



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

Fill in Reporting Period dates: Beginning Date: 4/30/2016 Ending Date: 6/6/2016

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

Edward Andrew Prisby  
Candidate Full Name (if applicable)  
Selectman for Town of Grafton  
Office Sought and District  
25 Danielle Dr. Grafton, MA 01519  
Residential Address  
E-mail: eprisby@gmail.com  
Phone # (optional): \_\_\_\_\_

Committee to Elect Ed Prisby  
Committee Name  
Nicole Prisby  
Name of Committee Treasurer  
25 Danielle Dr. Grafton, MA 01519  
Committee Mailing Address  
E-mail: Committeetoelectedisby@gmail.com  
Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ 1591.21
Line 2: Total receipts this period (page 3, line 11)	\$ 589.00
Line 3: Subtotal (line 1 plus line 2)	\$ 2180.21
Line 4: Total expenditures this period (page 5, line 14)	\$ 2105.04
Line 5: Ending Balance (line 3 minus line 4)	\$ 75.17
Line 6: Total in-kind contributions this period (page 6)	\$ 0/NA
Line 7: Total (all) outstanding liabilities (page 7)	\$ 0
Line 8: Name of bank(s) used:	<u>UniBank</u>

RECEIVED TOWN CLERK  
GRAFTON, MA

**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: Middlemisley (Treasurer's signature) Date: \_\_\_\_\_

### FOR CANDIDATE FILINGS ONLY: 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] (Candidate's signature) Date: 6/13/16





## SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/16/2016	Pay Pal	paypal.com	Fees/service charges	\$53.53
5/16/2016	Edward Prisby	25 Danielle Dr. Grafton, MA 01519	reimbursement for Holden Landmark Corp - printed ad 5/9/16	\$360.00
5/16/2016	Edward Prisby	25 Danielle Dr. Grafton, MA 01519	reimbursement for Stop & Shop 5/16/16 - Thank You Dinner	\$85.87
5/17/2016	Edward Prisby	25 Danielle Dr. Grafton, MA 01501	reimbursement for Grafton Discount Liquors - Thank You Dinner 5/17/16	\$89.53
5/31/2016	Edward Prisby	25 Danielle Dr. Grafton, MA 01519	reimbursement for Facebook 5/31/16 - social media	\$135.68
5/9/2016	Michael Sewly	65 North St. Main N. Grafton, MA 01536	marketing	\$596.35
5/16/2016	Sunshine Signs	121 Westboro Rd. N. Grafton, MA 01536	20 signs/stakes	\$255.00
4/30/2016	US Postal Service	23 Upton St. Grafton, MA 01519	460 stamps for mailers	\$216.20
5/11/2016	US Postal Service	23 Upton St. Grafton, MA 01519	260 stamps for mailer # 2	\$122.20
Line 12: Total Expenditures over \$50 (or listed above)				\$1912.36
Line 13: Total Expenditures \$50 and under* (not listed above)				\$192.68
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>\$2105.04</b>

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.









# Form CPF R 1: Itemization of Reimbursements

## 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: <span style="border: 1px solid black; padding: 2px;">5/16/2016</span>
Name of Individual Being Reimbursed: <span style="border: 1px solid black; padding: 2px;">Edward Prisby</span>	
Committee Name: <span style="border: 1px solid black; padding: 2px;">Committee to Elect Ed Prisby</span>	
CPF ID Number (if applicable): <span style="border: 1px solid black; padding: 2px;"> </span>	Telephone Number (optional): <span style="border: 1px solid black; padding: 2px;"> </span>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/9/2016	Holden Landmark Corp.	22 West Street Suite 31 Millbury, MA 01537	print ad in Grafton News	\$ 360. <sup>00</sup>

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<span style="border: 1px solid black; padding: 2px;">\$ 360.<sup>00</sup></span>
	Line 2: Expenditures \$50 or under (not itemized):	<span style="border: 1px solid black; padding: 2px;">∅</span>
	<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<span style="border: 1px solid black; padding: 2px;">\$ 360.<sup>00</sup></span>

**Signed under the penalties of perjury:**

_____ Signature of Candidate / Treasurer	Date: <span style="border: 1px solid black; padding: 2px;">6/13/2016</span>
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Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

# Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

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Boston, MA 02108  
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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: 5/16/2016

Name of Individual Being Reimbursed: Edward Pnsby

Committee Name: Committee to Elect Ed Pnsby

CPF ID Number (if applicable):

Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/16/2016	Stop and Shop	100 Worcester St. Grafton, MA 01519	Thank You Dinner for Supporters 5/17/16	\$85.87

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): \$85.87

Line 2: Expenditures \$50 or under (not itemized): 0

Line 3: TOTAL AMOUNT REIMBURSED: \$85.87

igned under the penalties of perjury:

Munde Rusly  
Signature of Candidate / Treasurer

Date: 6/13/2016

Please prepare a separate report for each reimbursement check issued by the committee.



# Form CPF R 1: Itemization of Reimbursements

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of Massachusetts

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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: 5/17/2016

Name of Individual Being Reimbursed: Edward Prisby

Committee Name: Committee to Elect Ed Prisby

CPF ID Number (if applicable):  Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/17/2016	Grafton Discount Liquors	77 Worcester St. N Grafton, MA 01536	Thank You Dinner for Supporters 5/17/16	\$87.53

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	\$87.53
Line 2: Expenditures \$50 or under (not itemized):	0
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<b>\$87.53</b>

gued under the penalties of perjury:

Michelle Prisby  
Signature of Candidate / Treasurer

Date: 6/13/2016

Please prepare a separate report for each reimbursement check issued by the committee.

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# Form CPF R 1: Itemization of Reimbursements

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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: 5/31/2016

Name of Individual Being Reimbursed: Edward Prsby

Committee Name: Committee to Elect Ed Prsby

CPF ID Number (if applicable):  Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
5/31/2016	Facebook	facebook.com	Social media	\$135.68

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): \$135.68

Line 2: Expenditures \$50 or under (not itemized): 0

Line 3: TOTAL AMOUNT REIMBURSED: \$135.68

gued under the penalties of perjury:

Michelle Prsby  
Signature of Candidate / Treasurer

Date: 6/13/2016

Please prepare a separate report for each reimbursement check issued by the committee.