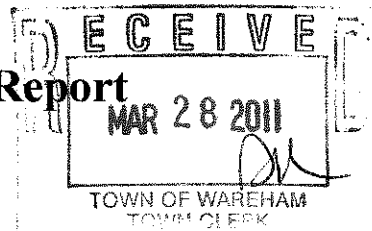




Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

1/19/11

Ending Date:

3/28/11

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 TO ELECT ELLEN BEGLEY SELECTMAN

Committee Name

DAVID E. BEGLEY

Name of Committee Treasurer

P.O. BOX 59 WAREHAM, MA. 02571

Committee Mailing Address

Telephone Number (optional):

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

Line 2: Total receipts this period (page 3, line 11)

4757.01

Line 3: Subtotal (line 1 plus line 2)

4757.01

Line 4: Total expenditures this period (page 5, line 14)

2631.67

Line 5: Ending Balance (line 3 minus line 4)

2125.34

Line 6: Total in-kind contributions this period (page 6)

0.00

Line 7: Total (all) outstanding liabilities (page 7)

0.00

Line 8: Name of bank(s) used:

SOVEREIGN 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:

David E. Begley

(Treasurer's signature)

Date:

3/28/11

### 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:

(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)
1/19/11	BEGLEY, ELLEN 25 PROSPECT ST. BUZZARDS BAY, MA 02532	50.00 (LOAN)	
2/17/11	BEGLEY, ELLEN 25 PROSPECT ST BUZZARDS BAY, MA. 02532	403.25 (LOAN)	REGISTERED NURSE FAMILY LIVES
3/11/11	BEGLEY, ELLEN 25 PROSPECT ST. BUZZARDS BAY, MA 02532	159.39 (LOAN)	REGISTERED NURSE FAMILY LIVES
3/11/11	BEGLEY, ELLEN 25 <del>BUZZARDS BAY</del> PROSPECT ST BUZZARDS BAY, MA. 02532	300.00 (LOAN)	REGISTERED NURSE FAMILY LIVES
3/11/11	BEGLEY, ELLEN 25 PROSPECT ST. BUZZARDS BAY, MA. 02532	281.32 (LOAN)	REGISTERED NURSE FAMILY LIVES
3/20/11	BEGLEY, ELLEN 25 PROSPECT ST BUZZARDS BAY, MA 02532	124.05 (LOAN)	
1/25/11	BEGLEY, DAVID E. 25 PROSPECT ST. BUZZARDS BAY, MA. 02532	250.00	ELECTRICIAN RETIRED
3/11/11	COYLE, KATHLEEN 5 INDEPENDENCE LN. BUZZARDS BAY, MA. 02532	100.00	
3/7/11	HOUTON, JOHN F. 58 BAY POINTE DR. EXT. BUZZARDS BAY, MA. 02532	100.00	
2/1/11	JANGY, RICHARD J. 40 SMOKE HILL DR. DANBURY, CT 06811	100.00	
3/20/11	KRESS, NANCY 413 HEATHERGLEN LANE SAN DIMAS, CA. 91773	200.00	LETTER SENT 3/23/11
1/21/11	PACBUICZ, EDWARD 42 MCKINLEY WAREHAM, MA.	100.00	
Line 9: Total Receipts over \$50 (or listed above)		3118.01	
Line 10: Total Receipts \$50 and under* (not listed above)		1639.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4757.01	← 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/8/11	PAC to MOVE WAREHAM FORWARD (MWF) P.O. Box 66 WAREHAM, MA. 02571	\$200.00	EIN 27-3076909
3/11/11	SLAVIN, SANDRA L. 36 OAK ST. WAREHAM MA. 02571	100.00	
3/20/11	SAUVAGEAU, ROSE HOUSE 1, 188 SWIFTS BEACH ROAD WAREHAM, MA. 02571	500.00	LETTER SENT 3/23/11
3/20/11	SANBIDER, JOSEPH M. 9 FIRST AVENUE WAREHAM, MA. 02571	150.00	
Line 9: Total Receipts over \$50 (or listed above)		3118.01	
Line 10: Total Receipts \$50 and under* (not listed above)		1639.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4757.01	← 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
3/22/11	BEGLEY, ELLEN	25 PROSPECT ST. BUZZARDS BAY, MA. 02532	REIMBURSEMENT	159.39
3/22/11	BEGLEY, ELLEN	25 PROSPECT ST. BUZZARDS BAY, MA. 02532	REIMBURSEMENT	124.05
3/28/11	BEGLEY, ELLEN	25 PROSPECT ST. BUZZARDS BAY, MA. 02532	REIMBURSEMENT	403.25
3/28/11	BEGLEY, ELLEN	25 PROSPECT ST. BUZZARDS BAY, MA. 02532	REIMBURSEMENT	300.00
3/28/11	BEGLEY, ELLEN	25 PROSPECT ST. BUZZARDS BAY, MA. 02532	REIMBURSEMENT	281.32
3/2/11	BRISTOL COUNTY SCREENPRINTING	21 COVE ST NEW BEDFORD, MA. 02744	BALANCE FOR POLITICAL SIGNS AND BUTTONS	400.00
3/25/11	BRISTOL COUNTY SCREENPRINTING	21 COVE ST NEW BEDFORD, MA 02749	ADDITIONAL POLITICAL SIGNS	264.00
2/28/11	SALERNO'S FUNCTION FACILITY	196 ONSET AVE. ONSET, MA. 02558	DEPOSIT FOR FACILITY RENTAL	200.00
1/25/11	SOVEREIGN BANK	261 MAIN ST. WAREHAM, MA 02571	CHECK BOOK	36.75
2/28/11	SOVEREIGN BANK	261 MAIN ST WAREHAM, MA 02571	CHECK BOOK MAINTENANCE	15.00
3/21/11	WAREHAM WEEK	319 F MAIN ST WAREHAM, MA. 02571	POLITICAL ADVERTISEMENTS	253.00
3/9/11	WAREHAM OBSERVER	P.O. BOX 226 HALIFAX, MA. 02338	POLITICAL ADVERTISEMENTS	95.00

Line 12: Total Expenditures over \$50 (or listed above)

Line 13: Total Expenditures \$50 and under\* (not listed above)

Enter on page 1, line 4 →

**Line 14: TOTAL EXPENDITURES IN THE PERIOD**

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

**SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/28/11	WAREHAM OBSERVER	P.O. BOX 226 HALIFAX, MA. 02338	POLITICAL ADVERTISEMENTS	100.00
			Line 12: Expenditures over \$50 (or listed above)	2631.67
			Line 13: Expenditures \$50 and under* (not listed above)	
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	2631.67

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

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

\* 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 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		Mar 28, 2011
Name of Individual Being Reimbursed:	ELLEN BEGLEY	
Committee Name:	COMMITTEE TO ELECT ELLEN BEGLEY <i>SELECTMAN</i>	
CPF ID Number (if applicable):		Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Mar 11, 2011	STAPLES	2421 CRANBERRY HIGHWAY	PRINTING OF POLITICAL MATERIAL	\$159.39
Mar 20, 2011	STAPLES	2421 CRANBERRY HIGHWAY	PRINTING OF POLITICAL MATERIAL	\$124.05

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):

283.44

Line 2: Expenditures \$50 or under (not itemized):

0

Line 3: TOTAL AMOUNT REIMBURSED:

283.44

Signed under the penalties of perjury:

*David E. Begley*  
Signature of Candidate / Treasurer

Date: Mar 22, 2011

Please prepare a separate report for each reimbursement check issued by the committee.



**ITEMIZE EXPENDITURES IN EXCESS OF \$50**[illegible]



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		Mar 28, 2011
Name of Individual Being Reimbursed:	ELLEN BEGLEY	
Committee Name:	COMMITTEE TO ELECT ELLEN BEGLEY <i>SELECTMAN</i>	
CPF ID Number (if applicable):		Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Feb 17, 2011	BRISTOL COUNTY SCREEN PRINTING	21 COVE ST. NEW BEDFORD, MA. 02744	DEPOSIT ON POLITICAL SIGNS AND BUTTONS	\$403.25
Mar 11, 2011	GQ AND THE LADY	P.O.BOX 1634 ONSET, MA. 02558	HALF THE COST OF BAND AT A JOINT CAMPAIGN EVENT	\$300.00
Mar 11, 2011	SALERNO'S FUNCTION FACILITY	196 ONSET AVENUE ONSET, MA.02558	HALF THE COST OF FACILITY, FOOD AND SERVICES AT A JOINT CAMPAIGN EVENT	\$281.32

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	984.57
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	984.57

Signed under the penalties of perjury:

  
\_\_\_\_\_  
Signature of Candidate / Treasurer

Date: Mar 28, 2011

Please prepare a separate report for each reimbursement check issued by the committee.

**ITEMIZE EXPENDITURES IN EXCESS OF \$50**[illegible]