

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))....	8670.00	38217.00
(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)).....	8670.00	38217.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14819.39	35632.01
(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)).....	14819.39	35632.01
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2584.99	
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).....	5530.00	30332.00
(ii) Unitemized.....	2340.00	6335.00
(iii) TOTAL of contributions from individuals ▶	7870.00	36667.00
(b) Political Party Committees.....	0.00	500.00
(c) Other Political Committees (such as PACs).....	800.00	1050.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	8670.00	38217.00
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)..... ▶	8670.00	38217.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14819.39	35632.01
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) ►	14819.39	35632.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8734.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8670.00
25. SUBTOTAL (add Line 23 and Line 24).....	17404.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14819.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2584.99

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 18
	<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	

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)
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: 280.00

Date of Receipt: 07 / 09 / 2012

Transaction ID : SA11AI.4640

Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
Mark Chick

Mailing Address 1140 Iyannough Road

City: Hyannis State: MA Zip Code: 02601

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

Name of Employer: Self Occupation: Jewler

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 300.00

Date of Receipt: 08 / 07 / 2012

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
Aniel Diwan

Mailing Address 65 Independence Drive

City: Hyannis State: MA Zip Code: 02601

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

Name of Employer: Self Occupation: Store Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 600.00

Date of Receipt: 08 / 08 / 2012

Transaction ID : SA11AI.4768

Amount of Each Receipt this Period: 600.00

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

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

930.00

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

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

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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

A. Full Name (Last, First, Middle Initial)
Patricia Fay

Mailing Address **PO Box 382**

City **Marstons Mills** State **MA** Zip Code **02648**

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

Name of Employer **Jordan Hospital** Occupation **Nurse**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 09 / 2012

Transaction ID : SA11AI.4676

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
William S. Harris

Mailing Address **PO Box 1786**

City **Sagamore Beach** State **MA** Zip Code **02560**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 09 / 2012

Transaction ID : SA11AI.4675

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
William Hoskins

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : SA11AI.4633

Amount of Each Receipt this Period
1000.00

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

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

2500.00

**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 18
	<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)
Rita R. Patel

Mailing Address **PO Box 1038**

City **Sandwich** State **MA** Zip Code **02563**

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

Name of Employer **Sandwich Lodge & Resort** Occupation **President**

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
08 / 06 / 2012

Transaction ID : SA11AI.4672

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Rudnick Ronald

Mailing Address **782 Main Street**

City **Chatham** State **MA** Zip Code **02633**

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

Name of Employer **Lighthouse Realty** Occupation **Owner**

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
07 / 24 / 2012

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Anund Shukla

Mailing Address **PO Box 715**

City **Sandwich** State **MA** Zip Code **02537**

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

Name of Employer **Self** Occupation **Store Owner**

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
08 / 06 / 2012

Transaction ID : SA11AI.4765

Amount of Each Receipt this Period
300.00

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

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

1100.00

**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 18
	<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)
Joseph A. Vaudo

Mailing Address **PO Box 248**

City **Sandwich** State **MA** Zip Code **02635**

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

Name of Employer **Self** Occupation **Owner/Operator Market**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : SA11Al.4641

Amount of Each Receipt this Period
1000.00

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 M / D 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

5530.00

**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 9 OF 18
	<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
950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2012

Transaction ID : SA11C.4674

Amount of Each Receipt this Period
700.00

B. 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
1050.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2012

Transaction ID : SA11C.4628

Amount of Each Receipt this Period
100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / 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).....

800.00

800.00

**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 10 OF 18			
	<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. Matthew Christopher Bechstein			Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012		
Mailing Address 2059 Main Street			Amount of Each Disbursement this Period 1500.00		
City Marstons Mills	State MA	Zip Code 02648	Transaction ID : SB17.4707		
Purpose of Disbursement Consulting		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. Matthew Christopher Bechstein			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012		
Mailing Address 2059 Main Street			Amount of Each Disbursement this Period 500.00		
City Marstons Mills	State MA	Zip Code 02648	Transaction ID : SB17.4723		
Purpose of Disbursement Consulting		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. Matthew Christopher Bechstein			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2012		
Mailing Address 2059 Main Street			Amount of Each Disbursement this Period 500.00		
City Marstons Mills	State MA	Zip Code 02648	Transaction ID : SB17.4726		
Purpose of Disbursement Consulting		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).....	2500.00
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 11 OF 18			
	<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. Matthew Christopher Bechstein		Date of Disbursement MM / DD / YYYY 08 / 07 / 2012
Mailing Address 2059 Main Street		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4746
City Marstons Mills	State MA	
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. Matthew Christopher Bechstein		Date of Disbursement MM / DD / YYYY 08 / 15 / 2012
Mailing Address 2059 Main Street		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4761
City Marstons Mills	State MA	
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. Curley Direct		Date of Disbursement MM / DD / YYYY 07 / 05 / 2012
Mailing Address 15 Fruean Avenue		Amount of Each Disbursement this Period 1006.25 Transaction ID : SB17.4704
City South Yarmouth	State MA	
Purpose of Disbursement Printing and Production	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).....	2756.25
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 12 OF 18	
	<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 08 / 17 / 2012
Mailing Address 15 Fruean Avenue		Amount of Each Disbursement this Period 698.60 Transaction ID : SB17.4763
City South Yarmouth State MA Zip Code 02664	Purpose of Disbursement Printing and Production 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. Gulf		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 150 Main Street		Amount of Each Disbursement this Period 69.63 Transaction ID : SB17.4760
City Middleboro State MA Zip Code 02346	Purpose of Disbursement Fuel 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. Hess		Date of Disbursement MM / DD / YYYY 08 / 08 / 2012
Mailing Address 411 Main Street		Amount of Each Disbursement this Period 66.42 Transaction ID : SB17.4752
City South Yarmouth State MA Zip Code 02664	Purpose of Disbursement Fuel 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).....	834.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 18			
	<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. Hess		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 411 Main Street		Amount of Each Disbursement this Period 65.92
City South Yarmouth	State MA	
Zip Code 02664	Purpose of Disbursement Fuel	Transaction ID : SB17.4758
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. Hess		Date of Disbursement MM / DD / YYYY 08 / 16 / 2012
Mailing Address 411 Main Street		Amount of Each Disbursement this Period 64.26
City South Yarmouth	State MA	
Zip Code 02664	Purpose of Disbursement Fuel	Transaction ID : SB17.4762
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. Lyric Consulting		Date of Disbursement MM / DD / YYYY 07 / 10 / 2012
Mailing Address 89 North Main Street Suite 302		Amount of Each Disbursement this Period 1500.00
City Andover	State MA	
Zip Code 01810	Purpose of Disbursement Consulting	Transaction ID : SB17.4710
Candidate Name Committee to Elect Adam Chaprales	Category/Type 001	
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).....	1630.18
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 14 OF 18			
	<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. Lyric Consulting		Date of Disbursement MM / DD / YYYY 08 / 02 / 2012
Mailing Address 89 North Main Street Suite 302		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4739
City Andover State MA Zip Code 01810	Purpose of Disbursement Webdesign 004 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. Lyric Consulting		Date of Disbursement MM / DD / YYYY 08 / 06 / 2012
Mailing Address 89 North Main Street Suite 302		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4745
City Andover State MA Zip Code 01810	Purpose of Disbursement Consulting 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 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. Plymouth Bay Catering		Date of Disbursement MM / DD / YYYY 08 / 07 / 2012
Mailing Address 99 Main Street		Amount of Each Disbursement this Period 472.89 Transaction ID : SB17.4747
City Kingston State MA Zip Code 02364	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).....	2472.89
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 15 OF 18			
	<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 07 / 06 / 2012
Mailing Address 11383 East Greythorn Drive		Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.4706
City Scottsdale	State AZ	
Zip Code 85262	Purpose of Disbursement WebService	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	

Full Name (Last, First, Middle Initial) B. Neil Rosekrans		Date of Disbursement MM / DD / YYYY 08 / 13 / 2012
Mailing Address 11383 East Greythorn Drive		Amount of Each Disbursement this Period 43.00 Transaction ID : SB17.4755
City Scottsdale	State AZ	
Zip Code 85262	Purpose of Disbursement Web Service	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	

Full Name (Last, First, Middle Initial) c. Shell Oil		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 66.01 Transaction ID : SB17.4719
City Houston	State TX	
Zip Code 77002	Purpose of Disbursement Fuel	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).....	299.01
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 16 OF 18			
	<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 07 / 16 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 67.25 Transaction ID : SB17.4720
City Houston State TX Zip Code 77002	Purpose of Disbursement Fuel 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. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 69.00 Transaction ID : SB17.4729
City Houston State TX Zip Code 77002	Purpose of Disbursement Fuel 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. Shell Oil		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 910 Louisiana Street		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.4736
City Houston State TX Zip Code 77002	Purpose of Disbursement Fuel 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).....	186.25
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 17 OF 18			
	<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. Dana Snyder		Date of Disbursement MM / DD / YYYY 07 / 05 / 2012
Mailing Address 47 Main Street Apartment E		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4703
City Buzzards Bay State MA Zip Code 02532	Purpose of Disbursement Consulting 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. Dana Snyder		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address 47 Main Street Apartment E		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4721
City Buzzards Bay State MA Zip Code 02532	Purpose of Disbursement Consulting 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 07 / 12 / 2012
Mailing Address 364 Barnstable Road		Amount of Each Disbursement this Period 52.05 Transaction ID : SB17.4716
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).....	1202.05
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 18			
	<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 08 / 06 / 2012
Mailing Address 364 Barnstable Road		Amount of Each Disbursement this Period 61.33 Transaction ID : SB17.4744
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. Sunoco		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2012
Mailing Address 414 Nathan Ellis Highway		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.4751
City Mashpee State MA Zip Code 02649	Purpose of Disbursement Fuel 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. Victorystore.com		Date of Disbursement M M / D D / Y Y Y Y 08 / 09 / 2012
Mailing Address 5200 SW 30th		Amount of Each Disbursement this Period 1615.57 Transaction ID : SB17.4754
City Davenport State IA Zip Code 52802	Purpose of Disbursement Yard Signs 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	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).....	1736.90
TOTAL This Period (last page this line number only).....	13618.18