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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: 2014 JAN - 8 P 12: 41
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
 Reporting Period Beginning JULY 01 2013 Ending December 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)

THE COMMUNITY FOR COMMON SENSE
 Committee Name
ROBERT R. LUNDSELL
 Name of Committee Treasurer
303 HIGH ST. HANSON MA 02341
 Committee Mailing Address
1-781-294-1647
 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>3165⁰⁰</u>
Line 3: Subtotal (line 1 plus line 2)	\$	<u>3165⁰⁰</u>
Line 4: Total expenditures this period (page 3, line 14)	\$	<u>1138³⁸</u>
Line 5: Ending balance (line 3 minus line 4)	\$	<u>2026⁶²</u>

Line 6: Total in-kind contributions this period (page 4)	\$	<u>310⁹⁸</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$	<u>- 0 -</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.
Robert R. Lundell Signed under the penalties of perjury: 1/4/14
 Treasurer's signature (in ink) 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

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)
9/29/13	34 MAQUAN ST. BAKER, JOSEPH HANSON, MA 02341	120 00	
9/20/13	247 STATE ST. BLAIC, KEVIN P. TAVICE M. HANSON, MA. 02341	30 00	
9/4/13	93 High ST LUNDELL, ROBERT R. HANSON, MA 02341	100 00	
9/4/13	27 BEECHWOOD Rd. McGAHAN, JAMES HANSON, MA. 02341	100 00	
9/19/13	64 STEVEN ST. MCKINNON STEPHEN F & MARGREEN HANSON, MA 02341	100 00	
9/11/13	406 HIGH ST. MORAY, IRIS HANSON, MA 02341	20 00	
12/2/13	P.O. Box 36 243 FRANKLIN ST. PRESIDENT TITANIUM CO. INC. HANSON, MA. 02341	1000 00	MANUFACTURING
9/11/13	97 MAQUAN ST. SAVAGE, TERRI HANSON, MA 02341	100 00	
9/19/13	176 HIGH ST. SOBER DAVID & DENISE HANSON, MA 02341	100 00	
11/22/13	P.O. Box 598 HANSON, MA 02341 SULLIVANS MOTORCYCLE & SNOWMOBILE AC.	1000 00	WHOLESAKER OF SNOWMOBILE & MOTORCYCLE PARTS
9/26/13	P.O. Box 1064 HANSON, MA 02341 TELECONSTRUCTORS, INC.	100 00	
9/4/13	303 High ST. HANSON, MA. 02341 Vess, MARK	100 00	
9/28/13	19 Jean ST. Webber, Dean HANSON, MA 02341	100 00	
9/11/13	57 MAQUAN ST. WRIGHT, ELAINE HANSON, MA. 02341	100 00	
10/2/13	594 INDIAN HEAD YOUNG, BRUCE HANSON, MA 02341	95 00	
Line 9: Total receipts in excess of \$50 (or listed above)		3165 00	
Line 10: Total receipts \$50 and under* (not listed above)		—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3165 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
10-4-13	Vess, MARK	303 HIGH ST. HANSON, MA 02341	NEWSPAPER ADVERTISING \$235.98 - 125.00 reimbursement on car expenses 110.98 BAL.	\$110.98
10-4-13	Vess, MARK	303 HIGH ST HANSON, MA 02341	LAWN SIGNS	200.00
Line 15: In-kind over \$50				310.98
Line 16: In-kind \$50 and under				-
Line 17: Total In-kind				310.98

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
				- 0 -
Line 18: OUTSTANDING LIABILITIES (ALL)				- 0 -

Enter on page 1, line 7