

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Committee to Elect Dan Shores

ADDRESS (number and street)

PO Box 3747

Check if different than previously reported. (ACC)

Plymouth

MA

02361

2. FEC IDENTIFICATION NUMBER

C C00556217

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

X NEW (N)

OR

AMENDED (A)

MA

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
X October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY 08/21/2014

through

MM/DD/YYYY 09/30/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. James L Shores

Signature of Treasurer Mr. James L Shores

[Electronically Filed]

Date

MM/DD/YYYY 10/15/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 8 columns for Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Committee to Elect Dan Shores**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	1855.00	69097.92
(b) Total Contribution Refunds (from Line 20(d)) .....	10400.00	10400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-8545.00	58697.92
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	92376.75	262746.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	92376.75	262746.66
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	1951.26	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	220151.85	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Committee to Elect Dan Shores**

Report Covering the Period: From:   /     To:   /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	900.00	57596.07
(ii) Unitemized.....	955.00	11329.05
(iii) TOTAL of contributions from individuals ▶	1855.00	68925.12
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	50.00
(d) The Candidate.....	0.00	122.80
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1855.00	69097.92
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	49000.00	206000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	49000.00	206000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	50855.00	275097.92

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	92376.75	262746.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	10400.00	10400.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	10400.00	10400.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	102776.75	273146.66

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	53873.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	50855.00
25. SUBTOTAL (add Line 23 and Line 24).....	104728.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	102776.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1951.26

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

**A.** Full Name (Last, First, Middle Initial)  
**Lois A Shores**

Mailing Address 24 Rochester Road

City Carver State MA Zip Code 02330

FEC ID number of contributing federal political committee. **C**

Name of Employer Standish Acres Cranberries Occupation Self-Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : 0000740**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**David Neal**

Mailing Address 2 Seneca Ln

City Sandwich State MA Zip Code 02563

FEC ID number of contributing federal political committee. **C**

Name of Employer Barnstable County Sheriff's Office Occupation Deputy Sheriff

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 21 / 2014

**Transaction ID : 0000742**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Alex Kent**

Mailing Address 56 Cliffside Drive

City Plymouth State MA Zip Code 02360

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Realestate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 08 / 27 / 2014

**Transaction ID : 0000747**

Amount of Each Receipt this Period  
**300.00**

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**450.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

**A.** Full Name (Last, First, Middle Initial)  
**Derek Dahlgren**

Mailing Address 33 Harness Creek View Ct

City Annapolis State MD Zip Code 21403

FEC ID number of contributing federal political committee. **C**

Name of Employer rothwell figg ernst and manbeck pc Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2014

**Transaction ID : 0000757**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Francis X Meaney**

Mailing Address 45 Bittersweet Ln

City North Chatham State MA Zip Code 02650

FEC ID number of contributing federal political committee. **C**

Name of Employer Mintz Levin Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2014

**Transaction ID : 0000758**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**450.00**

**900.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>Daniel L Shores</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2014	
Mailing Address 14 Dewey Avenue		<b>Transaction ID : 0000653</b>	
City Sandwich	State MA	Zip Code 02563	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30000.00	
Name of Employer Self	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 187000.00	
		Candidate's Personal Funds - NA	

Full Name (Last, First, Middle Initial) <b>Daniel L Shores</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2014	
Mailing Address 14 Dewey Avenue		<b>Transaction ID : 0000655</b>	
City Sandwich	State MA	Zip Code 02563	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15000.00	
Name of Employer Self	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 202000.00	
		Candidate's Personal Funds - NA	

Full Name (Last, First, Middle Initial) <b>Daniel L Shores</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2014	
Mailing Address 14 Dewey Avenue		<b>Transaction ID : 0000759</b>	
City Sandwich	State MA	Zip Code 02563	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4000.00	
Name of Employer Self	Occupation Candidate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 206000.00	
		Candidate's Personal Funds - NA	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	49000.00
<b>TOTAL</b> This Period (last page this line number only).....	49000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>A. Elliot Gault</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2014
Mailing Address 81 Woodward Ave		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : 0000679</b>
City Seekonk	State MA	
Zip Code 02771	Purpose of Disbursement GOTV Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Elliot Gault</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2014
Mailing Address 81 Woodward Ave		Amount of Each Disbursement this Period 123.16 <b>Transaction ID : 0000681</b>
City Seekonk	State MA	
Zip Code 02771	Purpose of Disbursement Reimbursement for Campaign Expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	ITEMIZATION BELOW

Full Name (Last, First, Middle Initial) <b>c. Highway Service</b>		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address 400 Taunton Ave		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : 0000681-0001</b>
City Seekonk	State MA	
Zip Code 02771	Purpose of Disbursement Gasoline	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b> MEMO

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	323.16
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>A. Highway Service</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2014
Mailing Address 400 Taunton Ave		Amount of Each Disbursement this Period 20.00
City Seekonk	State MA	
Zip Code 02771		Transaction ID : 0000681-0005
Purpose of Disbursement Gasoline	Category/ Type 001	
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Park Plymouth</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 40 Court St Floor 1 Unit 1		Amount of Each Disbursement this Period 4.00
City Plymouth	State MA	
Zip Code 02360		Transaction ID : 0000681-0008
Purpose of Disbursement Parking	Category/ Type 007	
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Exxon Mobile Plymouth</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014
Mailing Address 131 Commerce Way		Amount of Each Disbursement this Period 33.90
City Plymouth	State MA	
Zip Code 02360		Transaction ID : 0000687
Purpose of Disbursement Gasoline	Category/ Type 001	
Candidate Name		[MEMO ITEM] MEMO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	33.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>A. Campaign Homebank, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2014	
Mailing Address 17 Crosby Ln			Amount of Each Disbursement this Period 10000.00	
City Londonderry	State NH	Zip Code 03053	Transaction ID : 0000659	
Purpose of Disbursement GOTV Consulting		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address 131 Somoset St.			Amount of Each Disbursement this Period 2.55	
City Plymouth	State MA	Zip Code 02360	Transaction ID : 0000716	
Purpose of Disbursement Office Supplies		Category/Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Plymouth Center Sta. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address PO Box 0000			Amount of Each Disbursement this Period 8.82	
City Plymouth	State MA	Zip Code 02361	Transaction ID : 0000727	
Purpose of Disbursement Postage, Non-Bulk Mail		Category/Type 006		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10011.37
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

**A. Quantum of Cape Cod**

Full Name (Last, First, Middle Initial)  
Mailing Address 154 Barnstable Rd

City Hyannis State MA Zip Code 02601

Purpose of Disbursement Radio Spot Production

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 25 / 2014

Amount of Each Disbursement this Period: 4460.00

Transaction ID : 0000713

Category/Type: 004

**B. Hess Plymouth**

Full Name (Last, First, Middle Initial)  
Mailing Address 105 Samoset St

City Plymouth State MA Zip Code 02360

Purpose of Disbursement Gasoline

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 26 / 2014

Amount of Each Disbursement this Period: 31.26

Transaction ID : 0000692

Category/Type: 001

**C. PMI Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO box 698

City Marianna State FL Zip Code 32447

Purpose of Disbursement Polling

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 27 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : 0000711

Category/Type: 005

**SUBTOTAL** of Disbursements This Page (optional) ..... 5491.26

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

**A. The Strategy Group**

Full Name (Last, First, Middle Initial)  
Mailing Address 7669 Stagers Loop

City Delaware State OH Zip Code 43015

Purpose of Disbursement Advertising Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 28 / 2014

Amount of Each Disbursement this Period: 20290.55

Transaction ID : 0000725

Category/Type: 004

**B. Plymouth Center Sta. USPS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 0000

City Plymouth State MA Zip Code 02361

Purpose of Disbursement Postage, Non-Bulk Mail

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 28 / 2014

Amount of Each Disbursement this Period: 9.80

Transaction ID : 0000728

Category/Type: 006

**C. Plymouth Center Sta. USPS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 0000

City Plymouth State MA Zip Code 02361

Purpose of Disbursement Postage, Non-Bulk Mail

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 08 / 28 / 2014

Amount of Each Disbursement this Period: 5.60

Transaction ID : 0000729

Category/Type: 006

**SUBTOTAL** of Disbursements This Page (optional)..... 20305.95

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>A. Plymouth Center Sta. USPS</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2014
Mailing Address PO Box 0000		Amount of Each Disbursement this Period 147.00 <b>Transaction ID : 0000730</b>
City Plymouth	State MA	
Zip Code 02361	Purpose of Disbursement Postage, Non-Bulk Mail	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Curley Direct Mail</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 15 Fruean Ave		Amount of Each Disbursement this Period 15400.84 <b>Transaction ID : 0000670</b>
City South Yarmouth	State MA	
Zip Code 02664	Purpose of Disbursement Direct Mailing Expense	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Elliot Gault</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 81 Woodward Ave		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : 0000680</b>
City Seekonk	State MA	
Zip Code 02771	Purpose of Disbursement GOTV Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	16147.84
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>A. WATD-FM</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 130 Enterprize Dr		Amount of Each Disbursement this Period 2332.00 <b>Transaction ID : 0000735</b>
City Marshfield State MA Zip Code 02050	Purpose of Disbursement Radio Spot Production Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. WPLM-FM</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 17 Columbus Rd		Amount of Each Disbursement this Period 3776.00 <b>Transaction ID : 0000737</b>
City Plymouth State MA Zip Code 02360	Purpose of Disbursement Radio Spot Production Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Elliot Gault</b>		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 81 Woodward Ave		Amount of Each Disbursement this Period 55.31 <b>Transaction ID : 0000682</b>
City Seekonk State MA Zip Code 02771	Purpose of Disbursement Reimbursement for Campaign Expenses Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	ITEMIZATION NOT REQUIRED

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6163.31
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 31			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>A. Exxon Mobile Plymouth</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 131 Commerce Way			Amount of Each Disbursement this Period 56.89 <b>Transaction ID : 0000688</b>
City Plymouth	State MA	Zip Code 02360	
Purpose of Disbursement Gasoline	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Sam Diegos Plymouth</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 51 Main St			Amount of Each Disbursement this Period 205.13 <b>Transaction ID : 0000714</b>
City Plymouth	State MA	Zip Code 02360	
Purpose of Disbursement Meeting Expense: Food & Beverage	Candidate Name		Category/ Type 007
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Park Plymouth</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 40 Court St Floor 1 Unit 1			Amount of Each Disbursement this Period 4.00 <b>Transaction ID : 0000704</b>
City Plymouth	State MA	Zip Code 02360	
Purpose of Disbursement Parking	Candidate Name		Category/ Type 007
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	266.02
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>A. Dan'l Webster Inn Sandwich</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 149 Main St			Amount of Each Disbursement this Period 122.19 <b>Transaction ID : 0000672</b>
City Sandwich	State MA	Zip Code 02563	
Purpose of Disbursement Meeting Expense: Food & Beverage		Category/ Type 007	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Comcast Spotlight</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 30700 Telegraph Rd, Suite 4600			Amount of Each Disbursement this Period 12469.50 <b>Transaction ID : 0000706</b>
City Franklin	State MI	Zip Code 48025	
Purpose of Disbursement TV Time		Category/ Type 004	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Curley Direct Mail</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 15 Fruean Ave			Amount of Each Disbursement this Period 493.05 <b>Transaction ID : 0000671</b>
City South Yarmouth	State MA	Zip Code 02664	
Purpose of Disbursement Direct Mailing Expense		Category/ Type 004	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13084.74
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>A. Campaign Homebank, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 17 Crosby Ln		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : 0000660</b>
City Londonderry State NH Zip Code 03053	Purpose of Disbursement GOTV Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. High Sails Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 60 Ferncliffe Rd.		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : 0000693</b>
City Seekonk State MA Zip Code 02771	Purpose of Disbursement GOTV Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Lyric Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 89 North Main St. Suite 205		Amount of Each Disbursement this Period 748.00 <b>Transaction ID : 0000697</b>
City Andover State MA Zip Code 01810	Purpose of Disbursement Media Consulting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9748.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 31			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>A. PMI Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address PO box 698		Amount of Each Disbursement this Period 500.00
City Marianna	State FL	
Zip Code 32447	Purpose of Disbursement Polling	<b>Transaction ID : 0000712</b>
Candidate Name	005 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sandwich Taverna</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 290 Route 130		Amount of Each Disbursement this Period 155.81
City Sandwich	State MA	
Zip Code 02563	Purpose of Disbursement Meeting Expense: Food & Beverage	<b>Transaction ID : 0000715</b>
Candidate Name	007 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Strategy Group</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 7669 Stagers Loop		Amount of Each Disbursement this Period 2400.00
City Delaware	State OH	
Zip Code 43015	Purpose of Disbursement Advertising Expense	<b>Transaction ID : 0000726</b>
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3055.81
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 31		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>A. Mamma Mia's - Plymouth</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014		
Mailing Address 122 Water St			Amount of Each Disbursement this Period 80.25		
City Plymouth	State MA	Zip Code 02360	Transaction ID : 0000698		
Purpose of Disbursement Event: Food & Beverage		007 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. American Legion Post 188</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014		
Mailing Address 20 Main St			Amount of Each Disbursement this Period 300.00		
City Sandwich	State MA	Zip Code 02563	Transaction ID : 0000656		
Purpose of Disbursement Event Expenses		003 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Elliot Gault</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014		
Mailing Address 81 Woodward Ave			Amount of Each Disbursement this Period 103.36		
City Seekonk	State MA	Zip Code 02771	Transaction ID : 0000683		
Purpose of Disbursement Reimbursement for Campaign Expenses		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		ITEMIZATION NOT REQUIRED		
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	483.61
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 31		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>A. Brewster Park Building Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 18 Main St. Ext. Suite 401		Amount of Each Disbursement this Period 900.00 <b>Transaction ID : 0000658</b>
City Plymouth	State MA	
Zip Code 02360	Purpose of Disbursement Office rent	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Plymouth Bay Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 7 Alvin Rd		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : 0000710</b>
City Plymouth	State MA	
Zip Code 02360	Purpose of Disbursement Compliance Consulting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Comcast Cable Communication</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address PO Box 196		Amount of Each Disbursement this Period 72.65 <b>Transaction ID : 0000662</b>
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Internet Services	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3972.65
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>A. Comcast Cable Communication</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address PO Box 196			Amount of Each Disbursement this Period 210.11 <b>Transaction ID : 0000663</b>
City Newark	State NJ	Zip Code 07101	
Purpose of Disbursement Internet Services		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Conagh Technologies inc</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 50 Mattakesett St.			Amount of Each Disbursement this Period 577.60 <b>Transaction ID : 0000664</b>
City Pembroke	State MA	Zip Code 02359	
Purpose of Disbursement Office Equipment Rental		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address PO Box 15124			Amount of Each Disbursement this Period 252.31 <b>Transaction ID : 0000732</b>
City Albany	State NY	Zip Code 12212	
Purpose of Disbursement Phone Expenses		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1040.02
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>A. FiLPAC LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 3624 Lieb St.		Amount of Each Disbursement this Period 512.50 <b>Transaction ID : 0000689</b>
City Columbus	State OH Zip Code 43214	
Purpose of Disbursement Software Licensing	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Plymouth Center Sta. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2014
Mailing Address PO Box 0000		Amount of Each Disbursement this Period 9.00 <b>Transaction ID : 0000731</b>
City Plymouth	State MA Zip Code 02361	
Purpose of Disbursement Postage, Non-Bulk Mail	Category/Type 006	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	521.50
<b>TOTAL</b> This Period (last page this line number only).....	90649.14

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 31	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>A. Joseph A Hynds</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 1123 Litton Lane		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : 0000760</b>
City Mclean	State VA	
Zip Code 22101	Purpose of Disbursement Refund Of Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Roger Shores Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 1706 N Sedgwick St		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : 0000761</b>
City Chicago	State IL	
Zip Code 60614	Purpose of Disbursement Refund Of Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Lynn Levitt</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 377 W Rose Finch Cir		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : 0000762</b>
City Highlands Ranch	State CO	
Zip Code 80129	Purpose of Disbursement Refund Of Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7800.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 31			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Committee to Elect Dan Shores**

Full Name (Last, First, Middle Initial) <b>A. Peter Ghiorse</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 539 Old Post Rd		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : 0000763</b>
City Wyckoff	State NJ	
Purpose of Disbursement Refund Of Contribution	Candidate Name	Category/ Type 010
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2600.00
<b>TOTAL</b> This Period (last page this line number only).....	10400.00



**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Committee to Elect Dan Shores** Transaction ID : 759-10

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Daniel L Shores</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 14 Dewey Avenue		

City	State	ZIP Code
Sandwich	MA	02563

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 09	D 12	Y 2014 Y	M M / D D / Y NA Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	4000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Committee to Elect Dan Shores** Transaction ID : 655-9

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Daniel L Shores  
 Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 14 Dewey Avenue  
 City State ZIP Code  
 Sandwich MA 02563

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

**TERMS**  
 Date Incurred: M 09 / D 03 / Y 2014  
 Date Due: M M / D D / Y NA  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)..... ▶ 15000.00  
**TOTALS** This Period (last page in this line only)..... ▶ [ ]  
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Committee to Elect Dan Shores** Transaction ID : 653-7

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Daniel L Shores</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 14 Dewey Avenue		

City	State	ZIP Code
Sandwich	MA	02563

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 08 / D 29 / Y 2014 Y	M / D / Y NA Y Y			0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	30000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>		

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Committee to Elect Dan Shores** Transaction ID : 103-4

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Daniel L Shores  
 Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 14 Dewey Avenue  
 City State ZIP Code  
 Sandwich MA 02563

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

**TERMS**  
 Date Incurred: M 03 / D 25 / Y 2014  
 Date Due: M M / D D / Y NA  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	150000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ]

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : 102-4

Committee to Elect Dan Shores

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Daniel L Shores

Primary  
 General  
 Other (specify) ▼

Mailing Address  
14 Dewey Avenue

City State ZIP Code  
Sandwich MA 02563

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
5000.00 0.00 5000.00

**TERMS**

Date Incurred Date Due Interest Rate Secured:  
M M / D D / Y Y Y Y M M / D D / Y Y Y Y 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 5000.00  
**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Committee to Elect Dan Shores** Transaction ID : 101-2

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Daniel L Shores</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 14 Dewey Avenue		

City	State	ZIP Code
Sandwich	MA	02563

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
01 / 05 / 2014	NA	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	2000.00
<b>TOTALS</b> This Period (last page in this line only).....	206000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Committee to Elect Dan Shores**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Plymouth Bay Consulting</b>		Nature of Debt (Purpose): Compliance Consulting
Mailing Address 7 Alvin Rd		
City State	Zip Code	
Plymouth MA	02360	

Outstanding Balance Beginning This Period	<b>Transaction ID : 764-</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="12000.00"/>	<input type="text" value="0.00"/>	<input type="text" value="12000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Daniel L Shores</b>		Nature of Debt (Purpose): Miscellaneous Expenses
Mailing Address 14 Dewey Avenue		
City State	Zip Code	
Sandwich MA	02563	

Outstanding Balance Beginning This Period	<b>Transaction ID : 652-</b>	
<input type="text" value="2151.85"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2151.85"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="14151.85"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="14151.85"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="206000.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="220151.85"/>