

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 Adam Chaprales

ADDRESS (number and street) 2059 Main Street
 Check if different than previously reported. (ACC) Marstons Mills MA 02643

2. **FEC IDENTIFICATION NUMBER** ▼ C C00518720 CITY ▲ MA STATE ▲ 09 ZIP CODE ▲ STATE ▼ DISTRICT
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2012 through M M / D D / Y Y Y Y 06 / 30 / 2012

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 Dana Snyder
Signature of Treasurer Dana Snyder *[Electronically Filed]* Date M M / D D / Y Y Y Y 08 / 25 / 2012

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Committee to Elect Adam Chaprales

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	29547.00	29547.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	29547.00	29547.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20812.62	20812.62
(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)).....	20812.62	20812.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8734.38	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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 Adam Chaprales

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24802.00	24802.00
(ii) Unitemized.....	3995.00	3995.00
(iii) TOTAL of contributions from individuals ▶	28797.00	28797.00
(b) Political Party Committees.....	500.00	500.00
(c) Other Political Committees (such as PACs).....	250.00	250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	29547.00	29547.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	29547.00	29547.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20812.62	20812.62
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	0.00	0.00
(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)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	20812.62	20812.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	29547.00
25. SUBTOTAL (add Line 23 and Line 24).....	29547.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20812.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8734.38

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N
Transaction ID :

Report is an amendment to previously submitted July Quarterly (paper/mailed copy)

Form/Schedule:
Transaction ID:

**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 41
	<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	

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 Adam Chaprales

A. Full Name (Last, First, Middle Initial)
Harold V Banks

Mailing Address P.O. Box 692

City: West Falmouth State: MA Zip Code: 02574

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

Name of Employer: N/A Occupation: Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 30 / 2012

Transaction ID : SA11AI.4165

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Peter E Bentivenga

Mailing Address P. O. Box 73

City: Osterville State: MA Zip Code: 02655

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

Name of Employer: CCPHS Occupation: Surgeon

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 29 / 2012

Transaction ID : SA11AI.4161

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Arthur Chaprales

Mailing Address P.O. Box 1812

City: Hyannis State: MA Zip Code: 02501

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

Name of Employer: Restaurant Accounting Solution Occupation: Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 16 / 2012

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period: 1000.00

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

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

1500.00

**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 41
	<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 Adam Chaprales

A. Full Name (Last, First, Middle Initial)
John W Dalton

Mailing Address 1157 Hancock Street

City Quincy State MA Zip Code 02169

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

Name of Employer South Shore Endoscopy Center Occupation Gastroenterologist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2012

Transaction ID : SA11AI.4109

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
John W Dalton

Mailing Address 1157 Hancock Street

City Quincy State MA Zip Code 02169

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

Name of Employer South Shore Endoscopy Center Occupation Gastroenterologist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Marieh Delfour-Azouri

Mailing Address 86 B waterhouse Road

City Buzzards Bay State MA Zip Code 02532

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

Name of Employer Heritage Rehab Occupation Nurse

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2012

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
300.00

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

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

5300.00

**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 8 OF 41
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Curley Direct		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2012	
Mailing Address 15 Fruean Avenue		Transaction ID : SA11AI.4175	
City South Yarmouth	State MA	Zip Code 02664	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 802.00	
Name of Employer N/A	Occupation N/A	In-kind-Printing	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 802.00		

Full Name (Last, First, Middle Initial) B. Virender Gautam		Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2012	
Mailing Address 1 Arbutus Lane		Transaction ID : SA11AI.4111	
City Sandwich	State MA	Zip Code 02653	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00	
Name of Employer Cape Cod Community College	Occupation Professor		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 700.00		

Full Name (Last, First, Middle Initial) C. Virender Gautam		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2012	
Mailing Address 1 Arbutus Lane		Transaction ID : SA11AI.4552	
City Sandwich	State MA	Zip Code 02653	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 550.00	
Name of Employer Cape Cod Community College	Occupation Professor	In-kind - Event Food&Bev	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

SUBTOTAL of Receipts This Page (optional).....	2052.00
TOTAL This Period (last page this line number only).....	

**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 9 OF 41
	<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 Adam Chaprales

A. Full Name (Last, First, Middle Initial)
Virender Gautam

Mailing Address 1 Arbutus Lane

City Sandwich State MA Zip Code 02653

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

Name of Employer Cape Cod Community College Occupation Professor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Richard E Halpern

Mailing Address 100 Great Neck Road

City North Mashpee State MA Zip Code 02649

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

Name of Employer Diamond Real Estate Occupation Real Estate Investment

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 20 / 2012

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Richard E Halpern

Mailing Address 100 Great Neck Road

City North Mashpee State MA Zip Code 02649

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

Name of Employer Diamond Real Estate Occupation Real Estate Investment

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period
500.00

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

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

2000.00

**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 10 OF 41
	<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 Adam Chaprales

A. Full Name (Last, First, Middle Initial)
William K Haskins

Mailing Address 85e Indian Row
Apt. 20A

City Boston State MA Zip Code 02110

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

Name of Employer Haskins 7 Associates Occupation Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : SA11AI.4167

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
William J Hayes

Mailing Address P.O. Box 25

City West Barnstable State MA Zip Code 02668

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

Name of Employer N/A Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.4155

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
David W Leary

Mailing Address 623 Route 6A

City East Sandwich State MA Zip Code 02537

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

Name of Employer N/A Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11AI.4146

Amount of Each Receipt this Period
500.00

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

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

1750.00

**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 11 OF 41
	<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 Adam Chaprales

A. Full Name (Last, First, Middle Initial)
Joanne Lovely

Mailing Address 3 Holly Berry Drive

City Sandwich State MA Zip Code 02563

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

Name of Employer Self Occupation Business Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2012

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Joanne Lovely

Mailing Address 3 Holly Berry Drive

City Sandwich State MA Zip Code 02563

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

Name of Employer Self Occupation Business Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 16 / 2012

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
Christopher O'Brian

Mailing Address 56 Saddleback Lane

City East Falmouth State MA Zip Code 02536

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

Name of Employer New York Life Occupation Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period
 250.00

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

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

600.00

**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 12 OF 41
	<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 Adam Chaprales

A. Full Name (Last, First, Middle Initial)
Albert Paladino

Mailing Address 12 Wachusett Road

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer Self Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2012

Transaction ID : SA11AI.4143

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Albert Paladino

Mailing Address 12 Wachusett Road

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer Self Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.4144

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Deepti Patel

Mailing Address 685 Washington Street

City Weymouth State MA Zip Code 02188

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2012

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period
 2500.00

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

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

3000.00

**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 13 OF 41
	<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 Adam Chaprales

A. Full Name (Last, First, Middle Initial)
Jay Patel

Mailing Address 685 Washington Street

City Weymouth State MA Zip Code 02188

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

Name of Employer Dipka Inc. Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 01 / 2012

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Donna Pike

Mailing Address P.O. Box 1658

City Orleans State MA Zip Code 02653

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

Name of Employer Self Occupation Real Estate

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2012

Transaction ID : SA11AI.4178

Amount of Each Receipt this Period
 350.00

In-kind - Food and Drink, House Party

C. Full Name (Last, First, Middle Initial)
Harry Pike

Mailing Address P.O. Box 1658

City Orleans State MA Zip Code 02653

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

Name of Employer Self Occupation Insurance Sales

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
 250.00

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

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

3100.00

**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 14 OF 41
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Committee to Elect Adam Chaprales

A. Full Name (Last, First, Middle Initial)
Linda Tryder-Dalton

Mailing Address 1157 Hancock Street

City Quincy State MA Zip Code 02169

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2012

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Linda Tryder-Dalton

Mailing Address 1157 Hancock Street

City Quincy State MA Zip Code 02169

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Donna L Warren

Mailing Address 4 Woodside Avenue

City Brockton State MA Zip Code 02301

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

Name of Employer Jld llc Occupation Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11AI.4163

Amount of Each Receipt this Period
 500.00

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

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

5500.00

24802.00

**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 15 OF 41
	<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 Adam Chaprales

A. Full Name (Last, First, Middle Initial)
Cape Cod Republican Club

Mailing Address P.O. Box 656

City: West Hyannisport State: MA Zip Code: 02672

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

Name of Employer: Occupation:

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 24 / 2012

Transaction ID : SA11B.4171

Amount of Each Receipt this Period: 500.00

B. 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:

Amount of Each Receipt this Period:

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:

Amount of Each Receipt this Period:

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

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

500.00

500.00

**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 16 OF 41	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" 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 Adam Chaprales

A. Full Name (Last, First, Middle Initial)
Jeff Perry for Congress

Mailing Address P.O. Box 1435

City State Zip Code
Sandwich MA 02563

FEC ID number of contributing federal political committee. **C** C00475814

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 20 / 2012

Transaction ID : SA11C.4380

Amount of Each Receipt this Period
250.00

B. 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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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 / 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).....

250.00

250.00

**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 17 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Advanced Embroidery		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 38 Plant Road		Amount of Each Disbursement this Period 375.00 Transaction ID : SB17.4300
City Hyannis State MA Zip Code 02601	Purpose of Disbursement Campaign Materials 006 Category/Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Advanced Embroidery		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address 38 Plant Road		Amount of Each Disbursement this Period 185.94 Transaction ID : SB17.4301
City Hyannis State MA Zip Code 02601	Purpose of Disbursement Campaign Materials 006 Category/Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Ardeo		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 81 Kings Circuit		Amount of Each Disbursement this Period 850.00 Transaction ID : SB17.4269
City Yarmouthport State MA Zip Code 02675	Purpose of Disbursement Event Catering 007 Category/Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1410.94
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 18 OF 41	
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Curley Direct		Date of Disbursement MM / DD / YYYY 06 / 25 / 2012
Mailing Address 15 Fruean Avenue		Amount of Each Disbursement this Period 802.00 Transaction ID : SB17.4176
City South Yarmouth	State MA	
Zip Code 02664	Purpose of Disbursement In-kind-Printing	Category/ Type 006
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

Full Name (Last, First, Middle Initial) B. Curley Direct		Date of Disbursement MM / DD / YYYY 06 / 28 / 2012
Mailing Address 15 Fruean Avenue		Amount of Each Disbursement this Period 123.51 Transaction ID : SB17.4550
City South Yarmouth	State MA	
Zip Code 02664	Purpose of Disbursement Postage	Category/ Type 001
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

Full Name (Last, First, Middle Initial) C. Doris Buttons		Date of Disbursement MM / DD / YYYY 04 / 16 / 2012
Mailing Address 3906 West morrow Drive		Amount of Each Disbursement this Period 385.86 Transaction ID : SB17.4263
City Glendale	State AZ	
Zip Code 05308	Purpose of Disbursement Campaign Materials	Category/ Type 006
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

SUBTOTAL of Disbursements This Page (optional).....	1311.37
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 19 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Doris Buttons		Date of Disbursement MM / DD / YYYY 06 / 05 / 2012
Mailing Address 3906 West morrow Drive		Amount of Each Disbursement this Period 417.34 Transaction ID : SB17.4264
City Glendale	State AZ	
Purpose of Disbursement Campaign Materials	Category/ Type 006	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA	District: 09	

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Date of Disbursement MM / DD / YYYY 04 / 30 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 16.01 Transaction ID : SB17.4182
City Irving	State TX	
Purpose of Disbursement Campaign Travel / Gas	Category/ Type 002	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA	District: 09	

Full Name (Last, First, Middle Initial) C. Exxon Mobil		Date of Disbursement MM / DD / YYYY 05 / 01 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.4189
City Irving	State TX	
Purpose of Disbursement Campaign Travel / Gas	Category/ Type 002	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA	District: 09	

SUBTOTAL of Disbursements This Page (optional).....	458.35
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 20 OF 41	
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 46.00
City Irving State TX Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas	
Candidate Name Committee to Elect Adam Chaprales		Transaction ID : SB17.4190
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09	Category/Type 002	

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 50.00
City Irving State TX Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas	
Candidate Name Committee to Elect Adam Chaprales		Transaction ID : SB17.4191
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09	Category/Type 002	

Full Name (Last, First, Middle Initial) C. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 30.00
City Irving State TX Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas	
Candidate Name Committee to Elect Adam Chaprales		Transaction ID : SB17.4192
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09	Category/Type 002	

SUBTOTAL of Disbursements This Page (optional).....	126.00
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 21 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.4193
City Irving State TX Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas 002 Category/ Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.4194
City Irving State TX Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas 002 Category/ Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) C. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 11.74 Transaction ID : SB17.4195
City Irving State TX Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas 002 Category/ Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

SUBTOTAL of Disbursements This Page (optional).....	81.74
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 22 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 52.00 Transaction ID : SB17.4196
City Irving State TX Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas 002 Category/Type	
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.4197
City Irving State TX Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas 002 Category/Type	
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) C. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 3.57 Transaction ID : SB17.4198
City Irving State TX Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas 002 Category/Type	
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

SUBTOTAL of Disbursements This Page (optional).....	85.57
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 23 OF 41	
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 13.55
City Irving	State TX	
Purpose of Disbursement Campaign Travel / Gas	002	Transaction ID : SB17.4199
Candidate Name Committee to Elect Adam Chaprales	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 56.00
City Irving	State TX	
Purpose of Disbursement Campaign Travel / Gas	002	Transaction ID : SB17.4200
Candidate Name Committee to Elect Adam Chaprales	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) C. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 25.00
City Irving	State TX	
Purpose of Disbursement Campaign Travel / Gas	002	Transaction ID : SB17.4201
Candidate Name Committee to Elect Adam Chaprales	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

SUBTOTAL of Disbursements This Page (optional).....	94.55
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 24 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Exxon Mobil		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 25.00
City Irving	State TX	
Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas	Transaction ID : SB17.4202
Candidate Name Committee to Elect Adam Chaprales	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA	District: 09	

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 12.52
City Irving	State TX	
Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas	Transaction ID : SB17.4203
Candidate Name Committee to Elect Adam Chaprales	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA	District: 09	

Full Name (Last, First, Middle Initial) C. Exxon Mobil		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 10.00
City Irving	State TX	
Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas	Transaction ID : SB17.4204
Candidate Name Committee to Elect Adam Chaprales	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA	District: 09	

SUBTOTAL of Disbursements This Page (optional).....	47.52
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 25 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 91.37 Transaction ID : SB17.4205
City Irving State TX Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas 002 Category/ Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) B. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 56.00 Transaction ID : SB17.4206
City Irving State TX Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas 002 Category/ Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) C. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 15.37 Transaction ID : SB17.4207
City Irving State TX Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas 002 Category/ Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

SUBTOTAL of Disbursements This Page (optional).....	91.37
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 26 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Exxon Mobil		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 5959 Las Colinas Blvd.		Amount of Each Disbursement this Period 11.85 Transaction ID : SB17.4208
City Irving State TX Zip Code 75039	Purpose of Disbursement Campaign Travel / Gas Category/Type 002	
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) B. Virender Gautam		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2012
Mailing Address 1 Arbutus Lane		Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.4384
City Sandwich State MA Zip Code 02653	Purpose of Disbursement In-Kind Category/Type 007	
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) c. Virender Gautam		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2012
Mailing Address 1 Arbutus Lane		Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.4553
City Sandwich State MA Zip Code 02653	Purpose of Disbursement In-kind - Event Food&Bev Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1111.85
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 27 OF 41	
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. John E Gomes		Date of Disbursement MM / DD / YYYY 05 / 07 / 2012
Mailing Address 104 Antone Avenue		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4281
City East Falmouth	State MA	
Zip Code 02536	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

Full Name (Last, First, Middle Initial) B. John E Gomes		Date of Disbursement MM / DD / YYYY 05 / 17 / 2012
Mailing Address 104 Antone Avenue		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4282
City East Falmouth	State MA	
Zip Code 02536	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

Full Name (Last, First, Middle Initial) c. John E Gomes		Date of Disbursement MM / DD / YYYY 05 / 21 / 2012
Mailing Address 104 Antone Avenue		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.4283
City East Falmouth	State MA	
Zip Code 02536	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

SUBTOTAL of Disbursements This Page (optional).....	630.00
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 28 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. John E Gomes		Date of Disbursement MM / DD / YYYY 05 / 23 / 2012
Mailing Address 104 Antone Avenue		Amount of Each Disbursement this Period 40.00 Transaction ID : SB17.4284
City East Falmouth	State MA	
Zip Code 02536	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

Full Name (Last, First, Middle Initial) B. John E Gomes		Date of Disbursement MM / DD / YYYY 05 / 31 / 2012
Mailing Address 104 Antone Avenue		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.4503
City East Falmouth	State MA	
Zip Code 02536	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

Full Name (Last, First, Middle Initial) c. John E Gomes		Date of Disbursement MM / DD / YYYY 06 / 01 / 2012
Mailing Address 104 Antone Avenue		Amount of Each Disbursement this Period 1200.00 Transaction ID : SB17.4285
City East Falmouth	State MA	
Zip Code 02536	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

SUBTOTAL of Disbursements This Page (optional).....	1300.00
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 29 OF 41	
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. John E Gomes		Date of Disbursement MM / DD / YYYY 06 / 15 / 2012
Mailing Address 104 Antone Avenue		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4286
City East Falmouth	State MA	
Zip Code 02536	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

Full Name (Last, First, Middle Initial) B. John E Gomes		Date of Disbursement MM / DD / YYYY 06 / 21 / 2012
Mailing Address 104 Antone Avenue		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4287
City East Falmouth	State MA	
Zip Code 02536	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

Full Name (Last, First, Middle Initial) c. John E Gomes		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address 104 Antone Avenue		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4288
City East Falmouth	State MA	
Zip Code 02536	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

SUBTOTAL of Disbursements This Page (optional).....	2300.00
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 30 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. John E Gomes		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address 104 Antone Avenue		Amount of Each Disbursement this Period 21.00 Transaction ID : SB17.4289
City East Falmouth	State MA	
Zip Code 02536	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

Full Name (Last, First, Middle Initial) B. Gulf		Date of Disbursement MM / DD / YYYY 05 / 29 / 2012
Mailing Address 150 Main Street		Amount of Each Disbursement this Period 11.01 Transaction ID : SB17.4236
City Middleboro	State MA	
Zip Code 02346	Purpose of Disbursement Campaign Travel / Gas	Category/ Type 002
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

Full Name (Last, First, Middle Initial) C. Gulf		Date of Disbursement MM / DD / YYYY 06 / 21 / 2012
Mailing Address 150 Main Street		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.4237
City Middleboro	State MA	
Zip Code 02346	Purpose of Disbursement Campaign Travel / Gas	Category/ Type 002
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

SUBTOTAL of Disbursements This Page (optional).....	211.01
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 31 OF 41	
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. July Four Plymouth, Inc		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address PO Box 1776		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4295
City Plymouth	State MA	
Zip Code 02362	Purpose of Disbursement Parade Registration Fee	Category/ Type 007
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

Full Name (Last, First, Middle Initial) B. Lyric Consulting		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 89 North Main Street Suite 302		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4303
City Andover	State MA	
Zip Code 01810	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

Full Name (Last, First, Middle Initial) c. Lyric Consulting		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 89 North Main Street Suite 302		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4518
City Andover	State MA	
Zip Code 01810	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

SUBTOTAL of Disbursements This Page (optional).....	3500.00
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 32 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Donna Pike		Date of Disbursement MM / DD / YYYY 06 / 27 / 2012
Mailing Address P.O. Box 1658		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.4179
City Orleans	State MA	
Purpose of Disbursement In-kind - Food and Drink, House Party		Category/ Type 007
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) B. Powder Horn Press, Inc.		Date of Disbursement MM / DD / YYYY 05 / 03 / 2012
Mailing Address 301 Court Street		Amount of Each Disbursement this Period 583.74 Transaction ID : SB17.4267
City Plymouth	State MA	
Purpose of Disbursement Campaign Materials		Category/ Type 006
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) C. Quaker Process		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address 101 Quaker Road		Amount of Each Disbursement this Period 538.69 Transaction ID : SB17.4305
City Hyannis	State MA	
Purpose of Disbursement Campaign Materials		Category/ Type 006
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

SUBTOTAL of Disbursements This Page (optional).....	1472.43
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 33 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Neil Rosekrans		Date of Disbursement MM / DD / YYYY 05 / 14 / 2012
Mailing Address 11383 East Greythorn Drive		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4297
City Scottsdale	State AZ	
Purpose of Disbursement Web Consulting/Design	Category/ Type 001	
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MA	District: 09	

Full Name (Last, First, Middle Initial) B. Neil Rosekrans		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 11383 East Greythorn Drive		Amount of Each Disbursement this Period 190.00 Transaction ID : SB17.4298
City Scottsdale	State AZ	
Purpose of Disbursement Web Consulting/Design	Category/ Type 001	
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MA	District: 09	

Full Name (Last, First, Middle Initial) c. Neil Rosekrans		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address 11383 East Greythorn Drive		Amount of Each Disbursement this Period 190.00 Transaction ID : SB17.4517
City Scottsdale	State AZ	
Purpose of Disbursement Website	Category/ Type 004	
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: MA	District: 09	

SUBTOTAL of Disbursements This Page (optional).....	630.00
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 34 OF 41	
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement MM / DD / YYYY 05 / 18 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 51.00 Transaction ID : SB17.4217
City Houston State TX Zip Code 77002	Purpose of Disbursement Campaign Travel / Gas 002 Category/Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Shell Oil		Date of Disbursement MM / DD / YYYY 05 / 18 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 9.95 Transaction ID : SB17.4218
City Houston State TX Zip Code 77002	Purpose of Disbursement Campaign Travel / Gas 002 Category/Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Shell Oil		Date of Disbursement MM / DD / YYYY 05 / 23 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 46.00 Transaction ID : SB17.4219
City Houston State TX Zip Code 77002	Purpose of Disbursement Campaign Travel / Gas 002 Category/Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	106.95
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 35 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 36.49
City Houston	State TX Zip Code 77002	
Purpose of Disbursement Campaign Travel / Gas	Category/Type 002	Transaction ID : SB17.4220
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 09	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 30.00
City Houston	State TX Zip Code 77002	
Purpose of Disbursement Campaign Travel / Gas	Category/Type 002	Transaction ID : SB17.4221
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 09	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) c. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 41.00
City Houston	State TX Zip Code 77002	
Purpose of Disbursement Campaign Travel / Gas	Category/Type 002	Transaction ID : SB17.4222
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 09	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	107.49
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 36 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement MM / DD / YYYY 06 / 11 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.4223
City Houston State TX Zip Code 77002	Purpose of Disbursement Campaign Travel / Gas Category/Type 002	
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) B. Shell Oil		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.4224
City Houston State TX Zip Code 77002	Purpose of Disbursement Campaign Travel / Gas Category/Type 002	
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) c. Shell Oil		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 2.10 Transaction ID : SB17.4225
City Houston State TX Zip Code 77002	Purpose of Disbursement Campaign Travel / Gas Category/Type 002	
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

SUBTOTAL of Disbursements This Page (optional).....	47.10
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 37 OF 41	
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Shell Oil		Date of Disbursement MM / DD / YYYY 06 / 22 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 63.50 Transaction ID : SB17.4227
City Houston State TX Zip Code 77002	Purpose of Disbursement Campaign Travel / Gas Category/Type 002	
Candidate Name Committee to Elect Adam Chaprales		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 09		

Full Name (Last, First, Middle Initial) B. Shell Oil		Date of Disbursement MM / DD / YYYY 06 / 22 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 11.75 Transaction ID : SB17.4228
City Houston State TX Zip Code 77002	Purpose of Disbursement Campaign Travel / Gas Category/Type 002	
Candidate Name Committee to Elect Adam Chaprales		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 09		

Full Name (Last, First, Middle Initial) c. Shell Oil		Date of Disbursement MM / DD / YYYY 06 / 25 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.4229
City Houston State TX Zip Code 77002	Purpose of Disbursement Campaign Travel / Gas Category/Type 002	
Candidate Name Committee to Elect Adam Chaprales		Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 09		

SUBTOTAL of Disbursements This Page (optional).....	120.25
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 38 OF 41	
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Sign Depot		Date of Disbursement MM / DD / YYYY 06 / 06 / 2012
Mailing Address 1813 East Colonial Drive		Amount of Each Disbursement this Period 310.00 Transaction ID : SB17.4293
City Orlando	State FL	
Zip Code 32803	Purpose of Disbursement Yard Signs	Category/ Type 006
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

Full Name (Last, First, Middle Initial) B. Simple Signs of Cape Cod		Date of Disbursement MM / DD / YYYY 05 / 09 / 2012
Mailing Address 650 Route 28		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4278
City West Yarmouth	State MA	
Zip Code 02673	Purpose of Disbursement Yard Signs	Category/ Type 006
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

Full Name (Last, First, Middle Initial) c. Dana Snyder		Date of Disbursement MM / DD / YYYY 06 / 14 / 2012
Mailing Address 47 Main Street Apartment E		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4291
City Buzzards Bay	State MA	
Zip Code 02532	Purpose of Disbursement Consulting	Category/ Type 001
Candidate Name Committee to Elect Adam Chaprales	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MA District: 09	

SUBTOTAL of Disbursements This Page (optional).....	960.00
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 39 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement MM / DD / YYYY 05 / 07 / 2012
Mailing Address 364 Barnstable Road		Amount of Each Disbursement this Period 53.14 Transaction ID : SB17.4256
City Hyannis State MA Zip Code 02601	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 05 / 14 / 2012
Mailing Address 364 Barnstable Road		Amount of Each Disbursement this Period 52.05 Transaction ID : SB17.4257
City Hyannis State MA Zip Code 02601	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 05 / 31 / 2012
Mailing Address 364 Barnstable Road		Amount of Each Disbursement this Period 85.57 Transaction ID : SB17.4258
City Hyannis State MA Zip Code 02601	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

SUBTOTAL of Disbursements This Page (optional).....	190.76
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 40 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2012
Mailing Address 364 Barnstable Road		Amount of Each Disbursement this Period 45.66 Transaction ID : SB17.4259
City Hyannis State MA Zip Code 02601	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address 364 Barnstable Road		Amount of Each Disbursement this Period 130.32 Transaction ID : SB17.4260
City Hyannis State MA Zip Code 02601	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 364 Barnstable Road		Amount of Each Disbursement this Period 157.21 Transaction ID : SB17.4261
City Hyannis State MA Zip Code 02601	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

SUBTOTAL of Disbursements This Page (optional).....	333.19
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 41 OF 41			
	<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 Adam Chaprales

Full Name (Last, First, Middle Initial) A. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2012
Mailing Address 414 Nathan Ellis Highway		Amount of Each Disbursement this Period 42.00 Transaction ID : SB17.4248
City Mashpee State MA Zip Code 02649	Purpose of Disbursement Campaign Travel / Gas 002 Category/Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) B. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 414 Nathan Ellis Highway		Amount of Each Disbursement this Period 30.00 Transaction ID : SB17.4249
City Mashpee State MA Zip Code 02649	Purpose of Disbursement Campaign Travel / Gas 002 Category/Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

Full Name (Last, First, Middle Initial) c. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 414 Nathan Ellis Highway		Amount of Each Disbursement this Period 7.34 Transaction ID : SB17.4250
City Mashpee State MA Zip Code 02649	Purpose of Disbursement Campaign Travel / Gas 002 Category/Type	
Candidate Name Committee to Elect Adam Chaprales		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 09		

SUBTOTAL of Disbursements This Page (optional).....	79.34
TOTAL This Period (last page this line number only).....	16807.78