



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

TOWN OF HANOVER

2018 JAN 23 PM 2:16

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 06/06/17 Ending Date: 12/31/17

Type of Report: (Check one)

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

Christopher Carney

Candidate Full Name (if applicable)

Selectman

Office Sought and District

61 Stonemeadow Lane, Hanover, MA 02339

Residential Address

E-mail: redcarney@aol.com

Phone # (optional): (508) 468-7000

Committee to Elect Chris Carney

Committee Name

Michael Mowbray

Name of Committee Treasurer

PO Box 240, South Easton, MA 02375

Committee Mailing Address

E-mail:

Phone # (optional): (781) 844-1477

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	6474.98
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	6474.98
Line 4: Total expenditures this period (page 5, line 14)	6421.25
Line 5: Ending Balance (line 3 minus line 4)	53.73
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Rockland Trust Co

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: (Treasurer's signature)

Date: 1/23/18

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: (Candidate's signature)

Date:

SCHEDULE A: RECEIPTS (continued)[illegible]

Line 9: Total Receipts over \$50 (or listed above)	0
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Line 10: Total Receipts \$50 and under* (not listed above)	0
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Line 11: TOTAL RECEIPTS IN THE PERIOD 0 ← 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
06/06/17	Friends of Hanover High Football	PO Box 1075 Hnover, MA 02339	Donation	1000.00
07/17/17	Missing Dogs of Massachusetts	300 Andover Street Suite 258 Peobody, MA 01960	Donation	500.00
09/06/17	Hanover Police Boys Club	550 Hanover Street Hanover, MA 02339	Donation	500.00
10/23/17	Hanover Build the Boards	Main Street Hanover, MA 02339	Donations	4,400.00
11/01/17	Bank Service Fee	288 Union Street Rockland, MA 02370	Service fee	21.25
Line 12: Total Expenditures over \$50 (or listed above)				6421.25
Line 13: Total Expenditures \$50 and under* (not listed above)				0
<div style="display: flex; justify-content: space-between;"> Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD </div>				6421.25

* 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
		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 6 on page 1.

[illegible]

* 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