REVISED REPORT-

Commonwealth of Massachusetts

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

RECEIVED
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File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:
Reporting Period Beginning Month 8 Date 19 Year 2013 Ending Month 12 Date 31 Year 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
Committee Name
(FORMERLY KNOWN AS "OPERATION BUILDING OUR FUTURE")
Name of Committee Treasurer
JOSEPH A. O'SULLIVAN
625 WEST WASHINGTON ST.
Committee Mailing Address
HANSON, MA. 02341
781-308-3241 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$ -0-
Line 2: Total receipts this period (page 2, line 11)	$ 3,240.00
Line 3: Subtotal (line 1 plus line 2)	$ 3,240.00
Line 4: Total expenditures this period (page 3, line 14)	$ 739.25
Line 5: Ending balance (line 3 minus line 4)	$ 2500.75
Line 6: Total in-kind contributions this period (page 4)	$ -0-
Line 7: Total (all) outstanding liabilities (page 4)	$ 998.76
Line 8: Name of bank(s) used	ROCKLAND TRUST

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:

Joseph A. O'Sullivan 6/12/14
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)
10-7	Di Mascio, Marianne #7100 552 Indian Head St. Hanson MA	200 00	STAFF - "Appliance Standards Awareness Project" 231 Broadway, Hanover MA.
11-20	Di Mascio, Marianne #7123 same	200 00	same
12-17	Drury, Daniel 249 High St. Hanson, MA.	100 00	
12-4	Egan, James 63 Monponsett St. Hanson, MA.	200 00	Retired
12-4	Geagan, Katy 89 Thayer Dr., Hanson MA.	50 00	
12-19	Geagan, Katy same	20 00	
12-4	Gomes, Jenna 871 Main St., Hanson, MA.	25 00	
12-19	Gomes, Jenna same	30 00	
12-4	Gomes, Stephanie 616 Corwin Dr., Hanson MA.	25 00	
12-4	Gomes, Stephanie & Steven same	25 00	
12-19	Gomes, Stephanie	10 00	
12-4	Head, Tara 673 Main St., Hanson, MA.	50 00	
12-19	Head, Tara	20 00	
11-14	Hanson PTO Maquan School, School St. Hanson.	500 00	Hanson PTO Organization
12-4	Hollynick Computers Po Box 31, Buzzards Bay, MA.	100 00	
Line 9: Total receipts in excess of $50 (or listed above)		$1555 00	Pg. 1)
Line 10: Total receipts $50 and under* (not listed above)			See attached page 2 of Schedule A Receipts for totals
Line 11: TOTAL RECEIPTS IN THE PERIOD			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.

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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)
12-27	HOWARD, CHRISTOPHER + TRACY 17 EQUUS DR., HANSON, MA.	100	00	
9-27	O'SULLIVAN, JOSEPH + ELIZABETH 625 WEST WASHINGTON ST. HANSON, MA.	50	00	
12-4	O'SULLIVAN, JOSEPH + ELIZABETH	70	00	
10-7	SANTALUCIA, ANTONIO 517 WEST WASHINGTON ST. HANSON MA.	50	00	
12-19	SANTALUCIA, ANTONIO	20	00	
11-14	STANTON, RICHARD + ALICE 41 HOMESTEAD LN., YARMOUTH, MA.	100	00	
10-2	SUTTER, ROBERT + MARYLOU 264 BROOK ST. HANSON MA.	200	00	RETIRED
12-4	SUTTER, ROBERT + MARYLOU	100	00	
12-16	TOCCI, ROBERT 47 SHORES EDGE DR., PEMBROKE MA.	75	00	
		$765 - PG. 2		
		$1,555 - PG. 1		
		$2,320 - TOTAL		

Line 9: Total receipts in excess of $50 (or listed above)	$2,320	00	
Line 10: Total receipts $50 and under* (not listed above)	$920	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD	$3240	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	
10-28-13	HANSON, TOWN OF	LIBERTY ST. HANSON TOWN HALL HANSON, MA.	VOTING LISTS	200	00
12-5-13	HARDING PRINT	15 COLEBROOK BLVD. WHITMAN, MA.	PRINTING	89	25
12-4-13	GLOBE NITCHING POST RESTAURANT	48 SPRING ST. HANSON, MA.	FUNCTION EVENT	450	00

Line 12: Expenditures over $50	739	25
Line 13: Expenditures $50 and under*	— 0	—
Line 14: TOTAL EXPENDITURES	739	25

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 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

	Line 15: In-kind over $50	
	Line 16: In-kind $50 and under	
Enter on page 1, line 6	**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
9-3-13	KATHLEEN DiPASQUA-EGAN	63 MONPONSETT ST. HANSON, MA.	SIGNS (PRINTING UNLIMITED)	$478.13
10-1-13	KATHLEEN DiPASQUA-EGAN	63 MONPONSETT ST. HANSON, MA.	SIGNS (PRINTING UNLIMITED)	$520.63

Enter on page 1, line 7	**Line 18: OUTSTANDING LIABILITIES (ALL)**	$998.76

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.