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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HANSON, MA
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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 1 - Date 1 - Year 14 Ending Month 4 - Date 30 - Year 14

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)	BUILDING HANSON'S FUTURE Committee Name
Office Sought and District	JOSEPH A. O'SULLIVAN Name of Committee Treasurer
Residential Address	625 WEST WASHINGTON ST. HANSON, MA Committee Mailing Address 02341
Tel. No. (optional)	781-308-3241 Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$ 2,500.75
Line 2: Total receipts this period (page 2, line 11)	$ 5,096.62
Line 3: Subtotal (line 1 plus line 2)	$ 7,597.37
Line 4: Total expenditures this period (page 3, line 14)	$ 5,414.98
Line 5: Ending balance (line 3 minus line 4)	$ 2,182.39
Line 6: Total in-kind contributions this period (page 4)	$ 1,150.00
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 — Treasurer's signature (in ink)

6/12/14 — 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

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)
4-9-14	AMADO, GILBERT 205 SOUTH ST, HANSON, MA.	100 00	
2-3-14	DI BONA, DOUGLAS GoFundMe 254 STATE ST., HANSON, MA.	100 00	
2-3-14	DI MASCIO, MARIANNE 552 INDIAN HEAD ST. HANSON	300 00	STAFF - "AWARENESS STANDARDS APPLIANCE PROJECT" 231 BROADWAY, HANOVER MA
4-4-14	DI MASCIO, MARIANNE SAME	500 00	STAFF - "APPLIANCE STANDARDS AWARENESS PROJECT" 231 BROADWAY, HANOVER, MA.
4-4-14	DI MASCIO, MARIANNE SAME	500 00	SAME
4-17-14	GILBERT-WHITNER, RUTH 82 LEAVITT ST., HINGHAM, MA. 02043	250 00	SUPERINTENDANT WHITMAN-HANSON REGIONAL SCHOOLS
4-17-14	HEAD, TARA 673 MAIN ST. HANSON, MA	100 00	
1-20-14	HOWARD, CHRISTOPHER 17 EQUUS DR., HANSON, MA.	200 00	BANKING FIRST CITIZEN'S FED. CRED. UNION 200 MIDDLE RD. FAIRHAVEN 0271
1-20-14	HOWARD, CHRISTOPHER	25 00	SAME
2-3-14	MARINO, PHIL GoFundMe 6 AUDUBON LN.	100 00	
3-27-14	MC CALLUM, JIM 315 ~~WASHINGTON~~ HIGH ST., PEMBROKE, MA.	100 00	
1-20-14	MUISE, PETER 80 CROSS ST., HANSON MA.	100 00	
4-9-14	O'SULLIVAN, ELIZABETH HANSON 625 WEST WASHINGTON ST.	200 00	BROCKTON HOSPITAL BROCKTON, MA.
4-9-14	O'SULLIVAN, JOSEPH HANSON 625 WEST WASHINGTON ST.	200 00	RETIRED
1-4-14	RYAN, LISA. G. 65 BIRCHBROOK DR. HANSON, MA	100 00	$2,875.00
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			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.

ATTACHED NOT A REVISED
1-1-14 TO 4-30-14

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)
4-7-14	RYAN, LISA G. 65 BIRCHBARK DR, HANSON MA	50	00	
2-3-14	SANTALUCIA, ANTONIO 517 WEST WASHINGTON ST. HANSON MA	25	00	
4-7-14	SANTALUCIA, ANTONIO SAME	25	00	
2-3-14	SANTALUCIA, ANTONIO SAME	50	00	
4-7-14	WESTERLUND, ANTONINA 30 SCHOOLSIDE LANE, GUILFORD CT.	100	00	
4-14-14	SUTTER, ROBERT & MARYLOU 264 BROOK ST. HANSON, MA.	20	00	
1-8-14	SUTTER, ROBERT & MARYLOU SAME	50	00	
1-8-14	SUTTER, ROBERT & MARYLOU SAME	346	62	RETIRED
4-7-14	TUFFO, JAMES 199 BROOKBEND RD. HANSON, MA.	100	00	
2-3-14	TUFFO, JAMES SAME	50	00	
2-3-14	ZACCARIA, DAWN 19 PROVENCE WAY, HANSON, MA.	100	00	

Line 9: Total receipts in excess of $50 (or listed above)	$3,791	62	
Line 10: Total receipts $50 and under* (not listed above)	$1,305	00	
Line 11: TOTAL RECEIPTS IN THE PERIOD	$5,096	62	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
2-3-2014	BARATA, JOHN	43 MEADOW LN. HANSON	PRINTING #157 (REIMBURSE)	147 57
2-4-14	DiPASQUA-EGAN, KATHLEEN	63 MONPONSETT ST HANSON	SIGNS (REIMBURSE) #158	520 63
2-3-2014	GO FUND ME	gofundme.com	FUND RAISING #10	82 79
2-3-2014	JOHNSON, AMY	5 VALLEY FORGE RD. HANSON, MA.	FACEBOOK #156 ADS (REIMBURSE)	114 14
1-13-14	JOHNSON, AMY	5 VALLEY FORGE RD HANSON, MA.	FACE BOOK ADS #154 (REIMBURSE)	118 26
1-2-14	MUNSTIS, ROB	11 CORNISH ST. CARVER, MA. 02330	T-SHIRTS #151	693 05
4-23-14	PRINTING UNLIMITED	63 PLYMOUTH ST. HOLBROOK, MA.	SIGNS #159	828 75
1-21-14	WEBSTER PRINTING	1069 WEST WASH. ST HANSON, MA.	PRINTING #153 & MAILING	1,741 38
1-31-14	WHITMAN-HANSON EXPRESS NEWSPAPER	1000 MAIN ST PO BOX 60 HANSON, MA.	ADVERTISING #155	950 00
1-9-14	WHITMAN-HANSON EXPRESS NEWSPAPER	1000 MAIN ST. PO BOX 60 HANSON, MA.	ADVERTISING #152	178 00

Line 12: Expenditures over $50	$5,374 57
Line 13: Expenditures $50 and under*	40 41
Line 14: TOTAL EXPENDITURES	$5,414 98

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
4-6-14	HAYES, ROBERT	80 GREENGROVE LN. HANSON, MA. 02341	PRINTING	$150.00

	Line 15: In-kind over $50	$150.00
	Line 16: In-kind $50 and under	- 0 -
Enter on page 1, line 6	Line 17: Total In-kind	$150.00

* 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 DiPASQUALE EGAN	63 MONPONSETT ST. HANSON, MA.	SIGNS (PRINTING UNLIMITED)	$418.13
10-1-13	KATHLEEN DiPASQUALE EGAN	63 MONPONSETT ST. HANSON, MA.	SIGNS (PRINTING UNLIMITED)	$520.63

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

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