Image# 202110159467685767

10/15/2021 16 : 23

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FEC FORM 3			BURSI	ECEIPTS EMENTS ommittee			Office Use Only
1. NAME OF COMMITTEE (in		Pe or print 🔻	,	Example: If typin over the lines.	g, type	12FE4M5	
	Elect Dan S	Shores					
ADDRESS (number an		Alvin Rd					
Check if different than previou reported. (A	isly F	lymouth					02360
2. FEC IDENTIFIC			CITY	x	S	STATE 🔺	ZIP CODE
2. FEC IDENTIFIC			3. IS THIS REPORT	× NEW (N)	OR	AMENDE (A)	ED STATE ▼ DISTRICT
July 15		(b rt (Q1) t (Q2) eport (Q3) eport (YE) (c	Election	OST-Election Rep General (30G) 12C) Dept for the:	General (12 Special (12 Y Y Y Y Y Runoff (30F	S) in the State of
5. Covering Period	M M 07	/ D D / Y	ү ү ү 2021	through	M M 09	/ D D / 30	Y Y Y Y 2021
I certify that I have e		eport and to the Shores, James, L		knowledge and	belief it is tro	ue, correct and	complete.
Signature of Treasure		ames, L, Mr.,		[Electronically	Filed] D	Date	/ D D / Y Y Y Y 15 / 2021
NOTE: Submission of	false, erroneous	or incomplete in	nformation m	ay subject the per	son signing t	his Report to the	e penalties of 52 U.S.C. §30109
Office Use Only							FEC FORM 3 (Revised 05/2016)

Γ	FEC Form 3	(Revised 05/2016)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2
	/rite or Type Comm Committee to I	nittee Name Elect Dan Shores		
R	eport Covering the		M / D D / Y Y Y Y 01 2021	To:
			COLUMN A This Period	COLUMN B Election Cycle-to-Date
6.	Net Contributions	(other than loans)		
	(a) Total Contrib (other than Ic	utions pans) (from Line 11(e))	0.00	0.00
	()	ution Refunds 0(d))	0.00	0.00
	.,	tions (other than loans) e 6(b) from Line 6(a))	0.00	0.00
7.	Net Operating Ex	penditures		
		ng Expenditures ')	0.00	1837.34
	(b) Total Offsets Expenditures	to Operating (from Line 14)	0.00	745.85
		g Expenditures e 7(b) from Line 7(a))	0.00	1091.49
8.	Cash on Hand at Reporting Period	Close of (from Line 27)	927.56]
9.	Debts and Obliga the Committee (It Schedule C and/o		0.00]
10.	Debts and Obliga the Committee (It Schedule C and/o		218351.85	

2/11

For further information contact:

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

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

Image#	2021101	594676	85769
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D	ETAILED SUMMARY PAGE	Г
FEC Form 3 (Revised 05/2016)	of Receipts	PAGE 3 / 11
Write or Type Committee Name		
Committee to Elect Dan Shores		
Report Covering the Period: From: 07	M / D D / Y Y Y Y 01 2021 To	2021 x 2021
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		0.00
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	0.00	0.00
(e) TOTAL CONTRIBUTIONS	g 1 g 1 g 1 g 1 g 1 g 1 g 1 g 1 g 1 g 1	g
(other than loans)		
(add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER	2.00	0.00
AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	0.00
Calididate		
(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	745.85
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)	0.00	745.85
(Jany Iolai to Line 24, page 4)		g g (1)

of Disbursements FEC Form 3 (Revised 05/2016) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 0.00 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 by the Candidate..... 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 Than Political Committees 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 (add Lines 20(a), (b), and (c)).....

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)

21. OTHER DISBURSEMENTS

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING PERIOD		7		7	927.56
24	TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)		7		7	0.00
25.	SUBTOTAL (add Line 23 and Line 24)		7		7	927.56
26.	TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		7		7	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)		7		7	927.56

0.00

0.00

DETAILED SUMMARY PAGE

PAGE 4 / 11

1837.34

0.00

0.00

0.00

0.00

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0.00

0.00

0.00

1837.34

age# 2021101004070000771					
CHEDULE C (FEC Fo DANS	orm 3)			Use separate schedule(s for each category of the Detailed Summary Page	(check only one) X 13a
ME OF COMMITTEE (In Full)	Shores			Transacti	on ID : 759-10
LOAN SOURCE Full Name (Shores, Daniel, L, ,	Last, First, Mic	ddle Initial)		Memo Item	Election: 2014 Primary General
Mailing Address 14 Dewey Avenue					Other (specify)
City Sandwich		State MA	ZIP Code 02563	9	× Personal Funds of the Candidat
Original Amount of Loan	4000.00	Cumulative Pa	lyment To D	0.00	ce Outstanding at Close of This Perio
TERMS Date Incurred			Date Due	Interest Rate (If none, enter 0	Secured:
M09 ^M / D12 ^D / Y	2014 ^Y	M M / D D) / Y		
List All Endorsers or Guarar	ntors (if any) t	o Loan Source			
1. Full Name (Last, First, Mic	ddle Initial)			Name of Employer	
Mailing Address				Occupation	
City State ZIP Code				Amount Guaranteed Outstanding:	y
2. Full Name (Last, First, Mid-	dle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y y y y
3. Full Name (Last, First, Mid-	dle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 x 1
4. Full Name (Last, First, Mid	dle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	y
UBTOTALS This Period This P OTALS This Period (last page i					4000.00

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

					PAGE 6 OF 11		
SCHEDULE C (FEC Form 3) LOANS				Use separate schedule for each category of th Detailed Summary Pag	ie (check only one) X 13a		
NAME OF COMMITTEE (In Full) Committee to Elect Dar	n Shores			Transac	tion ID : 655-9		
LOAN SOURCE Full Name Shores, Daniel, L, ,	(Last, First, Mid	dle Initial)		🗌 Memo Item	Election: 2014 X Primary General		
Mailing Address 14 Dewey Avenue					Other (specify) v		
City Sandwich		State MA	ZIP Code 02563	9	X Personal Funds of the Candidate		
Original Amount of Loan	15000.00	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perioc 15000.00		
TERMS Date Incurred M09 ^M 03 ^D	Ž014 ^Y		Date Due	Interest Rate (If none, enter NA ^Y Y 0.	0) 00 0/ ()) / () / ()		
List All Endorsers or Guara 1. Full Name (Last, First, M		Loan Source		Name of Employer			
Mailing Address				Occupation			
City State ZIP Code				Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Mid	ddle Initial)			Name of Employer			
Mailing Address				Occupation Amount			
City	State	ZIP Code		Guaranteed	y		
3. Full Name (Last, First, Mi	ddle Initial)			Name of Employer			
Mailing Address				Occupation			
City State ZIP Code				Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y		
SUBTOTALS This Period This I				H	15000.00		
Carry outstanding balance only	/ to LINE 3, Sch	edule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.		

					PAGE 7 OF 11	
SCHEDULE C (FEC Form 3) _OANS				Use separate schedule for each category of th Detailed Summary Pag	he (check only one) × 13a	
ame of commit Committee to	TEE (In Full) Elect Dan Shores			Transac	ction ID : 653-7	
LOAN SOURCE Shores, Dai	Full Name (Last, First, Mic niel, L, ,	ddle Initial)		🗌 Memo Item	Election: 2014 X Primary General	
Mailing Address 14 Dewey Avenu	e				Other (specify) v	
City Sandwich		State MA	ZIP Code 02563	e	Personal Funds of the Candidate	
Original Amou	nt of Loan 30000.00	Cumulative Pay	yment To D	Date Bala	ance Outstanding at Close of This Perio	
	Date Incurred	M M / D D	Date Due			
	ers or Guarantors (if any) t Last, First, Middle Initial)	o Loan Source		Name of Employer		
Mailing Add	ress			Occupation		
City	City State ZIP Code			Amount Guaranteed Outstanding:		
2. Full Name (L	ast, First, Middle Initial)			Name of Employer		
Mailing Addr	ess			Occupation Amount		
City	State	ZIP Code		Guaranteed	7 7 7 7	
3. Full Name (L	ast, First, Middle Initial)			Name of Employer		
Mailing Addr	ess					
City	ity State ZIP Code			Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Addr	ess			Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	7	
	Period This Page (optional). od (last page in this line only			H	30000.00	
Carry outstanding	balance only to LINE 3, Scl	nedule D, for this	s line. If no	o Schedule D, carry forw	vard to appropriate line of Summary.	

CHEDULE C (FEC OANS	Form 3)	Use separate schedule(s) for each category of the Detailed Summary Page				
AME OF COMMITTEE (In Fi				Transac	tion ID : 103-4	
LOAN SOURCE Full Nar Shores, Daniel, L, ,	•	Idle Initial)		🗌 Memo Item	Election: 2014 x Primary General	
Mailing Address 14 Dewey Avenue					Other (specify)	
City Sandwich		State MA	ZIP Code 02563	9	X Personal Funds of the Candidat	
Original Amount of Loan	150000.00	Cumulative Pa	yment To D	Date Bala 0.00	nce Outstanding at Close of This Perio 150000.00	
TERMS Date Incur M03 ^M / 25 ^D /	YŽ014 Y	M M / D D	Date Due	Interest Rate (If none, enter	0)	
List All Endorsers or Gu 1. Full Name (Last, First,		o Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
2. Full Name (Last, First,	Middle Initial)			Name of Employer		
Mailing Address				Occupation Amount		
City	State	ZIP Code		Guaranteed Outstanding:	y y	
3. Full Name (Last, First,	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1	
SUBTOTALS This Period Th				H	150000.00	
OTALS This Period (last pa					vard to appropriate line of Summary.	

CHEDULE C (FEC DANS	Form 3)	Use separate schedule(s) for each category of the Detailed Summary Page					
AME OF COMMITTEE (In F Committee to Elect D				Transact	tion ID : 102-4		
LOAN SOURCE Full Na Shores, Daniel, L,	•	Idle Initial)		🗌 Memo Item	Election: 2014 x Primary General		
Mailing Address 14 Dewey Avenue					Other (specify)		
City Sandwich		State MA	ZIP Code 02563	e	X Personal Funds of the Candidat		
Original Amount of Loan	5000.00	Cumulative Pa	yment To D	Date Balar 0.00	nce Outstanding at Close of This Perio 5000.00		
TERMS Date Incur M02 ^M /	^ү Ž014 ^ү	M M / D D	Date Due	Interest Rate (If none, enter	0)		
List All Endorsers or Gu 1. Full Name (Last, First		o Loan Source		Name of Employer			
Mailing Address				Occupation			
City	City State ZIP Code				Amount Guaranteed Outstanding:		
2. Full Name (Last, First,	Middle Initial)			Name of Employer			
Mailing Address				Occupation Amount			
City	State	ZIP Code		Guaranteed Outstanding:	y y		
3. Full Name (Last, First,	Middle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y		
4. Full Name (Last, First, Middle Initial)				Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 1 y 1 1 x 1		
SUBTOTALS This Period Th					5000.00		
OTALS This Period (last pa					vard to appropriate line of Summary		

CHEDULE C (FEC DANS	C Form 3)	Use separate schedule(s) for each category of the Detailed Summary Page				
ME OF COMMITTEE (In Committee to Elect				Transact	tion ID : 101-2	
LOAN SOURCE Full Na Shores, Daniel, L,	•	dle Initial)		Memo Item	Election: 2014 X Primary General	
Mailing Address 14 Dewey Avenue					Other (specify)	
City Sandwich		State MA	ZIP Code 02563)	Personal Funds of the Candidat	
Original Amount of Loa	n 2000.00	Cumulative Pa	yment To D	ate Balar 0.00	nce Outstanding at Close of This Perio 2000.00	
TERMS Date Incu M01 ^M / D05 ^D /	Y Ž014 Y		Date Due	Interest Rate (If none, enter NA ^Y Y 0.0	0)	
List All Endorsers or G 1. Full Name (Last, Firs		Loan Source	1	Name of Employer		
Mailing Address			(Occupation		
City	State	ZIP Code	(Amount Guaranteed Outstanding:	y y	
2. Full Name (Last, First	t, Middle Initial)		1	Name of Employer		
Mailing Address				Occupation Amount		
City	State	ZIP Code		Guaranteed Outstanding:	7 7 7	
3. Full Name (Last, First	t, Middle Initial)		1	Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
4. Full Name (Last, First	t, Middle Initial)		I	Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code	(Amount Guaranteed Outstanding:	y	
UBTOTALS This Period T	his Page (optional)			• · · ·	2000.00	
	bage in this line only			H	206000.00	

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS Excluding Loans			(Use separate schedule(s) for each numbered line)	PAGE 11 OF 11 FOR LINE NUMBER: (check only one) 9 10	
NAME OF COMMITTEE (In Full)			-		
Committee to Elect D	an S	hores			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Plymouth Bay Consulting			Complianc	Nature of Debt (Purpose): Compliance Consulting (Contract Bonus Agreement)	
Mailing Address 7 Alvin Rd					
City Plymouth	State MA	Zip Code 02360			
Outstanding Balance Beginning This Period	1		Transactio	on ID : 764-	
10200.00					
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00		0.0	0	10200.00	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Shores, Daniel, L, ,				ebt (Purpose): ous Expenses (FaceBook Boosts &	
Mailing Address 14 Dewey Avenue			,		
City Sandwich	State MA	Zip Code 02563			
Outstanding Balance Beginning This Period	ł		Transactio	on ID : 652-	
2151.85					
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00		0.0	0	2151.85	
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cr	editor	Nature of D	ebt (Purpose):	
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period	1				
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
· · · · · · · · · · · · · · · · · · ·		· · · · · · · ·		-y	
1) SUBTOTALS This Period This Page (optional)			··· •	12351.85	
2) TOTALS This Period (last page this line number only)			••• •	12351.85	
3) 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	