****PRE****

Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

Commonwealth of Massachusetts

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

RECEIVED TOWN OF HANSON MAY 8 A 9:13 Town Clerk

Fill in dates:

	Month	Date	Year		Month	Date	Year
Reporting Period Beginning	JUNE.	17	2014	Ending	APRIL	28	2015

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)
JAMES F. McGAHAN

Office Sought and District
SELECTMAN

Residential Address
27 Beechwood Rd. HANSON, MA.

Tel. No. (optional)

Committee Name
COMMITTEE TO ELECT JIM McGAHAN

Name of Committee Treasurer
ROBERT R. LUNDELL

Committee Mailing Address
27 BEECHWOOD Rd, HANSON MA.

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$ -0-
Line 2: Total receipts this period (page 2, line 11)	$ 3640.00
Line 3: Subtotal (line 1 plus line 2)	$ 3640.00
Line 4: Total expenditures this period (page 3, line 14)	$ 1804.38
Line 5: Ending balance (line 3 minus line 4)	$ 1835.62
Line 6: Total in-kind contributions this period (page 4)	$ 277.23
Line 7: Total (all) outstanding liabilities (page 4)	$ -0-
Line 8: Name of bank(s) used	ROCKLAND TRUST COMPANY

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:**

Treasurer's signature (in ink) Robert R. Lundell — **Date** 5-3-15

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) James F McGahan — **Date** 5-3-15

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)
4-13-15	AMARAL, JOSEPH & SUSAN 52 HILLCREST RD. HANSON, MA.	100 00	
4-7-15	BANUK, GARY & BARBARA 324 HOLMES ST. HANSON, MA.	100 00	
4-10-15	BOWMAR STEEL INDUSTRIES 999 MAIN ST. HANSON. MA.	200 00	STEEL WORKER
4-13-15	CONSTANTINE, CONSTANCE 510 BROCK ST. HANSON MA.	250 00	NURSE
4-7-15	DAHLBERG TOM, & BETTY 66 Hillcrest Rd Hanson, MA	250 00	MACHINIST
4-18-15	DAHLBERG, JASON 66 Hillcrest Rd Hanson	100 00	
4-10-15	HICKEY, RICHARD, S. P.O. BOX 307 E. BRIDGEWATER, MA. 02333	100 00	
4-18-15	JASPERSON, SHARON SOUTH ST., HANSON, MA.	200 00	retired
4-14-15	HOLLAND, KENNETH & NANCY 288 SOUTH ST. HANSON, MA.	100 00	
4-13-15	KNOWMAN, ALLYN & Weber, DEAN 19 JEAN ST. HANSON MA.	100 00	
4-10-15	LUNDELL, ROBERT & WENDY 93 HIGH ST. HANSON, MA.	500 00	REALESTATE / RETIRED
4-2-15	MCGAHAN, JAMES 27 BEECHWOOD DR	40 00	
4-11-15	MCGAHAN, JAMES HANSON, MA	500 00	SSB - ANALYST
4-13-15	MORWAY, IRIS 406 HIGH ST. HANSON, MA.	100 00	
4-2-15	SCOTT, WILLIAM & LOUISE 328 INDIAN HEAD ST. HANSON MA	100 00	
4-8-15	VESS, MARK & HELEN 303 HIGH ST. HANSON, MA.	300 00	RETIRED
4-7-15	WRIGHT, ELAINE 517 MAQUAN ST HANSON MA	100 00	
4-13-15	YOUNG, BRUCE & MARJORIE 594 HANSON MA NOMANSETT ST.	500 00	SELETMAN, RET. ACCT.
Line 9: Total receipts in excess of $50 (or listed above)		3640 00	
Line 10: Total receipts $50 and under* (not listed above)		—	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3640 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 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.

This page may be copied 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	
4-15-15	BOMAR STEEL IND. 999 MAIN ST. HANSON	999 MAIN ST. HANSON	REFUND OF A DONATION	200	00
4-29-15	EAST COAST	2 KEITH WAY HINGHAM, MA 02043	SIGNS (300)	1567	19
4-27-15	OFFICE MAX	1775 WASHINGTON ST HANOVER, MA.	FLYERS	37	19

Line 12: Expenditures over $50	1804	38
Line 13: Expenditures $50 and under*		
Line 14: TOTAL EXPENDITURES	1804	38

Enter on page 1, line 4

*If you have itemized expenditures of $50 and under, include them in line 12. Line 13 should include only those expenditures 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
4-15-15	JAMES McGAHAN	27 BEECHWOOD RD HANSON, MA.	WHITMAN-HANSON EXPRESS AD ON 5/14/15	$277.73

	Line 15: In-kind over $50	277.73
	Line 16: In-kind $50 and under	—
Enter on page 1, line 6	**Line 17: Total In-kind**	$277.73

* 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

Enter on page 1, line 7	**Line 18: OUTSTANDING LIABILITIES (ALL)**	

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