

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

- Ta	1 City and City The City of
Fill in Reporting Period dates: Beginning Date:	File with: Giv or Town Clerk or Election Commission 19 119 Ending Date: 19 5 3 19
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Candidate Full Name (if applicable) TOWN (ler K Office Sought and District 203 Grove St., Hanover MA 02339 Residential Address E-mail: Diane Sawin For town (ler Kagmall, 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: Dianesawin for two clerk og mail, C Phone # (optional):
SUMMARY BALANCI	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	3,757.50
Line 3: Subtotal (line 1 plus line 2)	3,757.50
Line 4: Total expenditures this period (page 5, line	14) 3,105.67
Line 5: Ending Balance (line 3 minus line 4)	651.88
Line 6: Total in-kind contributions this period (pag	re 6)
Line 7: Total (all) outstanding liabilities (page 7)	to be determined
Line 8: Name of bank(s) used: Citizen	Bank
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in acting under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of the committee in the confinence of the confidence of	coordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 4 30 2019
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 be activity, of all persons acting under the authority or on behalf of this committee in accommittee any liabilities nor made any expenditures on my behalf during this reporting persons.	est of my knowledge and belief, a true and complete statement of all campaign finance
Candidate without Committee OR Candidate with independent activity filing sepa I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this c	est of my knowledge and belief, a true and complete statement of all campaign
igned under the penalties of perjury:	(Candidate's signature) Date: 4:30.7019

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.)

cport an receipts.	Please include your committee name and a	page number on e	each page.)	
Name and Residential Address Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
2/22/19	Theresa + Paul Breslin 4B Grove St Hanove Ma 02339	\$ 100	RN Brigham + Women's Hospital IT Universal of Massachusetts Boston	
3/14/19	Scottand Maria Burke 21 Woodland Drive South Weymouth Ma	B100	B	
3/14/19	Michael + Jeanne Cianciola 81 Old Town Way Hanover Ma 02339	# 200	Director of Worldwide Recruting Mathworks	
3/14/19	Golden Excavation 22382 Len Golden 22382	\$ 75		
3/14/19	Katherine A Hesse 77 Brush Hill RD Milton Mg 02186	\$100		
3/14/19	Arthur P Larvey 329 Hanover St Hanover Ma 02339	\$ 75		
3/14/19	Stephen + Linda Langhlin 150 Plain St Hanover Ma 02339	8100		
3/14/19	Donna Lee 243 Pond St Braintree Ma 02184	\$ 10D		
3/14/19	Kenneth + Maureen Lee 403 John Maher Hwy unit 24 Braintree Ma 02184	\$100		
2/20/18	Thomas + Kathleen McDonald 63 Bedford Rd Hancver Ma 02339	8 200	Infra/red Building + Power, Electrician 152 Center St Hobrook, Ma	
3/14/18	Thomas + Kuthleen McDonal	\$200	Infrared Building + Power Electician	
3/14/18	Rihanda Nyman 20 King PhillipLane Hanove Ma 02339	\$ 250	Plymouth County Sheriffs dept 24 Long pond Road 02360 Government Affairs Offices	
Line 9: Total Recei	pts over \$50 (or listed above)	,	COV CHINEIT THE TAILS CITIES	
Line 10: Total Rece	ipts \$50 and under* (not listed above)			
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2	
If you have itemized	receipts of \$50 and under, include them in line	Q Tine 10 should		

^{*} 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

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(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)
3/18/19	Kenneth Wentworth P.O. Box 191 Hanover Mg 02339-0191	\$ 100	(Indicate of part of indic)
	ets over \$50 (or listed above)	\$ 1,700.00	
	ots \$50 and under* (not listed above) ECEIPTS IN THE PERIOD	\$2,057.50	

^{*} 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

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
3/14/19	American Legion Post	104 King St. Hanover, Ma 023399	Hall Rental for Rally	\$200,00
314/19	Pam Ferguson	35 Ma ple Ave Hanover Ma 02339	Pizza for Thankyou Rally dinner for supporters	5 100.00
3 13 19	Home Depot	1149 Hingham St Rockland Ma 02370	Woodd for Signs	\$ 93.25
314/19	John Logan	243 Elm St Hanover, Ma 02339	DJ for Rally	5 50,00
3/14/19	Lavishly Dunn	46 Rockland St Hanover Ma 02339	Food for thank you Rally supporters	\$438,17
2/21/19	Ocean State Job lot	360 Market St Rockland Ma 02370	farty Supplies for Rally	\$71.06
2/11/19	Printing Unlimited	63 Plymouth St Holbrook, Na 02343	Campaign Signs	51,243,13
3 13 19	Printing Unlimited	83 Plymouth St Holorook, Ma. 02343	Campaign push cards	\$ 255,00
2/25/19	Post office	196 Rockland St Hanover, Ma 02339	Stamps for mailings	B 55.00
2/27/19	Post office	196 Rockland St Hanover, Ma 02339	Stamps for mailings	\$55,00
3/14/19	Shaws	SS Columbia Rd Hanover, Na 02339	Rally Supplies	8 68.71
3/14/19	Tsangs	644 Washington St Hanover, Ma 02339	Food for Thankyou Pally Supporters	\$ 86.82
		Line 12: Total Expenditures over	111	
		Line 13: Total Expenditures \$50	and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES 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 B: EXPENDITURES

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(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

port all expenditures. Please include your committee name and a page number on each page.) To Whom Paid Date Paid (alphabetical listing) Address Purpose of Expenditure				
		Address	Purpose of Expenditure	Amount
3/13/19	West Hanover	1415 Hanover St	food for pre-rally Set up Hall Thankyou Onner For supporters	ll vc
1101.1	Pi229	Hanover, Ma 02339	Set up Hall	(O).
			Markyou anner	
			for supporters	
		3		
				<u> </u>
				7
		Line 12. Tetal Fr. W.		
		Line 12: Total Expenditures ove		12876.14
		Line 13: Total Expenditures \$50		229,48
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITE	TRES IN THE PEDIOD	12100 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 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
	Printing Unlimited	83 Plymouth St Holbrook Mass, 02843	Campaign Signs	to be determined
		:		
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	TBD