



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN OF HANOVER

2019 JUN -6 PM 3:35

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 5/4/18 Ending Date: 6/10/18

Type of Report: (Check one)

- 8th day preceding preliminary
 8th day preceding election
 30 day after election
 year-end report
 dissolution

Diane R Sawin
 Candidate Full Name (if applicable)
Town Clerk
 Office Sought and District
203 Grove St Hanover Ma
 Residential Address
 E-mail: Dianesawinfortownclerk@gmail.com
 Phone # (optional): 781-733-5242

Committee to Elect Diane Sawin
 Committee Name
Theresa Breslin
 Name of Committee Treasurer
203 Grove St Hanover Ma
 Committee Mailing Address
 E-mail: Dianesawinfortownclerk@gmail.com
 Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>651.88</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 754.85</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 1,406.73</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>1,406.73</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>0</u>
Line 6: Total in-kind contributions this period (page 6)	<u>768.75</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>Citizen Bank</u>

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: Theresa Co B... (Treasurer's signature) Date: 6/5/19

FOR CANDIDATE FILINGS ONLY: 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: Diane R Sawin (Candidate's signature) Date: 6/5/19

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)
5/11/19	Diane Sawin 203 Grove St Hanover	\$754.85	Administration Murphy, Hesse, Toomey + Lehane LLP

Line 9: Total Receipts over \$50 (or listed above) \$754.85

Line 10: Total Receipts \$50 and under* (not listed above) 0

Line 11: **TOTAL RECEIPTS IN THE PERIOD** 754.85

← 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
5/7/19	Bradford RV	1906 Main St Brockton Ma	trailer supplies for election day	58.71
3/20/19	Dunkin Donuts	1222 Hanover St Hanover Ma	Refreshments for Standout	14.99
3/24/19	Dunkin Donuts	1222 Hanover St Hanover Ma	Refreshments for Standout	14.99
3/28/19	Dunkin Donuts	1222 Hanover St Hanover Ma	COA Senior Visit Refreshments	31.77
4/5/19	Dunkin Donuts	1222 Hanover St Hanover Ma	Cushing Residence Meet+greet refreshments	31.77
3/20/19	Home depot	1149 Hingham St Rockland Ma	Supplies for signs	5.56
4/2/19	Home depot	1149 Hingham St Rockland Ma	Supplies for signs	47.39
4/22/19	Post office	196 Rockland St Hanover Ma	Stamps for mailings	35.00
4/28/19	Post office	196 Rockland St Hanover, Ma	Stamps for mailing	17.50
4/10/19	Printing Unlimited	63 Plymouth St Holbrook Ma	Post cards for mailing	127.50
5/8/19	Printing Unlimited	63 Plymouth St Holbrook Ma	Post cards for mailing	725.67
3/29/19	The Draft on S3 645 Washington St	625 Washington St Hanover Ma	Refreshment/food for committee meeting	45.95
Line 12: Total Expenditures over \$50 (or listed above)				1,161.81
Line 13: Total Expenditures \$50 and under* (not listed above)				244.92
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1,406.73

* 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/8/19	Walmart	1775 Washington St Hanover	Election day Supplies	121.53
5/11/19	West Hanover Pizza	1415 Hanover St Hanover Ma	Election day Lunch	128.40

Line 12: Expenditures over \$50 (or listed above) []

Line 13: Expenditures \$50 and under* (not listed above) []

Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES 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.

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
5/10/19	SEIU Tom McKeever	25 Braintree Hill Office Park 02184 Suite 306	Robo Call	\$200
	John Tuzik	1 Fieldstone Lane Hanover Ma	Draft on S3 Food for meet + greet	\$568.75

Line 15: In-Kind Contributions over \$50 (or listed above) 768.75

Line 16: In-Kind Contributions \$50 & under (not listed above)

Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS** 768.75

* 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

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

0