10/02/2020 08 : 52

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### FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Au	thorized Com	mittee	Offic	ce Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT	·	ample: If typing, typ er the lines.	e 12FE4M5	
Committee to Elect	Dan Shores				1
ADDRESS (number and street	7 Alvin Rd				
▼ Check if different					
than previously reported. (ACC)	Plymouth			MA 023	60
. FEC IDENTIFICATION	N NIIMBED W	CITY ▲		STATE ▲	ZIP CODE ▲
. TEO IDENTIFICATION	N NOMBER V				STATE ▼ DISTRICT
C C00556217		3. IS THIS REPORT	NEW (N) OF	AMENDED (A)	MA 09
. TYPE OF REPORT	(Choose One)				
(a) Quarterly Reports:		(b) 12-Day <b>PRE</b>	-Election Report for	the:	
(a) Quarterly Hoports.			Primary (12P)	General (12G)	Runoff (12R)
April 15 Quarte	erly Report (Q1)	П	Convention (12C)	Special (12S)	
July 15 Quarte	erly Report (Q2)		Convention (120)	Special (123)	
X October 15 Qu	uarterly Report (Q3)	Election on	M M / D	D / Y Y Y Y	in the State of
January 31 Yea	ar-End Report (YE)	(c) 30-Day <b>POS</b>	<b>T</b> -Election Report fo	or the:	
			General (30G)	Runoff (30R)	Special (30S)
Termination Re	eport (TER)	Election on	M M / D	D / Y " Y " Y " Y	in the State of
. Covering Period	M M / D D /	Y Y Y Y Y 2020	through	M M / D D / Y	Y Y Y 2020
certify that I have examine	ed this Report and to t Shores, James,	•	owledge and belief	it is true, correct and co.	mplete.
ype or Print Name of Treas	surer	∟, IVII.,			
Signature of Treasurer	Shores, James, L, Mr.,		[Electronically Filed]	Date 10	02 / Y Y Y Y Y Y Y Y 2020
IOTE: Submission of false, e	erroneous, or incomplete	information may	subject the person sig	anina this Report to the pe	enalties of 52 U.S.C. 83010
Office		omadon may c	Dazjest the person sig	gg the report to the pe	
Use Only				F	FEC FORM 3 (Revised 05/2016)

Report Covering the Period:

#### **SUMMARY PAGE**

of Receipts and Disbursements

01

2020

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30

09

To:

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Committee to Elect Dan Shores

From:

**COLUMN B COLUMN A** 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) .....

#### Cash on Hand at Close of Reporting Period (from Line 27).....

Expenditures (from Line 14).....

(subtract Line 7(b) from Line 7(a)) ......

Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....

(b) Total Offsets to Operating

(c) Net Operating Expenditures

0.	Debts and Obligations Owed BY
	the Committee (Itemize all on
	Schedule C and/or Schedule D)

г.	Т					927.56
_	-	- 5 -	-		7	
Г.						0.00
	-	7	-	-	7	
						219251 95

0.00

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

2020 2020

745.85

1091.49

#### **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

07 2020 09 30 2020 Report Covering the Period: From: To:

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
1. C	CONTRIBUTIONS (other than loans) FROM:			
(8	•			
	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	
(k	,	0.00	0.00	
(0	c) Other Political Committees (such as PACs)	0.00	0.00	
(c (e	TOTAL CONTRIBUTIONS	0.00	0.00	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
	RANSFERS FROM OTHER	0.00	0.00	
	UTHORIZED COMMITTEES	0.00	3.00	
	OANS: a) Made or Guaranteed by the			
,	Candidate	0.00	0.00	
(k	,	0.00	0.00	
(0	c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00	
_	OFFSETS TO OPERATING			
	XPENDITURES Refunds, Rebates, etc.)	0.00	745.85	
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00	
1	OTAL RECEIPTS (add Lines 1(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)

PAGE 4 / 11

		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	0.00	1837.34
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LO	AN 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.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
			0.00	200
	(b)	Political Party Committees Other Political Committees	0.00	0.00
	(0)	(such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	ОТІ	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	0.00	1837.34
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	927.56
24	то	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	0.00
25.	SUI	BTOTAL (add Line 23 and Line 24)		927.56
26.	TO	TAL DISBURSEMENTS THIS PERIOD (fron	m Line 22)	0.00
27.	CAS	SH ON HAND AT CLOSE OF REPORTING	G PERIOD	927.56

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

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

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

11

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 <sup>D</sup>12<sup>D</sup> 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.

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

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

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

11

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.

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

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

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

11

13b NAME OF COMMITTEE (In Full) Transaction ID: 653-7 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 30000.00 0.00 30000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 <sup>D</sup>29<sup>D</sup> <sup>M</sup>80<sup>M</sup> 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)..... 30000.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

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

PAGE 8 C
FOR LINE NUMBER: (check only one)

: **X** 13a

11

			Detailed Summary	rage			13b	
NAME OF COMMITTEE (In Full)	Trai	nsaction I	D : 103-4					
Committee to Elect Dan Shores								
LOAN SOURCE Full Name (Last, First, Mid	☐ Memo I		ction: 2014 Primary					
Shores, Daniel, L, ,	Shores, Daniel, L, ,							
Mailing Address					General Other (specify) ▼			
14 Dewey Avenue								
City	State	ZIP Code	9	×				
Sandwich	MA	02563		Personal Funds of the	Can	didate		
Original Amount of Loan	Cumulative Page	yment To D	ate	Balance C	Outstanding at Close of T	his	Period	
150000.00			0.00 150000.00					
TERMS Date Incurred	Г	Date Due	Interest	Rate	Secure	4.	_	
			(If none,	enter 0)	Gecure	<i>.</i> .		
M03M / D25D / Y Z014 Y	M M / D D	/ Y = \	NA Y	0.00	% (apr)	, <b>x</b>	<b>∢</b> No	
List All Endorsers or Guarantors (if any) t	o Loan Source							
1. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address		. 1	Occupation					
			Amount					
City	ZIP Code		Guaranteed Outstanding:	7	7			
2. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address		Occupation						
			Amount					
City	ZIP Code		Guaranteed Outstanding:	7	7	-		
3. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation					
			Amount	-		$\overline{}$		
City	ZIP Code		Guaranteed Outstanding:	,		_		
4. Full Name (Last, First, Middle Initial)			Name of Employer					
Mailing Address			Occupation					
			Amount			=		
City	ZIP Code		Guaranteed Outstanding:	7	y			
SUBTOTALS This Period This Page (optional)			······	<u></u>	150000	0.00		
TOTALS This Period (last page in this line only	y)		······		, , ,			
Carry outstanding balance only to LINE 3, Scl	nedule D, for this	s line. If no	Schedule D, carry	forward t	o appropriate line of S	umm	nary.	

# SCHEDULE C (FEC Form 3) LOANS

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

PAGE 9
FOR LINE NUMBER: (check only one)

13a

OF

11

		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	Γ	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.

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

PAGE 10

**X** 13a

11

				13b			
NAME OF COMMITTEE (In Full) Committee to Elect Dan Shores			Tra	ansaction ID : 101-2			
				T =:			
LOAN SOURCE Full Name (Last, First, Mid	☐ 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	To Date Balance Outstanding at Close of				
2000.00			0.00	2000.00			
TERMS Date Incurred	D	ate Due	Interest (If none,	t Rate Secured: , enter 0)			
M01 <sup>M</sup> / D05 <sup>D</sup> / Y Ž014 Y	M M / D D	/ Y Y	NA <sup>Y</sup> 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	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				
		<u> </u>	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
FOR LINE NUMBER: (check only one)

9 **x** 10

OF

#### NAME OF COMMITTEE (In Full) Committee to Elect Dan Shores A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance Consulting (Contract Bonus Plymouth Bay Consulting Agreement) Mailing Address 7 Alvin Rd State Zip Code City MA 02360 Plymouth Transaction ID: 764-Outstanding Balance Beginning This Period 10200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 10200.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Shores, Daniel, L, , Miscellaneous Expenses (FaceBook Boosts & Mailing Address 14 Dewey Avenue Zip Code State Sandwich 02563 MA Outstanding Balance Beginning This Period Transaction ID: 652-2151.85 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2151.85 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1) SUBTOTALS This Period This Page (optional) ..... 12351.85 2) TOTALS This Period (last page this line number only) ..... 12351.85 TOTAL OUTSTANDING LOANS from Schedule C (last page only)-----206000.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) 218351.85