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REPORT OF RECEIPTS **AND DISBURSEMENTS**

For An		Office Use Only		
NAME OF COMMITTEE (in full) TYPE OR PRI	NT ▼ Example: If ty over the lines			
Committee to Elect Dan Shores				
ADDRESS (number and street)	e.			
Check if different				
than previously Sandwich reported. (ACC)		MA L	02563	
2. FEC IDENTIFICATION NUMBER ▼	CITY ▲	STATE ▲	ZIP CODE ▲	
C C00556217	~	NOR AMEND (A)	STATE ▼ DISTRICT	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE)	(b) 12-Day PRE-Election F Primary (Convention Election on (c) 30-Day POST-Election General (General (1 On (12C) Special (1	in the State of	
Termination Report (TER)	Election on	/ D D / Y Y Y	in the State of	
5. Covering Period 07 / 01 D	/ Y Y Y Y Y Y Y 2016 throug	gh 09 / 30 /	Y Y Y Y Y 2016	
I certify that I have examined this Report and Shores, Jar Type or Print Name of Treasurer		nd belief it is true, correct and	d complete.	
Shores, James, L, Mr. Signature of Treasurer	[Electronica	ally Filed] Date	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
NOTE: Submission of false, erroneous, or incomp	lete information may subject the	person signing this Report to th	ne penalties of 52 U.S.C. §30109	
Office Use Only			FEC FORM 3 (Revised 05/2016)	

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Committee to Elect Dan Shores

2016 2016 09 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 0.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 0.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 1837.34 (from Line 17) (b) Total Offsets to Operating 745.85 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 1091.49 0.00 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 927.56 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 218351.85 Schedule C and/or Schedule D).....

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 05/2016)

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Write or Type Committee Name

Committee to Elect Dan Shores

Report Covering the Period: From: 07 01 2016 To: 09 30 2016

	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)	0.00	0.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL of contributions from individuals	0.00	0.00
((b) Political Party Committees	0.00	0.00
((c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	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
	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	745.85
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	0.00	745.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	0.00	1837.34
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
		0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
1.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	1837.34
	III. CASH SU	JMMARY	
3.	CASH ON HAND AT BEGINNING OF REPOR	rting period	927.56
4	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00
5.	SUBTOTAL (add Line 23 and Line 24)		927.56
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	om Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)	G PERIOD	927.56

Use separate schedule(s) for each category of the

PAGE 5 OF FOR LINE NUMBER: **x** 13a (check only one)

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Detailed Summary Page 13b NAME OF COMMITTEE (In Full) Transaction ID: 759-10 Committee to Elect Dan Shores LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Shores, Daniel, L, , General Mailing Address Other (specify) \blacktriangledown 14 Dewey Avenue City State ZIP Code X Personal Funds of the Candidate MA 02563 Sandwich Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 ^D12^D M09M ž014 YNA Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 4000.00 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.

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

PAGE OF FOR LINE NUMBER: **x** 13a (check only one)

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13b NAME OF COMMITTEE (In Full) Transaction ID: 655-9 Committee to Elect Dan Shores LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Memo Item Primary Shores, Daniel, L, , General Mailing Address Other (specify) \blacktriangledown 14 Dewey Avenue City State ZIP Code X Personal Funds of the Candidate MA 02563 Sandwich Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D03D M09M ž014 YNA Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code 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.

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

PAGE 7 OF
FOR LINE NUMBER:
(check only one)

13a

		130
NAME OF COMMITTEE (In Full) Committee to Elect Dan Shores		Transaction ID: 653-7
	1 11 1 15	T =v
Shores, Daniel, L, ,	idle Initial)	☐ Memo Item Election: 2014 ▼ Primary
Mailing Address 14 Dewey Avenue		General Other (specify) ▼
City	State	ZIP Code
Sandwich	MA	02563 Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	rment To Date Balance Outstanding at Close of This Period
30000.00	7	0.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M08M / P29P / Y Ž014 Y	M M / D D	/ Y YNAY Y 0.00
List All Endorsers or Guarantors (if any) to	o Loan Source	
Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		30000.00
TOTALS This Period (last page in this line only	/)	······································
Carry outstanding balance only to LINE 3, Sch	nedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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OF

AME OF COMMITTEE (In Committee to Elect			Trans	action ID : 103-4		
Shores, Daniel, L	•	ldle Initial)	☐ Memo Iter	Election: 2014 X Primary General		
Mailing Address 14 Dewey Avenue				Other (specify) ▼		
City		State	ZIP Code	▼ Personal Funds of the Candidate		
Sandwich		MA	02563	r crostial runds of the Candidate		
Original Amount of Lo	an	Cumulative Pa	yment To Date Ba	alance Outstanding at Close of This Period		
	150000.00		0.00	150000.00		
TERMS Date Inc	curred	Γ	Pate Due Interest Ra			
M03M / D25D /	^Y Ž014 ^Y	M M / D D		0.00 % (apr) Yes No		
List All Endorsers or	` **	o Loan Source				
1. Full Name (Last, Fi	rst, Middle Initial)		Name of Employer			
Mailing Address			Occupation	·		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9		
2. Full Name (Last, Fire	st, Middle Initial)		Name of Employer	Name of Employer Occupation		
Mailing Address			Occupation			
		T	Amount	Amount Guaranteed		
City	State	ZIP Code	Outstanding:	7 7		
3. Full Name (Last, Fire	st, Middle Initial)		Name of Employer			
Mailing Address			Occupation	Occupation		
0.4	04-4-	7ID 0- 1-	Amount Guaranteed			
City	State	ZIP Code	Outstanding:	g g		
4. Full Name (Last, Fire	st, Middle Initial)		Name of Employer			
Mailing Address	Mailing Address					
01			Amount Guaranteed			
City	State	ZIP Code	Outstanding:	y y		
SUBTOTALS This Period	This Page (optional)			450000.00		
				150000.00		
UIALS This Period (last	page in this line only	′) ·····	······			
Carry outstanding balance	e only to LINE 3. Sch	edule D. for thi	s line. If no Schedule D. carry fo	rward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

PAGE

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X 13a

OF

		100
NAME OF COMMITTEE (In Full) Committee to Elect Dan Shores		Transaction ID : 102-4
LOAN SOURCE Full Name (Look First M	liddle Initial	Flastian: acco
Shores, Daniel, L, ,	☐ Memo Item	
Mailing Address 14 Dewey Avenue		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Sandwich	MA	02563
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
5000.00		0.00 5000.00
TERMS Date Incurred	[Date Due Interest Rate Secured: (If none, enter 0)
M02M / D02D / Y Z014 Y	M M / D D	% (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	T	Amount Guaranteed
City	ZIP Code	Outstanding:
CURTOTALS This Deviced This Dags (entions)		
SUBTOTALS This Period This Page (optional)	J	5000.00
TOTALS This Period (last page in this line or	ıly)	
Carry outstanding balance only to LINE 3, Se	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

FOR LINE NUMBER: (check only one)

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				13b
NAME OF COMMITTEE (In Full) Committee to Elect Dan Shores			Tra	ansaction ID : 101-2
				T =:
LOAN SOURCE Full Name (Last, First, Mid	dle Initial)		☐ Memo	
Shores, Daniel, L, ,			Primary General	
Mailing Address				Other (specify)
14 Dewey Avenue		- Carlot (opcomy) V		
City	State	ZIP Code	•	
Sandwich	MA	02563		Personal Funds of the Candidate
Original Amount of Loan	Cumulative Pay	ment To D	ate	Balance Outstanding at Close of This Period
2000.00			0.00	2000.00
TERMS Date Incurred	D	ate Due	Interest (If none,	t Rate Secured: , enter 0)
M01 ^M / D05 ^D / Y Ž014 Y	M M / D D	/ Y Y	NA ^Y Y	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to	Loan Source			
1. Full Name (Last, First, Middle Initial)		1	Name of Employer	
Mailing Address		(Occupation	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Amount	
City	ZIP Code		Guaranteed Outstanding:	9 9
2. Full Name (Last, First, Middle Initial)		1	Name of Employer	
Mailing Address		(Occupation	
		,	Amount	
City State	ZIP Code		Guaranteed Outstanding:	7
3. Full Name (Last, First, Middle Initial)		1	Name of Employer	
Mailing Address		(Occupation	
			Amount	
City State	ZIP Code		Guaranteed Outstanding:	y y
4. Full Name (Last, First, Middle Initial)		1	Name of Employer	
Mailing Address			Occupation	
			Amount	
City	ZIP Code		Guaranteed Outstanding:	, , , , ,
		1		
SUBTOTALS This Period This Page (optional)			······	2000.00
TOTALS This Period (last page in this line only)		······	206000.00
Carry outstanding balance only to LINE 3. Sch	edule D for this	line. If no	Schedule D. carry	y forward to appropriate line of Summary

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 11 OF
FOR LINE NUMBER:
(check only one)

	duding Loans		110	misered inter	<u> </u>
	ME OF COMMITTEE (In Full)				
	Committee to Elect D	an S	hores		
	A. Full Name (Last, First, Middle Initial) of De Plymouth Bay Consulting	Nature of Debt (Purpose): Compliance Consulting (Contract Bonus Agreement)			
	Mailing Address 7 Alvin Rd				
l	City	State	Zip Code		
ļ	Plymouth	MA	02360		
	Outstanding Balance Beginning This Period			Transaction ID: 764-	
	10200.00				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Pe	riod
	0.00	L.	0.00	10200.00	
İ	B. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):			
	Shores, Daniel, L, ,			Miscellaneous Expenses (FaceBook Boost Fuel)	s &
	Mailing Address 14 Dewey Avenue				
	City Sandwich	State MA	Zip Code 02563		
	Outstanding Balance Beginning This Period			Transaction ID : 652-	
	2151.85				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Pe	riod
	0.00		0.00	2151.85	
•	C. Full Name (Last, First, Middle Initial) of De	ebtor or Cre	editor	Nature of Debt (Purpose):	
	Mailing Address				
-	City	State	Zip Code		
-	Outstanding Balance Beginning This Period				
	9 9 9 9 9				
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Pe	riod
	7	L	7 7 7		
1)	SUBTOTALS This Period This Page (optional	l)		12351.85	
2)	TOTALS This Period (last page this line num	ber only) ···		12351.85	Ī
3)	TOTAL OUTSTANDING LOANS from Sched	206000.00	Ī		
4)	ADD 2) and 3) and carry forward to appropr	218351.85	Ī		