

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

OWN CIFRK

Massachusetts	•		LOMMO	L- h- 1 3 .
ile with: ity or Town Clerk or Election Commission	Please print or type all	information, except signa	atures. 2016 APR 25	PH 1:45
Fill in dates: Reporting Period Beginning 03	PM 3	Year 2016 Ending	Month DUXBUR	2016
Type of report: (Check one) 8th day preceding preliminary	☐8th day preceding elec	tion 🗵 30 day after ele	ction Dyear-end report	□dissolution
SHANNON HALL MC Full Name of Candidate (il DUXISURY SCHOOL CO Office Sought and D LOCARD NEVE VEL DUXISURY, MA.	f applicable) OMMITE istrict).	TIMOTA PO, 50	100 100 Address 100 3	
Line 2: Total re Line 3: Subtota Line 4: Total ex Line 5: Ending Line 6: Total in- Line 7: Total (al	balance from preceipts this period (line 1 plus line 2) apenditures this balance (line 3 min kind contribution l) outstanding lia	period (page 3, line 1) period (page 3, line 1) us line 4) ns this period (page	\$\leq 2572.0 \$\leq 1,050.0 \$\leq 1,522.0 14) \$\leq 1,458.4 \$\leq 2,980.4 \$\leq 3	20 20 3
Affidavit of Committee Treasurer: I certify that I have examined this report inc campaign finance activity, including all contraint and represents the campaign finance activity M.G.L. c. 55. Treasurer's signature (in ink)	ributions, loans, receipts, expe	enditures, disbursements, in-ki the authority or on behalf of	ind contributions and liabilities f	or this reporting period
FOR CA	NDIDATE FILINGS C	NLY: (CANDIDATE MUS	ST SIGN BELOW)	
Affidavit of Candidate: (check 1 box only Candidate with Committee and no activity control of the Campaign finance activity, of all persons at have not received any contributions, incurred Candidate without Committee OR Can I certify that I have examined this report incampaign finance activity, including contrib and represents the campaign finance activity M.G.L.	vity independent of the come cluding attached schedules an eting under the authority or o I any liabilities nor made any didate with independent acti- cluding attached schedules an outions, loans, receipts, expen	d it is, to the best of my known behalf of this committee in expenditures on my behalf dur ivity filing separate report d it is, to the best of my know ditures, disbursements, in-kinche authority or on behalf of t	accordance with the requirement ing this reporting period. Wedge and belief, a true and conditional distributions and liabilities fo	nts of M.G.L. c. 55. I nplete statement of all r this reporting period
Candidate Monature (in ink)			Date	

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.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more	
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			·		
·					
Line 9:	Total receipts in excess of \$50 (or listed above)	1,050			
Line 10:	Fotal receipts \$50 and under* (not listed above)				
Line 11: 7	1,050		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.

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Schedule A: Receipts

Date Rec'd	Name & Residential Address	<u>Amount</u>	Occupation & Employer
3/17/2016	Caroline E. Abdulrazak 14 Wheeler Avenue, Medford, MA 02155	\$150.00	
3/11/2016	Robert & Jane Hale 81 Elm Hill Lane, Duxbury, MA 02332	\$200.00	
4/14/2016	Howard & Judith Hall 44 River Lane, P.O.Box 309 SHS, Duxbury, MA 02331	\$500.00	
3/14/2016	Melissa H. Hammel 95 Onion Hill Rd., Duxbury, MA 02332	\$100.00	
3/7/2016	William & Nancy Powell P.O. Box 718, Sanibel, FLA 33957	\$100.00	
	Total Receipts in Excess of \$50 Total Receipts \$50 and under	\$1,050.00 \$0.00	
	TOTAL RECEIPTS IN THE PERIOD	\$1,050.00	

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.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	unt
•	Attached	·			
•			, .		
,				•	
	·			•	
	,				:
·					
		Line 12:	Expenditures over \$50	1,431	23
		Line 13:	Expenditures \$50 and under*	27	20
E	Enter on page 1, line 4	Line 14:	TOTAL EXPENDITURES	1,458	43

^{*}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

Date Paid	To Whom Paid	<u>Address</u>	<u>Purpose</u>	<u>Amount</u>
3/28/2016	AIA Corporation	223 Fourth Ave. N, Franklin, TN 37064	Pens	191.76
3/26/2016	Dunkin' Donuts	5 Chestnut St., Duxbury, MA 02332	Coffee/donuts for election day	61.94
3/29/2016	Duxbury Clipper	PO Box 1656, Duxbury, MA 02331	Advertisement	198.75
3/21/2016	Duxbury Clipper	PO Box 1656, Duxbury, MA 02331	Advertisement	450.00
3/21/2016	USPS	56 Depot St., Duxbury, MA 02332	Stamps	285.25
3/21/2016	WePrint Today	66 Summer St., Kingston, MA 02364	Post cards and labels	243.53
			Expenditures over \$50	1,431.23
			Expenditures under \$50	27.20
			TOTAL EXPENDITURES	\$1,458.43

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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
•		,		
			·	
			,	•
			In-kind over \$50	,
	Enter on page 1, line 6		In-kind \$50 and under Total In-kind	

^{*} 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
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	·			
	• .			
	•			, .
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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