

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

							File wit	h: City or Town Cl	erk or Elec	tion Commiss
Fill in Re	porting Period dates:	Beginning Date:	04/19/	/20	21	Ending	Date:	04/27/2021		\$ 77 •
Type of R	Report: (Check one)									-
	preceding preliminary	8th day preceding elec	ction [30 day	after election		year-end report	di	ssolution
Jessica Kee										
Selectman	Candidate Full Name (i	applicable)					Com	mittee Name		
	Office Sought and	District		1		N	lame of C	ommittee Treasurer		
915 Monpo	nsett St Hanson MA 02341			-			C '''	36 '11' 4 11		
E-mail;	Residential Add			L.	i1.		Committe	e Mailing Address		
Phone # (option	Jkeegan4@g				-mail: 	optional);				
Thone # (optio	onal):617	-596-3924			ione ii (t					
		SUMMARY BA	LANCE	ΕI	NFO	RMATION	;			
	Line 1: Ending Balan	ce from previous repo	ort						\$0	
	Line 2: Total receipts	this period (page 3, 1	line 11)					\$1,053	.57	
	Line 3: Subtotal (line	1 plus line 2)			j			\$1,053	.57	
	Line 4: Total expendi	tures this period (pag	ge 5, line	14)			\$1,053	.57	
	Line 5: Ending Balan	ce (line 3 minus line	4)						\$0	
	Line 6: Total in-kind	contributions this per	riod (pago	e 6)			\$320	.00	
	Line 7: Total (all) out	standing liabilities (p	age 7)					53	.57	
	Line 8: Name of bank	:(s) used:								
I certify that I h activity, includi finance activity	paramittee Treasurer: have examined this report including ing all contributions, loans, receipts, of all persons acting under the authorized the penalties of perjury:	expenditures, disbursements,	, in-kind cor mittee in ac	ntril	outions a dance wi	and liabilities for the ith the requirement	is reporting of M.G.	g period and repres	all campai	gn finance mpaign
FOR CAND	DIDATE FILINGS ONLY:	Affidavit of Candidate: (ch	neck 1 box o	only	r)					
I certify the	e with Committee at I have examined this report include f all persons acting under the authorion by liabilities nor made any expenditu	ty or on behalf of this commit	ttee in accor	rdar	ice with	the requirements of	f M,G.L,	c. 55. I have not red	nt of all car ceived any	mpaign financ contributions,
I certify the	e without Committee at I have examined this report includivity, including contributions, loans finance activity of all persons acting	, receipts, expenditures, disbu	ırsements, ir	n-ki	nd contr	ibutions and liabili	ties for thi	s reporting period a	ind represen	mpaign nts the
Signed under t	the penalties of perjury:	John				(Candidate	e's signatu	re) Date: 0	5/04/20	21

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)
04/27/2021	Keegan, Jessica 915 Monponsett St. Hanson, MA 02341	\$53.57 Loan	
04/17/2021	Saravia, Miguel 212 Catherine Rd. Hanson, MA 02341	\$1,000.00	CEO - Dana Group
	pts over \$50 (or listed above)	\$1,000.00	
	ipts \$50 and under* (not listed above)	¢1 000 00	
	ECEIPTS IN THE PERIOD	\$1,000.00	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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
	ts over \$50 (or listed above)		
e 10: Total Receip	ots \$50 and under* (not listed above)		
e 11: TOTAL RI	ECEIPTS 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 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
04/27/2021	Banners On The Cheap	www.bannersonthecheap.com	2 candidate banners w/photo	\$80.2
04/19/2021	Prints On The Cheap	www.crazycheappoliticalsigns.co	35 candidate lawn signs	\$376.1
04/25/2021	US Postal Service	www.USPS.com	600 postcard stamps for postcards	\$217.8
04/27/2021	W2P Designs	131 Pond St. Halifax MA, 02338	1,700 candidate postcards to mail to voters	\$379.31
		Line 12: Total Expenditures over	er \$50 (or listed above)	\$1,053.57
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	\$1,053.57

^{*} 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)

		[1]	
	III		
	Line 12: Expenditures over \$	50 (or listed above)	
	Line 13: Expenditures \$50 and	d under* (not listed above)	
	Line 14: TOTAL EXPENDI		

^{*} 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
04/27/2021	Paul Benenato Department of Veteran Affairs Logistics Manager	72 Brookside Dr Hanson MA 02341	Postage Stamps	\$320.0
	T-	Line 15: In-Kind Contribution	s over \$50 (or listed above)	\$320.00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	\$320.00

^{*} 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.

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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
04/27/2021	Jessica Keegan	915 Monponsett St Hanson, MA 02341	Loan for difference in banner cost	\$53.57
	Enter on page 1 line 7	→ Line 18: TOTAL OUTST	FANDING LIABILITIES (ALL)	53.57