07/01/2020 06:05

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### REPORT OF RECEIPTS **AND DISBURSEMENTS**

PONIVI 3	For An Au	uthorized Com	mittee	(	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT	• —	cample: If typing, ty er the lines.	/pe 12FE4M5	
Committee to Elect Da	an Shores				
ADDRESS (number and street)	7 Alvin Rd				
Check if different					
than previously reported. (ACC)	Plymouth			MA L	02360
2. <b>FEC IDENTIFICATION N</b>	UMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C00556217		3. IS THIS REPORT	NEW (N) C	AMENDE (A)	STATE ▼ DISTRICT  MA  09  09
4. TYPE OF REPORT (Cr	noose One)	(b) 12-Day <b>PRE</b>	-Election Report fo	or the:	
(a) Quarterly Reports:		(,, .= -3,			
April 15 Quarterly	Report (Q1)	ᆜ	Primary (12P)	General (12	G) Runoff (12R)
July 15 Quarterly F	7		Convention (12C)	Special (12	S)
July 15 Quarterly F	Report (Q2)		M M / D	D / Y Y Y Y	in the
October 15 Quarte	erly Report (Q3)	Election on			State of
January 31 Year-E	nd Report (YE)	(c) 30-Day <b>POS</b>	T-Election Report	for the:	
			General (30G)	Runoff (30F	Special (30S)
Termination Report	t (TER)	Election on	M M / D	D / Y Y Y Y Y	in the State of
5. Covering Period	M / D D /	<sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> 2020	through	M M / D D / 30	Y Y Y Y 2020
I certify that I have examined the	Shores, James		nowledge and belie	ef it is true, correct and	complete.
Sho	res, James, L, Mr.,		[Electronically Filed	Date	/ 01 / Y Y Y Y Y 2020
NOTE: Submission of false, erron	eous, or incomplete	e information may	subject the person	signing this Report to the	penalties of 52 U.S.C. §30109
Office					FF0 F0DM 0
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

2020 04 2020 06 30 30 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

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
1. C	ONTRIBUTIONS (other than loans) FROM:			
(a	•			
	Political Committees	0.00	0.00	
	(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	
		0.00	0.00	
(b (c		0.00	0.00	
(C	(such as PACs)	0.00	0.00	
	(000) 00 // (00)		7 7 7	
(d	d) The Candidate	0.00	0.00	
(e	•			
	(other than loans)	200		
	(add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00	
2. TI	RANSFERS FROM OTHER			
Α	UTHORIZED COMMITTEES	0.00	0.00	
3 10	OANS:			
0. L				
	Candidate	0.00	0.00	
		0.00	0.00	
(b	•	0.00	0.00	
(c	c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00	
	(add Lines To(a) and (b))	9 9		
	FFSETS TO OPERATING			
	XPENDITURES	0.00	745.85	
(F	Refunds, Rebates, etc.)	0.00	145.00	
5. O	THER RECEIPTS			
	Dividends, Interest, etc.)	0.00	0.00	
	OTAL RECEIPTS (add Lines			
1	1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	0.00	745.85	
(C	carry total to Line 24, page 4)	9	9 9 9	

**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.	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	
	(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)	0.00	1837.34	
	III. CASH SU	JMMARY		
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	927.56	
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	0.00	
25.	SUBTOTAL (add Line 23 and Line 24)		927.56	
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	m Line 22)	0.00	
27.	CASH ON HAND AT CLOSE OF REPORTING (subtract Line 26 from Line 25)		927.56	

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.

Use separate schedule(s) for each category of the

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

11

Detailed Summary Page 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** 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.

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

PAGE 8
FOR LINE NUMBER: (check only one)

X	13a
	13b

							130
AME OF COMMITTEE (In Full)  Committee to Elect Dan Sho	res				Transa	ction ID : 103-4	
LOAN SOURCE Full Name (Last,	First, Mid	ddle Initial)			Memo Item	Election: 2014	
Shores, Daniel, L, ,					ivienio item	x Primary	
	Offices, Barner, E., ,					General	
Mailing Address 14 Dewey Avenue						Other (specify)	
City		State	ZIP Cod	de			
Sandwich		MA	02563			Personal Funds of the Car	ididate
Original Amount of Loan		Cumulative Pay	yment To	Date	Bala	ance Outstanding at Close of This	Period
150000	.00	7		0.00	)	150000.00	)
TERMS Date Incurred		D	ate Due		Interest Rate (If none, ente		
<sup>M</sup> 03 <sup>M</sup> / <sup>D</sup> 25 <sup>D</sup> / Y Ž014	Υ	M M / D D	/ Y	YNA Y		.00	<b>x</b> No
List All Endorsers or Guarantors	(if any) t	o Loan Source					
1. Full Name (Last, First, Middle II	,			Name of Em	ployer		
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code Guaranteed Outstanding:		7 7			
2. Full Name (Last, First, Middle In	itial)	'		Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code Guaranteed Outstanding:		9 9			
3. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:		7	
4. Full Name (Last, First, Middle In	itial)			Name of Employer			
Mailing Address				Occupation			
				Amount			
City	State	ZIP Code		Guaranteed Outstanding:		y y y	
SUBTOTALS This Period This Page (o	optional)						$\overline{}$
TO THE THIS I GIVE THIS FAYE (C	יףווטוומו).					150000.00	,
TOTALS This Period (last page in this	line only	/)			▶		
Carry outstanding balance only to LIF	NE 3, Scl	nedule D, for this	s line. If	no Schedule	D, carry for	ward to appropriate line of Sumr	mary.

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

PAGE FOR LINE NUMBER: (check only one)

**X** 13a

				Detailed of	arriiriary r ag	C		13b
AME OF COMMITTEE (In Full) Committee to Elect Dan Sh	ores				Transact	tion ID : 102-4		
LOAN SOURCE Full Name (Last		ddo Initial)			<u> </u>	Floation: 004		
Shores, Daniel, L, ,  Mailing Address 14 Dewey Avenue		Memo Item	Primary General Other (spec					
		I	T					
City Sandwich		State MA	2IP Cod 02563	le		<b>x</b> Personal	Funds of the Ca	andidate
Original Amount of Loan  Cumulative Payment To  5000.00			Date 0.00	Balar	nce Outstanding	at Close of Thi		
TERMS Date Incurred		D	ate Due		nterest Rate If none, enter		Secured:	
<sup>M</sup> 02 <sup>M</sup> / <sup>D</sup> 02 <sup>D</sup> / Y Ž014	Y	M M / D D	/ Y	YNA Y	0.0		Yes	x No
List All Endorsers or Guarantors		o Loan Source						
1. Full Name (Last, First, Middle	Initial)			Name of Emp	loyer			
Mailing Address	Mailing Address			Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7		
2. Full Name (Last, First, Middle Initial)				Name of Emp	loyer			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7		]
3. Full Name (Last, First, Middle	nitial)	<u>.</u>		Name of Emp	loyer			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7		]
4. Full Name (Last, First, Middle	nitial)	'		Name of Emp	loyer			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7		]
SUBTOTALS This Period This Page	(optional)				· [	,	5000.0	00
FOTALS This Period (last page in th	is line only	/)				, , , ,	7	
Carry outstanding balance only to L	INE 3, Sch	nedule D, for this	s line. If n	o Schedule D	, carry forw	ard to appropri	ate line of Sun	nmary.

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

FOR LINE NUMBER: (check only one)

PAGE 10

13a

OF

		100	
NAME OF COMMITTEE (In Full)  Committee to Elect Dan Shores		Transaction ID : 101-2	
LOAN SOURCE Full Name /Last First M	iddle Initial)		
Shores, Daniel, L, ,	☐ Memo Item		
Mailing Address 14 Dewey Avenue	Other (specify) ▼		
City	City State ZIP Code		
Sandwich	MA	02563 Personal Funds of the Candidate	
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period	
2000.00		0.00 2000.00	
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)	
<sup>M</sup> 01 <sup>M</sup> / <sup>D</sup> 05 <sup>D</sup> / <sup>Y</sup> Ž01 <sup>Ž</sup> <sup>Y</sup>	M M / D D	/ Y YNAY Y 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City	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	ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		2000.00	
TOTALS This Period (last page in this line on	ly)	206000.00	
Carry outstanding balance only to LINE 3, So	chedule D, for thi	s line. If no Schedule D, carry 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)

:		
		9
	X	10

11

NAME OF COMMITTEE (In Full)

Committee to Elect D	<u>an Ono</u>	163	<u> </u>	
A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):			
Plymouth Bay Consulting	Compliance Consulting (Contract Bonus Agreement)			
Mailing Address 7 Alvin Rd				
City	-			
Plymouth	State MA	Zip Code 02360		
Outstanding Balance Beginning This Period			Transaction ID : 764-	
Amount Incurred This Period	F	ayment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	10200.00	
	,		7 7	
B. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor		Nature of Debt (Purpose):	
Shores, Daniel, L, ,			Miscellaneous Expenses (FaceBook Boosts & Fuel)	
Mailing Address 14 Dewey Avenue				
City	State	Zip Code	-	
Sandwich	MA	02563		
	1 1111	1 3233		
Outstanding Balance Beginning This Period			Transaction ID : 652-	
2151.85				
7				
Amount Incurred This Period	F	ayment This Period	Outstanding Balance at Close of This Period	
0.00		0.00	2151.85	
C. Full Name (Last, First, Middle Initial) of De	btor or Creditor		Nature of Debt (Purpose):	
Mailing Address				
City	State	Zip Code		
Outstanding Balance Beginning This Period				
9 9				
Amount Incurred This Period	F	ayment This Period	Outstanding Balance at Close of This Period	
			9 9 9	
) SUBTOTALS This Period This Page (optional	12351.85			
) TOTALS This Period (last page this line num	TOTALS This Period (last page this line number only)			
) TOTAL OUTSTANDING LOANS from Schedu	ule C (last page	only)	206000.00	
) ADD 2) and 3) and carry forward to appropri	218351.85			