



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

****POST*****

File with:

City or Town Clerk or Election Commission

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning ^{Month} MAY ^{Date} 01 ^{Year} 2013 Ending ^{Month} JUNE ^{Date} 17 ^{Year} 2013

Type of report: (Check one)

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

DAVID W. SOPER

Full Name of Candidate (if applicable)

SELECTMAN

Office Sought and District

176 HIGH ST. HANSON, MA 02341

Residential Address

1-781-294-4466

Tel. No. (optional)

COMMITTEE TO ELECT DAVID SOPER

Committee Name

ROBERT LUNDALL

Name of Committee Treasurer

176 HIGH ST HANSON, MA 02341

Committee Mailing Address

1-781-294-0298

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 1823⁷¹
Line 2: Total receipts this period (page 2, line 11) \$ 695⁰⁰
Line 3: Subtotal (line 1 plus line 2) \$ 2518⁷¹
Line 4: Total expenditures this period (page 3, line 14) \$ 2005¹⁵
Line 5: Ending balance (line 3 minus line 4) \$ 513⁵⁶
Line 6: Total in-kind contributions this period (page 4) \$ -0-
Line 7: Total (all) outstanding liabilities (page 4) \$ -0-
Line 8: Name of bank(s) used ROCKLAND TRUST

13 JUN 17 PM 12:36
RECEIVED
TOWN CLERK
HANSON, MA

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)

6/16/13

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)

6-16-13

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)
5-8-13	DONNA EASTER 02341 90 MEETING HOUSE LANE MARSON MA	100 00	
5-5-13	PETER JONES 02050-6808 34 SPYGLASS LANDING DR. MARSHFIELD MA.	75 00	
5-3-13	AMANDA MARSTON 34 MONROSE ST. HALIFAX, MA. 02338	100 00	
5-3-13	KENNETH MARSTON 02364 7 CONTINENTAL COURT KINGSTON, MA.	300 00	OWNER/SELF EMPLOYED
5-3-13	ALEX PRIMIANO 02333 15 CANOE WAY EAST BRIDGEWATER MA	100 00	
Line 9: Total receipts in excess of \$50 (or listed above)		675 00	
Line 10: Total receipts \$50 and under* (not listed above)		20 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		695 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	
5-10-13	BEST BUY MENUES	606 WASHINGTON ST. QUINCY, MA 02169	MAILER	329	38
5-16-13	BEST BUY MENUES	606 WASHINGTON ST. QUINCY, MA 02169	MAILER	329	38
5-18-13	MEADOW BROOK	1476 MAIN ST. HANSON, MA 02341	FOOD FOR CAMPAIGN WORKERS	37	19
5-10-13	SIGN A RAMA	130 WOOD RD. BRAINTREE, MA 02184	SIGN STAKES	23	91
5-18-13	SPIROS II	1064 MAIN ST. HANSON, MA 02341	FOOD FOR CAMPAIGN WORKERS	44	09
5-7-13	USPS - HANSON MPO	270 MAIN ST HANSON, MA 02341	POSTAGE	46	00
5-11-13	USPS - HANSON MPO	270 MAIN ST HANSON, MA 02341	POSTAGE	597	60
5-16-13	USPS - HANSON MPO	270 MAIN ST HANSON, MA 02341	POSTAGE	597	60
Line 12: Expenditures over \$50				1853	96
Line 13: Expenditures \$50 and under*				151	19
Line 14: TOTAL EXPENDITURES				2005	15

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