Image#	2020040	1921	6571	971
mayor	20200-0		001	

PAGE 1 / 11

FEC FORM 3		ND DIS		ECEIPTS EMENTS			Office Use Only
1. NAME OF COMMITTEE (in		TYPE OR PRINT	「 ▼	Example: If typin over the lines.	g, type	12FE4M5	
	Elect Da	n Shores					
ADDRESS (number ar	nd street)	14 Dewey Ave.					
Check if dir than previo reported. (A	usly	Sandwich			<u> </u>	MA	02563
2. FEC IDENTIFIC			CITY 4		5	STATE	ZIP CODE
C C005562			3. IS THIS REPORT	NEW (N)	OR	AMEND (A)	ED STATE ▼ DISTRICT
	eports: 5 Quarterly F	eport (Q1)	(b) 12-Day F	PRE-Election Repo Primary (12P Convention (General (1) Special (12	
	Quarterly R	port (Q2) y Report (Q3)	Election	on /	D D /	Y Y Y Y	in the State of
January	/ 31 Year-En	d Report (YE)	(c) 30-Day F	POST-Election Rep General (30G		Runoff (30	R) Special (30S)
Termina	ation Report	(TER)	Election	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period		M / D D / 01	Y Y Y Y 2020	through	м м 03	/ D D / 31	Y Y Y Y 2020
I certify that I have a Type or Print Name		Shores, Jame		y knowledge and i	belief it is tru	ue, correct and	complete.
Signature of Treasure		es, James, L, Mr.,		[Electronically]	Filed] D	ate	/ D D / Y Y Y Y 01 / 2020
NOTE: Submission of Office	false, errone	ous, or incomplet	te information m	nay subject the per	son signing tl	nis Report to th	e penalties of 52 U.S.C. §30109.
Use Only							FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements PAGE 2 / 11 FEC Form 3 (Revised 05/2016) Write or Type Committee Name Committee to Elect Dan Shores М D D D D ž020 01 2020 03 31 01 Report Covering the Period: From: To: COLUMN A COLUMN B This Period **Election Cycle-to-Date** 6. 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)) 8. Cash on Hand at Close of 927.56 Reporting Period (from Line 27)..... 9. 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

Image#	20200	401921	6571973
mayem	20200	401321	0311313

	DETAILED 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:	M / D D / Y Y Y Y 1 01 2020	To: 03 / D D / Y Y Y Y 03 2020
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
(i) Unitermined	0.00	0.00
(ii) Unitemized (iii) TOTAL of contributions		7 7 7
from individuals	0.00	0.00
	0.00	
(b) Political Party Committees(c) Other Political Committees		0.00
(such as PACs)	0.00	0.00
	0.00	, , , , , , , , , , , , , , , , , , , ,
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans)		
(add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER		
AUTHORIZED COMMITTEES	0.00	0.00
	7 7 7	7 7 *
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
	y y x	
14. OFFSETS TO OPERATING		
EXPENDITURES	0.00	745.85
(Refunds, Rebates, etc.)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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
(,, page ',		

-

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 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 0.00 1837.34

(add Lines 17, 18, 19(c), 20(d), and 21)

III. CASH SUMMARY

23.	CASH ON HAND AT BEGINNING OF REPORTING 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 (from Line 22)	0.00
27.	CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	927.56

DETAILED SUMMARY PAGE

1837.34 0.00

					PAGE 5 OF 11	
CHEDULE C (FEC Form 3) OANS				Use separate schedule for each category of th Detailed Summary Pag	he (check only one) X 13a	
ame of committee to E	EE (In Full) Elect Dan Shores			Transac	ction ID : 759-10	
LOAN SOURCE Shores, Dan	Full Name (Last, First, Mic iel, L, ,	ddle Initial)		🗌 Memo Item	Election: 2014 Primary General	
Mailing Address 14 Dewey Avenue					Other (specify) v	
City Sandwich		State MA	ZIP Code 02563	e	X Personal Funds of the Candidate	
Original Amount	: of Loan 4000.00	Cumulative Pay	yment To D	Date Bala	ance Outstanding at Close of This Period	
^M 09 ^M / ^D 1	2 ^D / Y Ž014 Y	M M / D D	Date Due			
	rs or Guarantors (if any) t ast, First, Middle Initial)	o Loan Source		Name of Employer		
Mailing Addre	ess			Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:		
2. Full Name (La	st, First, Middle Initial)			Name of Employer		
Mailing Addres	SS			Occupation Amount		
City	State	ZIP Code		Guaranteed	y	
3. Full Name (La	st, First, Middle Initial)	·		Name of Employer		
Mailing Addres	SS			Occupation		
City	State ZIP Code			Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Addres	SS			Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
	Period This Page (optional) d (last page in this line only			H	4000.00	
Carry outstanding I	balance only to LINE 3, Sch	nedule D, for this	s line. If no	o Schedule D, carry forw	ward to appropriate line of Summary.	

					PAGE 6 OF 11	
CHEDULE C (FEC Form 3) OANS				Use separate schedule for each category of the Detailed Summary Pag	he (check only one) × 13a	
ame of committe	E (In Full) ect Dan Shores			Transac	ction ID : 655-9	
LOAN SOURCE F Shores, Danie	Full Name (Last, First, Mic el, L, ,	ddle Initial)		🗌 Memo Item	Election: 2014 Primary General	
Mailing Address 14 Dewey Avenue					Other (specify) ▼	
City Sandwich		State MA	ZIP Code 02563	e	Personal Funds of the Candidate	
Original Amount o	of Loan 15000.00	Cumulative Pa	yment To D	Date Bala	ance Outstanding at Close of This Peric 15000.00	
TERMS Date M09M / P031	te Incurred	M M / D D	Date Due	INA -		
List All Endorsers	or Guarantors (if any) t	o Loan Source				
	t, First, Middle Initial)			Name of Employer		
Mailing Addres	S			Occupation		
City	City State ZIP Code			Amount Guaranteed Outstanding:		
2. Full Name (Last	, First, Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y y	
3. Full Name (Last	, First, Middle 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	
	riod This Page (optional). (last page in this line only				15000.00	
Carry outstanding ba	lance only to LINE 3, Sch	nedule D, for this	s line. If no	o Schedule D, carry forv	ward to appropriate line of Summary.	

age# 20200+010210011011			1
CHEDULE C (FEC Form 3) DANS		Use separate sch for each category Detailed Summary	of the (check only one) × 13a
AME OF COMMITTEE (In Full) Committee to Elect Dan Shores	i	Tra	nsaction ID : 653-7
LOAN SOURCE Full Name (Last, First, Shores, Daniel, L, ,	, Middle Initial)		Item Election: 2014
Mailing Address 14 Dewey Avenue			Other (specify) ▼
City Sandwich	State MA	ZIP Code 02563	Personal Funds of the Candidat
Original Amount of Loan	Cumulative Pa	yment To Date	Balance Outstanding at Close of This Perio
30000.00		0.00	30000.00
TERMS Date Incurred M08 ^M / D29 ^D / Y Ž014 Y	M M / D C	INA	
List All Endorsers or Guarantors (if an	ny) to Loan Source		
1. Full Name (Last, First, Middle Initial)	I	Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · ·
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	1	Name of Employer	
Mailing Address		Occupation	
City Stat	e ZIP Code	Amount Guaranteed Outstanding:	· · · · · · · · · · · · · · · · · · ·
UBTOTALS This Period This Page (option			30000.00

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

					PAGE 8 OF 11	
CHEDULE C (FEC Form 3) OANS				Use separate schedule(s) for each category of the Detailed Summary Page		
IAME OF COMMITTEE (In Full) Committee to Elect Dan Shor	es			Transac	tion ID : 103-4	
LOAN SOURCE Full Name (Last, F Shores, Daniel, L, ,	irst, Mic	ddle Initial)		Memo Item	Election: 2014 Primary General	
Mailing Address 14 Dewey Avenue					Other (specify) ▼	
City Sandwich		State MA	ZIP Cod 02563	е	Y Personal Funds of the Candidate	
Original Amount of Loan		Cumulative Pay	yment To [Date Bala	nce Outstanding at Close of This Period	
150000.0	00			0.00	150000.00	
TERMS Date Incurred		D	ate Due	Interest Rate (If none, enter		
M03M / D25D / Y Ž01Ă	Y	M M / D D	/ Y	^Y NA ^Y Y 0.	00 % (apr) Yes ¥ No	
List All Endorsers or Guarantors (in	.,	o Loan Source		Name of Employer		
1. Full Name (Last, First, Middle Ini	tiai)			Name of Employer		
Mailing Address				Occupation Amount		
City	City State ZIP Code			Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initi	ial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y	
3. Full Name (Last, First, Middle Initi	ial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	y 1 y 1 y 1 y	
4. Full Name (Last, First, Middle Initial)				Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	9 1 9 1 9 1	
SUBTOTALS This Period This Page (or					150000.00	
TOTALS This Period (last page in this I Carry outstanding balance only to LINI					vard to appropriate line of Summarv.	

				PAGE 9 OF 11	
CHEDULE C (FEC Form 3) OANS			Use separate schedule(s) for each category of the Detailed Summary Page		
AME OF COMMITTEE (In Full) Committee to Elect Dan Shores			Transac	tion ID : 102-4	
LOAN SOURCE Full Name (Last, First, Mid Shores, Daniel, L, ,	ddle 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 Candidate	
Original Amount of Loan	Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Perio	
5000.00		7	0.00	5000.00	
TERMS Date Incurred	C	Date Due	Interest Rate (If none, enter		
M02M / D02D / Y Ž01Ă Y	M M / D D	/ Y	^Y NA ^Y ^Y 0.0		
List All Endorsers or Guarantors (if any) t	to Loan Source		Name of Employer		
1. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation Amount		
City State	City State ZIP Code			Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)			Name of Employer		
Mailing Address			Occupation		
City State	ZIP Code		Amount Guaranteed Outstanding:	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 y 1 x 1	
SUBTOTALS This Period This Page (optional).				5000.00	
TOTALS This Period (last page in this line only Carry outstanding balance only to LINE 3, Scl				and to appropriate line of Summary	

Detailed Summary Page Image: Summary Page IAME OF COMMITTEE (in Full) Transaction ID : 101-2 Committee to Elect Dan Shores Image: Summary Page IDAM SOURCE Full Name (Last, First, Middle Initial) Image: Summary Page Mailing Address Image: Summary Page Original Amount of Loan Cumulative Payment To Date Detailing Address Image: Summary Page Image: Summary Page Image: Summary Page Image: Summary Page Image: Summary Page Original Amount of Loan Cumulative Payment To Date Detailors or Guarantors (if any) to Loan Source Image: Summary Page 1. Full Indorsers or Guarantors (if any) to Loan Source Image: Summary Page 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Amount Guaranteed Outstanding; City State ZIP Code Amount Guaranteed Outstanding; City State ZIP Code Amount Guaranteed Outstanding; City St	HEDULE C (FEC	Form 3)			Use separate schedule		
Consistence Loan Source Full Name (Last, First, Middle Initial) □ Memo Item Election: 2014 Shores, Daniel, L, , □ Pirmany General Other (specify) ▼ Alling Address 0 Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ City State ZIP Code 0.00 2000.0 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of Thi 0.00 0.00 0.00 2000.0 TERMS Date Incurred Date Due Interest Rate 0.01 0.02 0.00 %6 (apr) Yes 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 Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation 0.11 State ZIP Code Outstanding: 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	ANS						
Shores, Daniel, L, , Image: Constraint of the constraint	•	,			Transac	tion ID : 101-2	
Onlose, Darlier, E., , Mailing Address Original Amount of Loan Ourulative Payment To Date Balance Outstanding at Close of This 2000.00 TERMS Date Incurred 2000.00 0.00 2000.00 0.00 2000.00 0.00 2000.00 0.00 2000.00 0.00 2000.00 0.00 2000.00 0.00 2000.00 0.00 2000.00 2000.00 2000.00 0.00 2000.00 2000.00 2000.00 2000.00 2000.00 2000.00 2000.00 2001.4 ** Mailing Address 0.ccupation Amount City State ZIP Code Occupation Amount City State ZIP Code Occupation A		•	Idle Initial)		Memo Item		
14 Devey Avenue State ZIP Code City State ZIP Code Sandwich MA 02563 Image: Personal Funds of the Ca Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of Thi 2000.00 0.00 0.00 2000.00 TERMS Date Incurred Date Due Interest Rate M01 ^M 0.00 7 Y NA Y Y 0.00 M1 Provide Integration 0.00 9% (apr) Y ves List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 0.00 9% (apr) Mailing Address Occupation Amount 0.00 4 0.00 2. Full Name (Last, First, Middle Initia) Name of Employer 0.00 4 0.00 4 Mailing Address Occupation Amount 0.00 4 4 4 0.ty State ZIP Code Occupation 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 <	Shores, Daniel, L,	,					
Sandwich MA 02563 Personal Funds of the Ca Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This 2000.00 Date Due Interest Rate 2000.00 TERMS Date Incurred Date Due Interest Rate Secured: 1 1 0.00 2000.00 9% (apr) ves List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 0.00 9% (apr) ves 1. Full Name (Last, First, Middle Initial) Name of Employer Amount Quaranteed Outstanding: 0.00 0.00 9% (apr) ves 2. Full Name (Last, First, Middle Initial) Name of Employer Mame of Employer Mamunt Occupation Amount City State ZIP Code Occupation Amount Outstanding: 0.00	Mailing Address 14 Dewey Avenue					Other (specify) v	
Sandwich MA U2003 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This 2000.00 0.00 0.00 2000.00 TERMS Date Incurred Date Due Interest Rate (if none, enter 0) 9% (apr) W01 ^M / P05 ^D / Y 2014 Y M M / P R / Y NA Y Y 0.00 9% (apr) Secured: W01 ^M / P05 ^D / Y 2014 Y M M / P R / Y NA Y Y 0.00 9% (apr) Secured: Mailing Address Occupation Amount Guaranteed Outstanding: 0.00 9% (apr) Secured: City State ZIP Code Outstanding: 0.00 9% (apr) Secured: City State ZIP Code Outstanding: 0.00 9% (apr) Secured: City State ZIP Code Outstanding: 0.00 9% (apr)	City		State	ZIP Code	9		
Z000.00 Date	Sandwich		MA	02563		Personal Funds of the Candidate	
TERMS Date Incurred Date Due Interest Rate Secured: M01 ⁴¹ / 005 ⁰ / 2014 ² M M / 000 / 200	Original Amount of Loan		Cumulative Pa	yment To D	Date Bala	nce Outstanding at Close of This Peric	
M01M * 05° Y 2014 ** M M P D Y NAY ** 0.00 % (apr) Yes List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 0.00 % (apr) Yes 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Gity State ZIP Code Occupation Amount Guaranteed Outstanding:		2000.00	9	7	0.00	2000.00	
Use and the set of the s	TERMS Date Incur	red	C	Date Due			
1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Mailing Address Occupation Mailing Address Occupation City State ZIP Code Mailing Address Occupation Armount Guaranteed Outstanding: , , , , , , , , , , , , , , , , , , ,	M01 ^M / D05 ^D /	^ү Ž014́ ^ү	M M / D D) / Y Y	^Y NA ^Y Y 0.0	00	
Mailing Address Occupation Amount Amount City State ZIP Code 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Guaranteed Occupation Amount Guaranteed Outstanding:	List All Endorsers or Gu	uarantors (if any) to	o Loan Source				
Amount Amount City State ZIP Code Quaranteed Outstanding:	1. Full Name (Last, First	, Middle Initial)			Name of Employer		
City State ZIP Code Guaranteed Outstanding: Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Mailing Address Occupation 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Mailing Address Occupation Kull Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Mailing Address Occupation Mailing Address Occupation Mailing Address IP Code Mailing Address Occupation Mailing Address IP Code Mailing Address Occupation Mailing Address IP Code Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Totage (State Vierone) ZIP Code	Mailing Address				Occupation		
Mailing Address Occupation City State ZIP Code 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Mailing Address Occupation City State ZIP Code Mailing Address Occupation Amount Guaranteed City State ZIP Code Mailing Address Occupation Mailing Address Occupation Mailing Address Occupation Mailing Address Occupation City State ZIP Code Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding:	City	State	ZIP Code		Guaranteed	y	
City State ZIP Code Amount 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: V State ZIP Code Outstanding: , , , , , , , , , , , , , , , , , , ,	2. Full Name (Last, First,	Middle Initial)			Name of Employer		
City State ZIP Code Guaranteed Outstanding: Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Mailing Address Occupation City State ZIP Code Mailing Address Occupation	Mailing Address				Occupation		
City State ZIP Code Outstanding: , , , , , , , , , , , , , , , , , , ,							
Mailing Address Occupation City State ZIP Code 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Quaranteed Outstanding: Amount Mailing Address Occupation City State ZIP Code Occupation	City	State	ZIP Code			y	
City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Amount Guaranteed Outstanding:	3. Full Name (Last, First,	Middle Initial)			Name of Employer		
City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding:	Mailing Address				Occupation		
Outstanding: Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Guaranteed Outstanding: Outstanding: , , , , , , , , , , , , , , , , , , ,							
Mailing Address Occupation City State ZIP Code Guaranteed Outstanding: , , , , , , , , , , , , , , , , , , ,	City	State	ZIP Code			y y y y	
City State ZIP Code Amount Guaranteed Outstanding: 7 7	4. Full Name (Last, First,	Middle Initial)			Name of Employer		
City State ZIP Code Guaranteed Outstanding:	Mailing Address				Occupation		
UBTOTALS This Period This Page (optional)	City	State	ZIP Code		Guaranteed	y	
UBTOTALS This Period This Page (optional) 2000.0							
	JBTOTALS This Period Th	iis Page (optional)			·····	2000.00	
OTALS This Period (last page in this line only) 206000.0	DTALS This Period (last pa	age in this line only)			206000.00	

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

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS	(Use separate schedule(s)	PAGE 11 OF 11 FOR LINE NUMBER:			
Excluding Loans			for each numbered line)	(check only one) 9	
NAME OF COMMITTEE (In Full)					
Committee to Elect D	an Sł	nores			
A. Full Name (Last, First, Middle Initial) of D Plymouth Bay Consulting	ebtor or Cre	ditor		ebt (Purpose): e Consulting (Contract Bonus t)	
Mailing Address 7 Alvin Rd					
City Plymouth	State MA	Zip Code 02360			
Outstanding Balance Beginning This Period			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	00	10200.00	
B. Full Name (Last, First, Middle Initial) of De	btor or Cred	ditor	Nature of D	ebt (Purpose):	
Shores, Daniel, L, ,				ous Expenses (FaceBook Boosts &	
Mailing Address 14 Dewey Avenue					
City Sandwich	State MA	Zip Code 02563			
Outstanding Balance Beginning This Period		1	Transactio	on ID : 652-	
2151.85					
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
0.00	0.00 0.00				
C. Full Name (Last, First, Middle Initial) of D	ebtor or Cre	ditor	Nature of D	ebt (Purpose):	
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period					
		Decision of This Decision			
Amount Incurred This Period		Payment This Period	Outstandi	ng Balance at Close of This Period	
		9 9 9		-y	
1) SUBTOTALS This Period This Page (optiona	l)		••• •	12351.85	
2) TOTALS This Period (last page this line num	···· •	12351.85			
3) TOTAL OUTSTANDING LOANS from Sched	···· •	206000.00			
4) ADD 2) and 3) and carry forward to approp	nly) 🕨	218351.85			