Form CPF M 102: Campaign Finance Report
Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts

******PRE******

File with:
City or Town Clerk or Election Commission

Please print or type all information, except signatures.

RECEIVED
FOR PUBLIC DISCLOSURE
MAY 16 2014
OCPF

Fill in dates:

	Month	Date	Year		Month	Date	Year
Reporting Period Beginning	MAY	18	2013	Ending	APRIL	29	2014

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. LUNDELL
Name of Committee Treasurer

594 INDIAN HEAD ST. HANSON, MA 02341
Committee Mailing Address

1-781-293-5174
Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report	$ 2026.62
Line 2: Total receipts this period (page 2, line 11)	$ 11,185
Line 3: Subtotal (line 1 plus line 2)	$ 13,211.62
Line 4: Total expenditures this period (page 3, line 14)	$ 9101.40
Line 5: Ending balance (line 3 minus line 4)	$ 4110.22
Line 6: Total in-kind contributions this period (page 4)	$ 253.00
Line 7: Total (all) outstanding liabilities (page 4)	$ -0-
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:**

Robert R. Lundell
Treasurer's signature (in ink)

5/15/14
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)
3-30-14	AMARAL, Thomas & Susan 52 Hillcrest Rd. Hanson, MA. 02341	100 00	
1-11-14	Andrews, Philip J. 65 French St. P.O. Box 1 Hanson, MA. 02341	200 00	Technology
4-10-14	Andrews, Robert H. & Phyllis M. 920 Monponsett St. P.O Box 205 Monponsett, MA 02350	50 00	
3-24-14	Arnold, Joan M. 100 Lexington St. Hanson MA 02341	100 00	
4/19/14	Barker, Richard L. & Pauline A. 10 Cross St. Hanson, MA 02341-1417	25 00	
4-6-14	Black, Kevin P. & Janice M. 247 State St. Hanson, MA. 02341	100 00	
4-14-14	Bonney, David, H. High St. Hanson, MA. 02341	100 00	
4-15-14	Clemons Joanne & Allan O. 671 Indian Head St. Hanson, MA. 02341-1703	50 00	
4-15-14	Clemons, Michael R. & Patty 260 Elm St. Hanson, MA. 02341	20 00	
4-8-14	Clemons, Richard W. & Patricia 41 Village Rd. Hanson, MA 02341	25 00	
12-13-13	Colletti, Paul & Barker, Lorraine C. 207 Harvey Circle Hanson, MA. 02341	50 00	
1-9-14	Constantine, Tom, T. 510 Brooks St. Hanson, MA. 02341	250 00	Retired State Police
4-3-14	Coyle, Lila & Kendra & Kenneth 45 Liberty St. #1 Hanson, MA. 02341	150 00	
3-30-14	Croghan, Jean F. & Stephen J III 638 Main St. Hanson, MA. 02341	100 00	
3-24-14	Cummings, Joan M & John J. 45 Holmes Terrace Hanson, MA. 02341	100 00	
Line 9: Total receipts in excess of $50 (or listed above)		1420 00	
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.

THE COMMUNITY FOR COMMON SENSE PAGE 2

SCHEDULE A: RECEIPTS

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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)
4-14-14	DEVITO, DAVID A & LOUISA M 21 JAY ST. HANSON, MA. 02341	50 00	
4-15-14	FERGUSON, HUGH R. P.O. BOX 45 MONPONSETT, MA. 02350	100 00	
1-25-14	HOLLAND, KENNETH, & NANCY R. 288 SOUTH ST. HANSON, MA. 02341	25 00	
3-30-14	HOLLAND, KENNETH E. & NANCY R. 288 SOUTH ST. HANSON, MA. 02341	50 00	
12-17-13	LARSEN, BARBARA A. MONPONSETT ST. HANSON, MA.	50 00	
4-16-14	MANSFIELD, DAVID M & JUDITH R. 58 HOLMES TERRACE HANSON, MA. 02341	50 00	
3-10-14	MATHEWS, DORIS C. P.O BOX 415 HANSON, MA. 02341	100 00	
1-24-14	MCLEOD ELECTRIC Co. INC. 27 HIGHLAND TERRACE HANSON, MA 02341	100 00	
12-11-13	MORWAY, IRIS P. 406 HIGH ST. HANSON, MA. 02341	200 00	WIDOW, WORKS 1 DAY/WK RETIRED
1-8-14	MORWAY, IRIS P. 406 HIGH ST. HANSON, MA. 02341	260 00	RETIRED
1-20-14	MORWAY, IRIS P. 406 HIGH ST. HANSON, MA. 02341	1500 00	RETIRED
3-18-14 4-4-14	PORTER, DAVID R. P.O BOX 623 HANSON, MA. 02341	1000 → MURRAY Robert 1000	106 WAGON TRAIL Rd. HANSON, MA 02341
3-24-14	PRESIDENT TITANIUM Co. INC P.O BOX 36 243 FRANKLIN ST. HANSON, MA. 02341	2000 00	MANUFACTURING
3-30-14	SCOTT, WILLIAM R. & LOUISE A. 328 INDIAN HEAD ST. HANSON, MA. 02341	100 00	
3-24-14	SULLIVANS MOTORCYCLE & SNOWMOBILE ACCESSORIES P.O. BOX 598 HANSON, MA. 02341	1500 00	WHOLESALER OF SNOWMOBILE & MOTORCYCLE PARTS
Line 9: Total receipts in excess of $50 (or listed above)		6085 00	
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.

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	TELE CONSTRUCTORS, INC P.O. BOX 1064 HANSON, MA 02341	1000 00	MANUFACTURING
4-4-14	TURENNE, THERESA MCDONNELL 37 STONEBRIDGE DRIVE HANSON, MA 02341	50 00	
1/9-14	VESS, MARIC & HELEN 303 HIGH ST. HANSON, MA 02341	1000 00	RETIRED,
1-27-14	VESS, MARIC & HELEN 303 HIGH ST. HANSON, MA 02341	1100 00	RETIRED,
4-18-14	VESS MARIC & HELEN 303 HIGH ST. HANSON, MA 02341	800 00	RETIRED,
1-20-14	YOUNG BRUCE R. & MARJORIE E. 594 INDIAN HEAD ST. HANSON, MA 02341	500 00	RETIRED, REAL ESTATE
Line 9: Total receipts in excess of $50 (or listed above)		3460 00	P. 1 +1420 00 + P. 2 (1285 00) = 11,165 00
Line 10: Total receipts $50 and under* (not listed above)		20 00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		11185 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
1-9-14	EAST COAST PRINTING INC.	449 WASHINGTON ST. WEYMOUTH MA 02188	#2 & #3 FLYERS	$3659 76
1-13-14	EAST COAST PRINTING INC.	449 WASHINGTON ST. WEYMOUTH MA 02188	EXTRA COST DUE FOR ARTWORK ON FLYERS ABOVE	170 00
1-22-14	EAST COAST PRINTING INC.	449 WASHINGTON ST. WEYMOUTH MA 02188	MAILER PLUS POSTAGE	2254 88
1-22-14	EAST COAST PRINTING, INC	449 WASHINGTON ST. Weymouth, MA 02188	ADDED ZIPCODE TO MAILER ABOVE	352 57
3-28-14	EAST COAST PRINTING INC.	449 WASHINGTON ST. Weymouth, MA 02188	FLYER PLUS POSTAGE	2372 32
4-19-14	IGOODZ, INC.	1788 FOLKESTONE BLVD PORTANGE, FL 32803	Decals cut to length FOR SIGN LAYOVERS	101 87
1-22-14	SIGN DEPOT	1813 E. COLONIAL ORLANDO, FL 32803	50 Yellow CORROPLAST SIGNS	190 00

Line 12: Expenditures over $50	9101	40
Line 13: Expenditures $50 and under*	—	
Line 14: TOTAL EXPENDITURES	9101	40

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
1-22-14	VESS, MARK	303 HIGH ST. HANSON, MA 02341	MAILING COSTS FOR YELLOW CORFLUTE SIGNS	$253.00

	Line 15: In-kind over $50	253.00
	Line 16: In-kind $50 and under	—
Enter on page 1, line 6	**Line 17: Total In-kind**	253.00

* 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
				— 0 —

Enter on page 1, line 7	**Line 18: OUTSTANDING LIABILITIES (ALL)**	— 0 —

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.