



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

**Municipal Form** RECEIVED TOWN CLERK  
Office of Campaign and Political Finance GRAFTON, MA

2016 MAY 9 AM 8 40

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/19/2015 Ending Date: 4/29/2016

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 Drive Grafton, MA 01501  
Residential Address

E-mail: eprisby@gmail.com

Phone # (optional): \_\_\_\_\_

Committee to Elect Ed Prisby  
Committee Name

Nicole Prisby  
Name of Committee Treasurer

25 Danielle Drive Grafton, MA 01519  
Committee Mailing Address

E-mail: committeetolectedprisby@gmail.com

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ 0
Line 2: Total receipts this period (page 3, line 11)	\$ 3450.00
Line 3: Subtotal (line 1 plus line 2)	\$ 3450.00
Line 4: Total expenditures this period (page 5, line 14)	\$ 1858.79
Line 5: Ending Balance (line 3 minus line 4)	\$ 1591.21
Line 6: Total in-kind contributions this period (page 6)	\$ 0 / NA
Line 7: Total (all) outstanding liabilities (page 7)	<del>\$ 485.00</del> (to be determined) Error NP
Line 8: Name of bank(s) used:	UniBank

**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: Nicole Prisby (Treasurer's signature) Date: 5/8/2016

**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: Edward Prisby (Candidate's signature) Date: 5/11/2016

## 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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
4/21/2016	Mr & Mrs. John Carlson 42 Upton Road Grafton, MA 01519	\$100	
4/21/2016	Mr & Mrs. Peter Carlson 42 Upton Road Grafton, MA 01519	\$100	
4/29/2016	Maureen Cohen 8 Pigeon Hill Road Grafton, MA 01519	\$100	
4/18/2016	Cynthia Stone Creem 116 Huntington Road Newton, MA 02458	\$100	
4/21/2016	<del>Michelle Debatis 6 Niesson Road Grafton, MA</del> Error NLP	—	
3/16/2016	James Gallagher 31 Hollywood Dr. North Grafton, MA 01536	\$100	
4/25/2016	James Gallagher 31 Hollywood Dr. North Grafton, MA 01536	\$100	
4/18/2016	Mr & Mrs James Gibbons 4 Carroll St. Auburn, MA 01501	\$450	NA - retired; unemployed
3/16/2016	Ted Hess-Mahan 871 Watertown St. Newton, MA 02465	\$100	
4/2/2016	Laura Often 79 Old Westboro Road North Grafton, MA 01536	\$50	
4/24/2016	Mr & Mrs. Matthew Often 79 Old Westboro Road North Grafton, MA 01536	\$100	
4/17/2016	Joe Pace 1194 Swan Loop DuPont, WA 98327	\$100	
Line 9: Total Receipts over \$50 (or listed above)		next page	
Line 10: Total Receipts \$50 and under* (not listed above)		next page	
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		next page	← 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 A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/6/2016	Ronald Plante 196 Peachtree Way NE Atlanta, GA 30305	\$ 500	marketing @ UP TV
3/24/2016	Martha Prisby 28 Stack Drive Dow, NH 03304	\$ 500	unemployed
4/28/2016	David Robbins 92 George Hill Road Grafton, MA 01519	\$ 100	
4/28/2016	Sue Robbins 92 George Hill Road Grafton, MA 01519	\$ 100	
4/21/2016	Bruce Spinney 71 Potter Hill Road Grafton, MA 01519	\$ 125	
4/21/2016	Elizabeth Spinney 71 Potter Hill Road Grafton, MA 01519	\$ 125	
4/19/2016	Terri Turgeon 17 Nelson St. North Grafton, MA 01536	\$ 75	
3/16/2016	Oglesby Young 1500 Oxford Ave. Austin, TX 78704	\$ 100	
Line 9: Total Receipts over \$50 (or listed above)	\$ 3025		
Line 10: Total Receipts \$50 and under* (not listed above)	\$ 425		
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>	\$ 3450	← 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.

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.

### SCHEDULE B: EXPENDITURES

(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
4/17/16	Edward Prisby	25 Danielle Dr. Grafton, MA 01519	reimbursement for 2/27/16 GoDaddy, Inc. - website start-up	\$53.47
4/17/16	Edward Prisby	25 Danielle Dr. Grafton, MA 01519	reimbursement for 3/24/16 BuildASign.com - Signs/Stakes x 50	\$376.00
4/17/16	Edward Prisby	25 Danielle Dr. Grafton, MA 01519	reimbursement for 3/24/16 BuildASign.com - Signs/Stakes x 20	\$281.20
4/17/16	Edward Prisby	25 Danielle Dr. Grafton, MA 01519	reimbursement for 4/16/16 CVS - ~400 labels/office supplies	\$50.91
4/1/16	Michael Scully	65 North Main St. N. Grafton, MA 01536	Printing/Marketing - mailer #1 x 750; hand cards x 500	\$771.95
Line 12: Total Expenditures over \$50 (or listed above)				\$1533.53
Line 13: Total Expenditures \$50 and under* (not listed above)				\$325.26
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>\$1858.79</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.

**SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount

Line 12: Expenditures over \$50 (or listed above)	1533.53
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Line 13: Expenditures \$50 and under* (not listed above)	325.26
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Enter on page 1, line 4 →	<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>	<b>1858.79</b>
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\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
NA				
Line 15: In-Kind Contributions over \$50 (or listed above)				\$ 0
Line 16: In-Kind Contributions \$50 & under (not listed above)				\$ 0
Enter on page 1, line 6 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				\$ 0/NA

\* 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
2/27/16 - present	Michael Scully	65 North Main St. N. Grafton, MA 01536	Social media / marketing	to be determined
3/1/16	Sunshine Signs	121 Westboro Rd. N. Grafton, MA 01536	Lawn Signs / Stakes x 20	to be determined
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	to be determined



Commonwealth of Massachusetts

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

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:

Name of Individual Being Reimbursed:

Committee Name:

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

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/27/16	GoDaddy, Inc.	godaddy.com 480-505-8877	Website start-up	\$53.47

(Include items listed on Page 2) →

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

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

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

Edward Prisby  
Signature of Candidate / Treasurer

Date:

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





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Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

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

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/24/16	BuildASign.com	11525A Stonehollow Dr. Suite 100 Austin, TX 78758	Lawn Signs/Stakes x 50	\$ 376.00

(Include items listed on Page 2) →

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

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

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

*Edward Prisby*  
Signature of Candidate / Treasurer

Date:

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



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Date of Reimbursement:

Name of Individual Being Reimbursed:

Committee Name:

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

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
3/24/2016	BuildASign.com	11525A Stonehollow Dr. Suite 100 Austn, TX 78758	Lawn Signs/Stakes x 20	\$ 281.20

(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above):

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

Line 3: TOTAL AMOUNT REIMBURSED:

Signed under the penalties of perjury:

Middlebury  
Signature of Candidate / Treasurer

Date:

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



Commonwealth of Massachusetts

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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:

Name of Individual Being Reimbursed:

Committee Name:

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

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
4/16/2016	CVS Pharmacy	100 Worcester Rd. N. Grafton, MA 01536	Labels (≥400)/office Supplies	\$ 50.91

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input type="text" value="56.91"/>
Line 2: Expenditures \$50 or under (not itemized):	<input type="text" value="0"/>
<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<input type="text" value="50.91"/>

Signed under the penalties of perjury:

Michelle Prisby  
Signature of Candidate / Treasurer

Date:

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