsor	Road Race Sponsor	Holiday Gift Cards	Donation	Road Race Sponsor	K9 Fundraiser Donation	Food for Volunteers	Fundraiser Donation	Purpose
3397.67 1542.13	172.96	270	62.78	330.19	486.72	79.95	100	51.36	100	100	250	250	60	100	100	200	52.94	100	100	250	90.77	98	Amount

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			
		ļ		
<u></u>				
	1			
ļ <u> </u>	1	Line 15: In-Kind Contributions	s over \$50 (or listed above)	0.00
				0.00
			\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C		0.00
		11 0001	alendar year, you must report the na	ma and address

^{*} 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.

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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 OUTSTAND	DING LIABILITIES (ALL)	0.00 Page 7



2017 JAN 13 PM 3: 04

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

ile with: City or Town Clerk or Election Commission	on		000.10.0					
		CPF ID#						
This form should be filed by	all candidates a	ind committees with each	year end and each disse	olution report.				
Committee Name: Yow	mmittee	Date of re	port: 110 t 7					
All can	didates and co	mmittees must fill in Pa	rt A <u>or</u> Part B.					
Part A:								
No assets* were acquired or dispo	sed of by this	candidate/committee duri	ng the period covered	by this statement.				
Part B:								
Assets acquired: List all assets acquiave filed, list all assets.	ired since the	committee last filed this	statement. If this is th	e first Schedule E yo				
Asset include year, model or other identifying	Date Acquired	Present Location	Manner Acquired	Cost/Value				
information, if applicable.								
l								
Assets disposed of: List all assets sol	d, traded or tra	nsferred during the repor	ting period covered by t	his statement.				
Asset	Date	Disposition to:	Date and Manner	Disposition Value				
Include year, model or other identifying	Acquired	Name and Address	of Disposition	Attach statement of how				
information, if applicable.				value is determined.				
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		I						

"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

Signed under the penalties of perjury:

a cost/value of \$1,000 or more at the time of acquisition.

Signed under the penalties of perjury:

Treasurer signature

Date

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