

# Form CPF M 102: Campaign Finance Remarks Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: **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 COMMITTEE TO ELECT FUEN BEGLEY SELECTMAN Candidate Full Name (if applicable) Committee Name DAVID E. BEGLEY Office Sought and District Name of Committee Treasurer P.O. BOX 59 WAREHAM, MA. 02571 Residential Address Committee Mailing Address Telephone Number (optional): Telephone Number (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 4757.01 Line 2: Total receipts this period (page 3, line 11) 4759.01 Line 3: Subtotal (line 1 plus line 2) 2631.67 Line 4: Total expenditures this period (page 5, line 14) 2125.34 **Line 5:** Ending Balance (line 3 minus line 4) 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: (Treasurer's signature) FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate Acheck 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. Date: Signed under the penalties of perjury: (Candidate's signature)

#### 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.)

	Ny	Į 1	O
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
1/19/11	BEGIEY, ELLEN 25 PROSPECT ST. BUZZARDS BAY, MA 02532	SO.OO (LOAN)	(101 Contributions of 3200 of more)
2/17/11	BEGLEY, GLIEN 25 PROSPECT ST BUZZARDS BAY, MA. 02532	403.25 (LUAN)	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	BECLEY, ELLEN 25 BUZZAEDS BAY, MA. 0253 Z	300,00 (coan)	RECISTERED 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, ECIEN 25 PROSPECT ST BUZZARDS BAY, MA 02532	124.05 (LOAN)	
1/25/11	BEGLEY, DAVID E. 25 PROSPECT ST. BUZZAEDS BAY, MA. 02532	250.00	ECECTRICIAN RETIRED
3/11/11	COYLE, RATHLEEN S INDEPENDENCE UN. BUZZARN BAY, MA. 02532	100.00	# ·
3/7/11	HOUTON, JOHN F. S& BAY POINTE DR. EXT. BUZZARDS BAY, MA. 02532	100.00	
2/1/11	JANGY, RICHARD J. 40 SMOKE HILL DR. DANBURY, CT 06811	(00.00	
3/20/11	KRESS, NANCY UIS HEATHERGLEN LANG SAN DIMAS, CA. 91773	200.00	LETTER SENT 3/23/11
1/2//11	PACEWICZ, EDWARD 42 MºKINLEY WAREHAM, MA.	100.00	
Line 9: Total Rece	ipts over \$50 (or listed above)	3118.01	
ine 10: Total Reco	eipts \$50 and under* (not listed above)	1639.00	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	4757.01	← Enter on page 1, line 2

<sup>\*</sup> 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. WARE HAM MA. 02571	100.00	
3/20/11	SAUVAGEAU, ROSE HOUSEI, ISO SWIFTS BEACH ROAD WAREHAM, MA. 02571	500.00	LETTER SENT 3/23/11
3/20/11	SONGIDER, JOSEPH M. 9 FIRST AVENUE WALEHAM, MA. 02571	150.00	
Line 9: Total Rece	ipts over \$50 (or listed above)	3118.01	<u></u>
Line 10: Total Rece	eipts \$50 and under* (not listed above)	3118.01	
	RECEIPTS IN THE PERIOD	4757.01	← Enter on page 1, line 2 d include only those receipts not itemized above.

<sup>\*</sup> 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 (alphabetical listing)  Address Purpose of Expenditure  3/22/11  BEGLEY, ELLEN  25 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  159.39  124.05  3/28/11  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  REIMBURSEMENT  300.00  25 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  300.00  3/28/11  BEGLEY, ELLEN  25 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  300.00  25 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  300.00  26 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  300.00  28 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  300.00  28 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  300.00  28 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  300.00  28 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  300.00  28 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  300.00  28 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  300.00  28 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  300.00  28 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  300.00  28 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  403.25  REIMBURSEMENT  300.00  28 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  400.00  REIMBURSEMENT  300.00  28 PROSPECT ST. BUZZARDS BAY, MA. 02532  REIMBURSEMENT  400.00  REIMBURSEMENT  300.00  28 PROSPECT ST. BUZZARDS BAY, MA. 02533  REIMBURSEMENT  400.00  REIMBURSEMENT  300.00  28 PROSPECT ST. BUZZARDS BAY, MA. 02533  REIMBURSEMENT  400.00  REIMBURSEMENT  400.00	report all expend	ditures. Please include your comn	nttee name and a page number on	each page.)	
BUZZARUS BAY, MP. 02532   RETIMBURSEMENT   124.05     3/22/11   RECLEY, ELLEN   25 PROSPECT ST. BUZZARUS BAY, MA. 02532   RETIMBURSEMENT   403.25     3/28/11   BEGLEY, ELLEN   25 PROSPECT ST. BUZZARUS BAY, MA. 02532   RETIMBURSEMENT   300.00     3/28/11   BEGLEY, ELLEN   25 PROSPECT ST. BUZZARUS BAY, MA. 02532   RETIMBURSEMENT   300.00     3/28/11   BEGLEY, ELLEN   25 PROSPECT ST. BUZZARUS BAY, MA. 02532   RETIMBURSEMENT   281.32     3/2/11   BRISTOL COUNTY   21 COVE ST NEW BEDEARD, MA. 02744   POLITICAL SIGNAS AND BUTTONS AND BUTTONS AND BUTTONS AND BUTTONS   400.00     3/25/11   SRUSTOL COUNTY   21 COVE ST NEW BEDEARD, MA. 02744   POLITICAL SIGNAS AND BUTTONS AND BUTTONS AND BUTTONS   264.00     2/28/11   SALERNO'S FUNCTION   7/40 ONISET RUF. ONSET RUF. ONSET, MA. 02558   PACILITY RENTAL   200.00     1/25/11   SAVEREION BANK   24 MAIN ST. WAREAM, MA. 02571   CHECK BOOK   36.75     2/28/11   SOVERETON BANK   24 MAIN ST. WAREAM, MA. 02571   CHECK BOOK   15.00     3/21/11   WAREHAM WEEK   319F MAIN ST. WAREHAM, MA. 02571   CHECK BOOK   15.00     3/21/11   WAREHAM WEEK   319F MAIN ST. WAREHAM, MA. 02571   CHECK BOOK   15.00     3/9/11   WAREHAM OBSERVER   P.O. BOX 226 HAUFAK, MA. 02333   FOURTISE MENTS   95.00     Line 12: Total Expenditures over \$50 (or listed above)   Line 12: Total Expenditures over \$50 (or listed above)	Date Paid	F	Address	Purpose of Expenditure	Amount
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 2C PROSPECT ST. BUZZARDS BAY, MA. 02532 REIMBURSEMENT 281.32  3/28/11 BRISTOL COUNTY SCREEN PRINTING NEW BEDFORD, MA. 02744 PRINTINGL SCREEN PRINTINGL NEW BEDFORD, MA. 02744 PRINTINGL SCREEN PRINTINGL NEW BEDFORD, MA. 02744 PRINTINGL SCREEN PRINTINGL ONSET, MA. 02558 PROLITY RENTAL PRINTINGL ONSET, MA. 02558 PRINTINGL SCREEN PRINTINGL ONSET, MA. 02558 PRINTINGL SCREEN BANK WHREAMM, MA 02571 CHECK BOOK 36.75  2/28/11 SOVEREIGN BANK 261 MAIN ST. WHREAMM, MA 02571 CHECK BOOK 15.00  3/21/11 WAREHAM WEEK 319F MAIN ST. WHREAMM, MA 02571 PRINTINGL SCREEN BANK WHREAMM, MA 02571 PRINTINGL HARVEHAM, MA 02575 PRINTINGL HARVEHAM PRINTINGL HARVEHAM, MA 02575 PRINTINGL HARVEHAM, MA 02575 PRINTINGL HARVEH	3/22/11	BEGLEY, ELLEN		REIMBURSEMENT	159.39
3/28/11 BEGLEY, ELLEN BUZZARDS BAY, MA. 02532 REIMBURSEMENT 300.00  3/28/11 BEGLEY, ELLEN ZC PROSPECT ST. BUZZARDS BAY, MA. 02532 REIMBURSEMENT 281.32  3/2/11 BRISTOL COUNTY SCREEN PRINTING NEW BEDEORD, MA. 02714 ROUTING AND BUTTOMS  3/25/11 SRUSTOL COUNTY NEW BEDEORD, MA. 02714 ROUTING SIGNS AND BUTTOMS  3/25/11 SRUSTOL COUNTY NEW BEDEORD, MA. 02714 POUTICAL SIGNS AND BUTTOMS  2/28/11 SALERNO'S FUNCTION 1/96 ONSET RVE. DEPOSIT FOR FACILITY RENTAL ZOO.00  1/25/11 SOVEREIGN BANE ZE' MAIN ST. WAREAMM, MA 02571 CHECK BOOK 15.00  2/28/11 SOVEREIGN BANE ZG' MAIN ST. WAREAMM, MA 02571 CHECK BOOK 15.00  3/21/11 WAREHAM WEEK 3/9F MIN ST WAREAMM, MA 02571 POUTICAL MAINTENANCE 15.00  3/9/11 WAREHAM WEEK ROUTINS POUTICAL MAREHAMM, MA 02538 POUTICAL MAREHAMM, MA 02538 POUTICAL MAREHAMM, MA 02538 POUTICAL MAREHAMM, MA 02538 POUTICAL MAINTENANCE 15.00  Line 13: Total Expenditures \$50 and under* (not listed above)  Line 13: Total Expenditures \$50 and under* (not listed above)	3/22/11	Begiey, Elien	25 PROSPECT ST- BUZZARDS BAY, MA. 02532	REIMBURSEMENT	124.05
3/28/11 BEGLEY, ELLEN ZS PROSPECT ST. BUZZAREDS BAY, MA 02532  3/2/11 BRISTOL COUNTY SCREEN PRINTING  3/2/11 BRUSTOL COUNTY SCREEN PRINTING  3/25/11 BRUSTOL COUNTY SCREEN PRINTING  3/25/11 BRUSTOL COUNTY SCREEN PRINTING  3/25/11 SCREEN PRINTING  21 COVE ST AND BUTTONS  4/00,00  AND BUTTONS  4/00,00  AND BUTTONS  4/00,00  AND BUTTONS  264.00  2/28/11 SALERNO'S FUNCTION FACILITY  1/26 ONSET AVE. ONSET, MA . 02558 PROLITY RENTAL  1/25/11 SOVEREION BANK  261 MAIN ST. WAREAAM, MA 02571 CHECK BOOK  1/28/11 SOVEREION BANK  261 MAIN ST. WAREAAM, MA 02571 CHECK BOOK  3/21/11 WAREHAM WEEK MAREAM, MA 02571 POLITICAL HAUFENANCE  3/9/11 WAREAAM OBSERVER P.O. BOX 226 HAUFEN, MA. 02338 POLITICAL HAUFENS, MA. 02338 POLITICAL HAUFENS MENTS  1 POLITICAL HAUFENS	3/28/11	BEGLEY, ELLEN	25 PROSPECT ST. BUZZARDS BAY, MA. 02532	REIMBURSEMENT	403.25
3/2/11 BRISTOL COUNTY SCREEN PRINTING 21 COVE ST NEW BEDFORD, MA. 02744 POLITICAL SIGNS AND BUTTONS 4 264.00  3/25/11 SRUSTOL COUNTY SCREEN PRINTING 21 COVE ST NEW BEDFORD, MA 02744 POLITICAL SIGNS AND BUTTONS 264.00  2/28/11 SALERNO'S FUNCTION 196 ONSET AVE. ONSET, MA. 02558 PACILITY RENTAL 200.00  1/25/11 SOVEREIGN BANE 261 MAIN ST. WAREAMM, MA 02571 CHECK BOOK 16.75  2/28/11 SOVEREIGN BANE 261 MAIN ST. WAREAMM, MA 02571 CHECK BOOK 15.00  3/21/11 WAREHAM WEEK 319F MAIN ST. WAREHAM, MA 02571 POLITICAL ADVERTISE MONTS 253.00  3/9/11 WAREHAM OBSERVER P.O. BOX 226 HALFAK, MA. 02338 POLITICAL ADVERTISE MONTS 95.00  Line 12: Total Expenditures ver \$50 (or listed above)  Line 13: Total Expenditures \$50 and under* (not listed above)	3/28/11	BEGLEY, ELLEN		REIMBURSEMENT	300.00
SCREEN PRINTING   NEW BEDEARD, MA. 02744   POLITICAL SIGNS AND BUTTOMS   400.00	3/28/11	BEGLEY, ELLEN	f [ -	REIMBURSEMENT	281.32
SCREENPRINTING   NEW BEDFORD, MA 52744   SCRUS   264.00     2/28/11   SALERNO'S FUNCTION   196 ONSET AVE. ONSET, MA. 02558   DEPOSIT FOR PACILITY RENTAL   200.00     1/25/11   SOVEREIGN BANK   261 MAIN ST. WARE AAM, MA 02571   CHECK BOOK   36.75     2/28/11   SOVEREIGN BANK   261 MAIN ST. WARE AAM, MA 02571   CHECK BOOK   15.00     3/21/11   WARE HAM WEEK   319 F MAIN ST WARE HAM, MA 02571   POLITICAL ADVERTISE MENTS   253.00     3/9/11   WARE HAM OBSERVER   P.O. BOX 226 HALLFAX, MA. 02338   POLITICAL ADVERTISE MENTS   95.00     Line 12: Total Expenditures 850 and under* (not listed above)	3/2/11			POLITICAL SICNS	400.00
TACILITY  ONSET, MA. 02558- FACILITY RENTAL  1/25/11  SOVEREIGN BANK  26: MAIN ST. WARE AAM, MA 02571  CHECK BOOK  15.00  2/28/11  SOVEREIGN BANK  26: MAIN ST. WARE HAM, MA 02571  CHECK BOOK  MAINTENANCE  15.00  3/21/11  WARE HAM WEEK  WARE HAM, MA 02571  WARE HAM WEEK  WARE HAM, MA, 02571  POLITICAL HAVE TISE MUNTS  95.00  Line 12: Total Expenditures over \$50 (or listed above)  Line 13: Total Expenditures \$50 and under* (not listed above)	3/25/11	11	1)	POLITICAL	264.00
25/11   SOVERETON BANK   WAREARM, MA 02571   CHECK BOOK   15.00	2/28/11	4 1	11 `	1	200.00
WARE HAM, MA 02571 MAINTENANCE 15.00  3/21/11 WARE HAM WEER 3/9 F MAIN ST WAREHAM, MA, 02571 POLITICAL ADVERTISE MUNTS 253.00  3/9/11 WAREHAM OBSERVER P.O. BOX 226 HALFAX, MA. 02338 POLITICAL ADVERTISE MENTS 95.00  Line 12: Total Expenditures over \$50 (or listed above)  Line 13: Total Expenditures \$50 and under* (not listed above)	1/25/11	SOVEREIGN BANK	P	CHECK BOOK	36.75
3/9/11 WAREHAM WEER WAREHAM, MA, 02571 ADVERTISE MENTS 25 3.00  P.O. BOX 226 HALIFAX, MA. 02338 POLITICAL HALIFAX, MA. 02338 POLITICAL HOVERTISE MENTS 95.00  Line 12: Total Expenditures over \$50 (or listed above)  Line 13: Total Expenditures \$50 and under* (not listed above)	2/28/11	SOVEREIGN BANR	11	B	15.00
Line 12: Total Expenditures over \$50 (or listed above)  Line 13: Total Expenditures \$50 and under* (not listed above)	3/21/11	WAREHAM WEEK	- '	13 7 -	253.00
Line 13: Total Expenditures \$50 and under* (not listed above)	3/9/11	WAREHAM OBSERVER	1 E '		95.00
			Line 12: Total Expenditures ov	er \$50 (or listed above)	
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD			Line 13: Total Expenditures \$50	and under* (not listed above)	
		Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

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

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## **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
-				
The second secon				
		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 EXPENDIT	URES IN THE PERIOD	2631.67

<sup>\*</sup> 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
Parameter and the contract of				
			and the second s	
	Parameter School And Andrews Williams			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

<sup>\*</sup> 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
	the second			
ANT TO THE PROPERTY OF THE PRO				
•	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	·



# 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 Individ	ual Being Reimbursed:	ELLEN BEG	GLEY		
Committee Name	ne: COMMITTEE TO ELECT ELLEN BEGLEY SELECTMAN				
CPF ID Number	CPF ID Number (if applicable): Telephone Number (optional):				
		ITEMIZ	ZE EXPENDITURES IN EXCES	S OF \$50	
Date Paid	Vendor Nan	1e	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
		and the second s			
		7 10 20 10 2			
		7 7 7 7 1 8 1 2 4 1 2 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1			
	(Include items listed on	Page 2) →	Line 1: Expenditures in excess of	\$50 (itemized above):	283.44
			Line 2: Expenditures \$50 or under	r (not itemized):	0
			Line 3: TOTAL AMOUNT REI	MBURSED:	283.44
Signed under the	e penalties of perjury:  (A) Signatu	vil C re of Candid	Begley Late / Treasurer	Date: Ma	r 22, 2011

#### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
				A LAPPANA DE LA PORTE DE LA PO
			,	APPLICATION OF THE PROPERTY OF
				Entratable representation of the second seco
				19 de aconocionados propries de la constanta d
The state of the s				
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SOCKETAN TO THE PARTY OF THE PA				
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				es de la constanta de la const
THE REAL PROPERTY OF THE PROPE				
-				
		Page 2 Total (add to Line 1 on Pag	e 1):	



# 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.

11	e of Reimbursement: Mar 28, 2011	Date				
		EGLEY	lual Being Reimbursed: ELLEN BI	Name of Individ		
	ECTMAN	ne: COMMIT	Committee Name:			
	Number (optional):	Telephone	r (if applicable):	CPF ID Number (if applicable):		
	SS OF \$50	IZE EXPENDITURES IN EXCES	ITEM			
Amount	Purpose of Expenditure	Vendor Address	Vendor Name	Date Paid		
NS \$403.25	DEPOSIT ON POLITCAL SIGNS AND BUTTONS	21 COVE ST. NEW BEDFORD, MA. 02744	BRISTOL COUNTY SCREEN PRINTING	Feb 17, 2011		
A \$300.00	HALF THE COST OF BAND AT A JOINT CAMPAIGN EVENT	P.O.BOX 1634 ONSET, MA. 02558	GQ AND THE LADY	Mar 11, 2011		
\$281.32	HALF THE COST OF FACILITY, FOOD AND SERVICES AT A JOINT CAMPAIGN EVENT	196 ONSET AVENUE ONSET, MA.02558	SALERNO'S FUNCTION FACILITY	Mar 11, 2011		
984.57	of \$50 (itemized above):	Line 1: Expenditures in excess o	(Include items listed on Page 2)			
	ler (not itemized):	Line 2: Expenditures \$50 or und				
984.57	EIMBURSED:	Line 3: TOTAL AMOUNT RE				
			ne penalties of perjury:	Signed under th		
Mar 28, 2011	Date: Mar	Begley idate / Freasurer	Signature of Cano			
	FOOD AND SERVICES AT A JOINT CAMPAIGN EVENT  of \$50 (itemized above):  EIMBURSED:	Conset, MA.02558  Line 1: Expenditures in excess of Line 2: Expenditures \$50 or und Line 3: TOTAL AMOUNT RE	(Include items listed on Page 2)  The penalties of perjury:  Warrier  Warrier			

#### ITEMIZE EXPENDITURES IN EXCESS OF \$50

<u> </u>			
	 Page 2 Total (add to Line 1 on F	Page 1):	