

Form CPF M 102: Campaign Finance Report Municipal Form



Office of Campaign and Political Finance

Fill in Reporting Period dates: 9 Beginning Date: May	File with: City or Town Clerk or Election Commission 7 3, 2017 Ending Date: June 9, 2017
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	⊠ 30 day after election
James Hickey	Jim Hickey for Selectman
Candidate Full Name (if applicable)	Committee Name
Board of Selectman, Selectman	Audrey Flanagan
Office Sought and District	Name of Committee Treasurer
66 Perry Ave, Hanson, MA 02341	43 Baker Street, Hanson, MA 02341
Residential Address	Committee Mailing Address
E-mail: hickey4selectman@gmail.coom	E-mail: audreyflana@comcast.net
Phone # (optional): (781) 588-4179	Phone # (optional): (781) 424-1858
SUMMARY BALANG	CE INFORMATION:
Line 1: Ending Balance from previous report	1,739.34
Line 2: Total receipts this period (page 3, line 11	1) 205
Line 3: Subtotal (line 1 plus line 2)	1,944.34
Line 4: Total expenditures this period (page 5, lin	ine 14) 1,924.48
Line 5: Ending Balance (line 3 minus line 4)	19.86
Line 6: Total in-kind contributions this period (p	page 6) 25
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Rockland Trust	
 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 reportin Candidate without Committee OR Candidate with independent activity filing s 	d contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: Date: Over only) The best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, and period. Separate report
I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	its, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature)

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.)

report all receipts. Please include your committee name and a page number on each page.) Name and Residential Address Occupation & Employer						
Date Received	(alphabetical listing required) Amo		Occupation & Employer (for contributions of \$200 or more)			
Date Received		Amount	(101 Contributions of \$200 or more)			
E/11/2017	Agius, Janet					
5/11/2017	43 Old Pine Drive Hanson, MA 02341	75				
	Black, Jan & Kevin					
5/8/2017	247 State Street	50				
	Hanson, MA 02341					
	D'Angelo, Joseph					
5/11/2017	152 Liberty Street	50	10			
	Quincy, MA 02169					
5/11/2017	Flanagan, James 43 Baker Street	30				
3,11,201,	Hanson, MA 02341					
			*			
Line 9: Total Receipts over \$50 (or listed above)						
		0				
Line 10: Total Rece	cipts \$50 and under* (not listed above)					
in 11 TOTAL	DECEMBER IN THE DEDICE					
Line II: IUIAL I	RECEIPTS IN THE PERIOD	205	← Enter on page 1, line 2			
		W00 1980 000 - ASSURE OF THE	and the last to th			

^{*} 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)

Name and Residential Address Occupation & Employer					
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
	,				
<i>5</i> =					
Line 9: Total Recei	pts over \$50 (or listed above)				
Line 10: T-4 1D	:		1		
Line 10: Total Rece	ipts \$50 and under* (not listed above)				
Line 11: TOTAL R	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 shou	Id 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.)

D . D . I	To Whom Paid	1.55		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
5/11/2017	BFI Printing	602 Bedford Street P.O. Box 455 Whitman, MA 02382	Mailing - Print	461.14
5/19/2017	BJ's Wholesale	105 Shops at 5 Way Plymouth, MA	Food, Volunteers on Election Day	115.48
5/20/2017	Clean Portable Restrooms	415 West Street P.O. Box 9 West Bridgewater, MA 02379	Restroom for Volunteers, Election Day	125
5/20/2017	Expresso's Pizza	470 Liberty Street Hanson, MA 02341	Food, Volunteers on Election Day	87.63
5/15/2017	US Postmaster	Brockton, MA	Postage for mailing	1,075.76
	-			
		Line 12: Total Expenditures ov	er \$50 (or listed above)	1,865.01
		Line 13: Total Expenditures \$50	and under* (not listed above)	59.47
7	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1,924.48

^{*} 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	
	(top-out of the party of the pa		Tarpose of Expenditure	Amount	
]:					
			L		
	,				
1					
		P-94-2-4-4			
		Line 12: Expenditures over \$50) (or listed above)		
		- 12. Expenditures over \$50	(01 115104 40010)		
Line 13: Expenditures \$50 and under* (not listed above)					
			20		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		
If you have item	ized expenditures of \$50 and under	include them in line 12. Line 12 at	hould include only those expenditures		

^{*} 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	·			
	-			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
	*	Line 16: In-Kind Contributions S	\$50 & under (not listed above)	25
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	25

^{*} 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
				1
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	