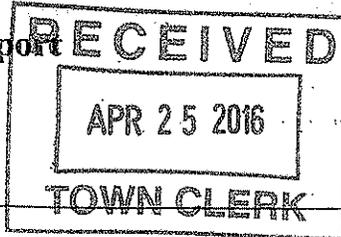




Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates: Reporting Period Beginning ^{Month} 02 ^{Date} 17 ^{Year} 2016 Ending ^{Month} 04 ^{Date} 25 ^{Year} 2016

Type of report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Vincent G BREGLIA
Full Name of Candidate (if applicable)
Selectman, PROVINCETOWN
Office Sought and District
18 Pleasant St. Provincetown
Residential Address
Tel. No. (optional)

Vincent Breglia For Selectman
Committee Name
Mitchell Baker
Name of Committee Treasurer
PO Box 1628
Committee Mailing Address
Prov. ncetown MA 02657
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	\$	<u>0</u>
Line 2: Total receipts this period (page 2, line 11)	\$	<u>1000.00</u>
Line 3: Subtotal (line 1 plus line 2)	\$	<u>1000.00</u>
Line 4: Total expenditures this period (page 3, line 14)	\$	<u>979.96</u>
Line 5: Ending balance (line 3 minus line 4)	\$	<u>\$20.04</u>
Line 6: Total in-kind contributions this period (page 4)	\$	
Line 7: Total (all) outstanding liabilities (page 4)	\$	
Line 8: Name of bank(s) used		<u>Seamen's Bank Commercial St Provincetown</u>

Affidavit of Committee Treasurer:
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:
Mitchell Baker Date 4.25.16
Treasurer's signature (in ink)

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Affidavit of Candidate: (check 1 box only)
 Candidate with Committee and no activity independent of the committee
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.
 Candidate without Committee OR Candidate with independent activity filing separate report
I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:
[Signature] Date 4.25.16
Candidate signature (in ink)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
4.15.16	CYNTHIA B. GAST P.O. Box 1401 PROVINCETOWN MA 02657	25	-	
4.25.16	VINCENT BRIGLIA For Selectman	950	-	LORD
Line 9: Total receipts in excess of \$50 (or listed above)				
Line 10: Total receipts \$50 and under* (not listed above)		25	-	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1000	00	Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	- NONE -			
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
4/15	Vincent Breglia	18 Pleasant St Provincetown	Loan	950-
Line 18: OUTSTANDING LIABILITIES (ALL)				950-

Enter on page 1, line 7



Office of Campaign and Political Finance

Commonwealth of Massachusetts

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 4-25-16

Name of Individual Being Reimbursed: ~~GIORGIO DEBEO~~ VINCENT BREGLIA

Committee Name: VINCENT BREGLIA FOR SELECTMAN

CPF ID Number (if applicable): 81-1809826 Telephone Number (optional): 774-487-8442

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/17	UPrinting	8000 HASKELL AVE VAN NUYS CA 91406	Campaign STICKERS	204.29
3/13	VISTA Print	95 HAYDEN AVE LEXINGTON MA 02421	YARD SIGNS	115.24
3/31	Imprint	14550 BECHTOLD ST HOUSTON TX 77083	YARD SIGNS	139.69
4/5	Crown + Anchor	247 COMMERCIAL ST PROVINCETOWN MA 02657	MEET + GUESTS	240.75
4/8	Uprinting	8000 HASKELL AVE VAN NUYS CA 91406	Campaign STICKERS	279.99
(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above):				979.96
Line 2: Expenditures \$50 or under (not itemized):				—
Line 3: TOTAL AMOUNT REIMBURSED:				979.96

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 4-25-16