



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
HANSON, MA

Q

14 JAN 21 AM 10:07

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning 08 19 2013 Ending 12 31 2013

Type of report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Full Name of Candidate (if applicable)

Office Sought and District

Residential Address

Tel. No. (optional)

BUILDING HANSON'S FUTURE
(FORMERLY KNOWN AS "OPERATION
BUILDING OUR FUTURE")

Name of Committee Treasurer

JOSEPH A. O'SULLIVAN

Committee Mailing Address

625 WEST WASHINGTON ST.
HANSON, MA 02341 781-308-3241

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>4,615.38</u>
Line 3: Subtotal (line 1 plus line 2)	\$ <u>4,615.38</u>
Line 4: Total expenditures this period (page 3, line 14)	\$ <u>2,609.06</u>
Line 5: Ending balance (line 3 minus line 4)	\$ <u>2,006.32</u>

Line 6: Total in-kind contributions this period (page 4)	\$ <u>— 0 —</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$ <u>998.76</u>
Line 8: Name of bank(s) used	<u>ROCKLAND TRUST</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.

Joseph A. O'Sullivan
Treasurer's signature (in ink)

Signed under the penalties of perjury:

1/19/14
Date

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:

Candidate signature (in ink)

Date

PAGE 1 OF 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)
12/2/13	552 INDIAN HEAD ST., HANSON MA. Di Mascio, MARIANNE	200 00	STAFF - "APPLIANCE STANDARDS AWARENESS PROJECT" 231 BROADWAY, HANOVER, MA.
11/21/13	Di Mascio MARIANNE	200 00	SAME
9/30/13	63 MONROUSSETT ST., HANSON, MA. Di Pasqua - Egan, KATHLEEN	498 13	RETIRED
10/1/13	Di Pasqua - Egan, KATHLEEN	520 63	RETIRED
12/19/13	Di Pasqua - Egan, KATHLEEN	45 00	
12/13/13	249 HIGH ST., HANSON MA Drury DANIEL	100 00	
12/4/13	63 MONROUSSETT ST. HANSON MA Egan, JAMES	200 00	RETIRED
12/31/13	Egan, JAMES	25 00	
12/4/13	89 TRAYER DR., HANSON MA GEAGAN, KATT	50 00	
12/14/13	GEAGAN, KATT	20 00	
12/4/13	891 MAIN ST., HANSON, MA. GOMES, JENNA	25 00	
12/19/13	GOMES JENNA	30 00	
12/4/13	673 MAIN ST., HANSON, MA. HEAD, TARA	50 00	
12/19/13	HEAD, TARA	20 00	
11/18/13	HANSON PTO	500 00	HANSON PTO ORGANIZATION
Line 9: Total receipts in excess of \$50 (or listed above)		→	SEE ATTACHED PAGE 2 OF SCHEDULE A RECEIPTS FOR TOTALS
Line 10: Total receipts \$50 and under* (not listed above)		→	
Line 11: TOTAL RECEIPTS IN THE PERIOD		→	

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

PAGE 2 of 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)
12/4/13	PO BOX 31, BUZZARDS BAY, MA HOLLY HILL COMPUTERS	100 00	
12/21/13	17 EQUUS DR., HANSON, MA. HOWARD, TRACY A.	100 00	
9/27/13	625 WEST WASHINGTON ST. HANSON MA O'SULLIVAN, JOSEPH + ELIZABETH	50 00	
12/4/13	6. O'SULLIVAN, JOSEPH + ELIZABETH	70 00	
10/21/13	517 WEST WASHINGTON ST. HANSON MA SANTALUCIA, ANTONIO	50 00	
12/19/13	SANTALUCIA, ANTONIO	20 00	
11/4/13	41 HOMESTEAD LN., YARMOUTH MA STANTON, RICHARD + ALICE	100 00	
10/21/13	264 BROOK ST. HANSON MA JUTTER, ROBERT + MARYLOU	200 00	RETIRED
12/4/13	JUTTER, ROBERT + MARYLOU	100 00	
12/13/13	JUTTER, ROBERT + MARYLOU	50 00	
12/30/13	JUTTER, ROBERT + MARYLOU	346 62	RETIRED
12/13/13	49 SHARES EDGE DR., PEMBROKE MA TOCCI, ROBERT	75 00	
Line 9: Total receipts in excess of \$50 (or listed above)		3,925 38	
Line 10: Total receipts \$50 and under* (not listed above)		890 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4,815 38	Enter on page 1, line 2.

RECEIVED
 TOM HOLLERIK
 HANSON, MA
 14 JAN 21 AM 10:07

COMBINED SCHEDULE A
PAGE 1 + 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
Enter on page 1, line 6			Line 15: In-kind over \$50	
			Line 16: In-kind \$50 and under	
			Line 17: Total In-kind	

* 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
9/30/13	KATHLEEN Di PASQUA-EGAN	63 MONPONSETT ST. HANSON MA.	SIGNS (PRINTING UNLIMITED)	478.13
10/1/13	KATHLEEN Di PASQUA-EGAN	63 MONPONSETT ST. HANSON, MA.	SIGNS (PRINTING UNLIMITED)	520.63
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	998.76