



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED TOWN CLERK
BRAintree, MA

2015 JAN 20 AM 8:43

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

Sean E. Powers Candidate Full Name (if applicable)	Powers Committee Committee Name
Councilor At Large Office Sought and District	Leslie K. Powers Name of Committee Treasurer
48 King Hill Rd, Braintree, MA 02184 Residential Address	P.O. Box 850263, Braintree, MA 02184 Committee Mailing Address
Telephone Number (optional): <input type="text"/>	Telephone Number (optional): <input type="text"/>

SUMMARY BALANCE INFORMATION:	
Line 1: Ending Balance from previous report	<input type="text" value="4,005.54"/>
Line 2: Total receipts this period (page 3, line 11)	<input type="text" value="\$0.00"/>
Line 3: Subtotal (line 1 plus line 2)	<input type="text" value="4,005.54"/>
Line 4: Total expenditures this period (page 5, line 14)	<input type="text" value="2,767.54"/>
Line 5: Ending Balance (line 3 minus line 4)	<input type="text" value="\$1,238.00"/>
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" value="Braintree Cooperative Bank"/>

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:

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)
Line 9: Total Receipts over \$50 (or listed above)		\$0.00	
Line 10: Total Receipts \$50 and under* (not listed above)		\$0.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$0.00	← 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
	PLEASE SEE ATTACHED.			

Line 12: Total Expenditures over \$50 (or listed above)	\$2,235.95
Line 13: Total Expenditures \$50 and under* (not listed above)	\$531.59
Line 14: TOTAL EXPENDITURES IN THE PERIOD	\$2,767.54

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.

Date Paid	To Whom Paid	Address	Purpose of Expenditure	Amount
3/24/2014	Best Buy	550 Grossman Dr, Braintree, MA 02184	Power Supply	\$53.10
3/3/2014	Braintree Police Working Dog Foundation	282 Union St, Braintree, MA 02184	Donation	\$100.00
3/29/2014	Braintree Special Needs Super Saturdays	128 Town St, Braintree, MA 02184	Road Race Sponsorship	\$100.00
8/26/2014	Braintree Vietnam Veterans Fund	1752 Washington St, Braintree, MA 02184	Donation	\$100.00
7/17/2014	Kyleigh's Cure	PO BOX 850633, Braintree MA, 02185	T Shirt Sponsorship	\$250.00
11/20/2014	Liberty School PTO	49 Proctor Rd, Braintree, MA 02184	Road Race Sponsorship	\$150.00
2/1/2014	MA Republican Party	85 Merrimac St Ste 400, Boston, MA 02114	Delegate fee for convention	\$85.00
1/3/2014	Maria's Restaurant	240 Quincy Ave, Braintree, MA 02184	50% of food for party for retiring councilors	\$250.00
3/7/2014	Norfolk County GOP	4 Berkeley Dr, Walpole, MA 02081	Award Dinner Tickets	\$70.00
12/2/2014	Pay Pal, Inc	2211 North First St, San Jose, CA 95131	State House Government Directory	\$98.28
8/26/2014	Press Plus	25 W. 52nd Street, 15th Floor New York, NY 10019	Subscription Service	\$79.95
8/1/2014	Ryan Thompson Golf Classic	269 Peach St, Braintree, MA 02184	Tournament Sponsorship	\$150.00
1/8/2014	Sean Powers	48 King Hill Rd, Braintree, MA 02184	Reimbursement for campaign expenses	\$278.10
1/6/2014	Stop & Shop	300 Grove St, Braintree, MA 02184	Food for Volunteer Party	\$101.55
7/5/2014	Southside Tavern	941 Washington St, Braintree, MA 02184	Food for Volunteers	\$50.13
1/25/2014	USPS	125 Pearl St, Braintree, MA 02184	Postage	\$93.00
3/3/2014	Verizon Wireless	P.O. Box 4003, Acworth, GA 30101	Cell Phone	\$226.84
				\$2,235.95

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
Line 15: In-Kind Contributions over \$50 (or listed above)				\$0.00
Line 16: In-Kind Contributions \$50 & under (not listed above)				\$0.00
Line 17: TOTAL IN-KIND CONTRIBUTIONS				\$0.00

Enter on page 1, line 6 →

* 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
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

2015 JAN 20 AM 8:43

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: 1/15/15

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 [Signature] Date 1/15/15

Treasurer signature [Signature] Date 1/20/15

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

