

Form CPF M 102: Campaign Finance Report

Municipal Form TOWN CLERK HANSON. MA

7015 JUN 15 A 1	1. 10	File with: City or Town Clerk or Election Commissio
Fill in Reporting Period dates: Beginning Date: Apr	ril 29, 2015	
Type of Report: (Check one)		
8th day preceding preliminary 8th day preceding election	⊠ 30 da	ay after election year-end report dissolution
Annmarie Bouzan	Comr	mittee To Elect Annmarie Bouzan
Candidate Full Name (if applicable)		Committee Name
Selectwoman Town of Hanson	Linds	ey Bouzan
Office Sought and District	_	Name of Committee Treasurer
95 Woodbrook Lane, Hanson, MA 02341	95 W	oodbrook Lane, Hanson, MA 02341
Residential Address	_	Committee Mailing Address
Telephone Number (optional):	Telepho	one Number (optional):
SUMMARY BALAN	CE INFO	ORMATION:
Line 1: Ending Balance from previous report		10.03
Line 2: Total receipts this period (page 3, line 11	1)	1,000
Line 3: Subtotal (line 1 plus line 2)		1,010.03
Line 4: Total expenditures this period (page 5, li	ne 14)	847.72
Line 5: Ending Balance (line 3 minus line 4)		162.31
Line 6: Total in-kind contributions this period (p	age 6)	0
Line 7: Total (all) outstanding liabilities (page 7))	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 activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of the committee in Signed under the penalties of perjury:	i contribution:	s and liabilities for this reporting period and represents the campaign with the requirements of M.G.L. c. 55.
		(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox 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 activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	eccordance wi	knowledge and belief, a true and complete statement of all campaign finance th the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee OR Candidate with independent activity filing s I certify that I have examined this report including attached schedules and it is, to th finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of th	ne best of my its, in-kind con his committee	knowledge and belief, a true and complete statement of all campaign
Signed under the papelties of navium (MMM)	(D) (A)	Data Calistic

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, 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)
5/13/2015	Bridgestone Development Inc Marshfield, MA		Developer
	Michael Facchini		
6/1/2015	Marshfield, MA 02050	500	General Contractor
Line 9: Total Rece	ipts over \$50 (or listed above)	1,000	
	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	1,000	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 (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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A SALAR AND			
ine 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL D	ECEIPTS IN THE PERIOD		
			Enter on page 1, line 2 d include only those receipts not itemized above

^{*} 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.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

report an expen	To Whom Paid	mittee name and a page number of	it each page.)	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Date I alu	(aiphabettai isting)	Address	r ar pose of Expenditure	Amount
6/1/2015	Bridgestone Development Marshfield, MA 02050	Marshfield, MA 02050	re-imbursement	500
5/12/2015	Clipper Express	Hanson, MA 02341	Newspaper Ad	138
5/18/2015	CVS Hanson	Liberty St. Hanson, MA	Thank you notes	6.36
5/17/2015	Shaws Supermarket	Liberty St. Hanson, MA	Food for election day	115.46
6/11/2015	Stonehill College	Easton, MA	Donation for school	50
5/16/2015	That's Italian	Weymouth, MA	Food for Election Day	37.99
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
		Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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177				
-				1
				I I
				L
1				

		Line 12: Expenditures over \$50	(or listed above)	753.46
		Line 13: Expenditures \$50 and u		94.26
		Line 14: TOTAL EXPENDIT		847.72
from have item	izad avnandituma af CEA and and an	include them in line 12. Line 13 st	111 1 1 1 1	

^{*} 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 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				1
·				
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	o
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	o

^{*} 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.

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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
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		1		

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