

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

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Apr	11.30, 2016 Ending Date: June 9, 2016
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	⊠ 30 day after election
Emmanuel J. Dockter	
Candidate Full Name (it applicable) Board of Selectmen, Hanover	Committee Name
Office Sought and District 27 Stone Meadow Lane Hanover, MA 02339	Name of Committee Treasurer
Residential Address E-mail:	Committee Mailing Address  E-mail;
Phone # (optional):	Phone # (optional)
SIIMMARV BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 1	
Line 3: Subtotal (line 1 plus line 2)	20 10 7
Line 4: Total expenditures this period (page 5, li	ine 14) 675.46 글 등 다
Line 5: Ending Balance (line 3 minus line 4)	0 8 5
Line 6: Total in-kind contributions this period (p	page 6) 0
Line 7: Total (all) outstanding liabilities (page 7	) 0
Line 8: Name of bank(s) used: (None)	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind linance activity of all persons acting under the authority or on behalf of this committee i	contributions and liabilities for this reporting period and represents the empotion
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 11	ox 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 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 reporting.	he 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, by period.
Candidate without Committee OR Candidate with independent activity filing a learning 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 beliaff of the contributions.	te best of my knowledge and belief, a true and complete statement of all campaign.
Signed under the penalties of perjury:	(Candidate's signature) Date: Jun 9, 2016

#### **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)	
April 30, 2016	John D. Cheverie, 41 Russell Road, Hanover	50		
May 2, 2016	Emmanuel Dockter, 27 Stone Meadow Lane, Hanover	625.46	Attorney, Baum & Dockter LLP	
ine 9: Total Receip	ots over \$50 (or listed above)	675.46		
ine 10: Total Recei	pts \$50 and under* (not listed above)	0		
	ECEIPTS IN THE PERIOD receipts of \$50 and under, include them in line 9	675.46	p-8- 1, 1111-	

<sup>\*</sup> 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)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
			·	
9: Total Receipts over	\$50 (or listed shows)			
	and under* (not listed above)	0		
11: TOTAL RECEIP		0 ← 1		

<sup>\*</sup> 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
May 2, 2016	Overnight Prints	Online	Printing/Mailing	675.4
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		ine 12: Total Expenditures over	<del></del>	675.46
	<b>I</b>	ine 13: Total Expenditures \$50		o
	Enter on page 1, line $4 \rightarrow L$ expenditures of \$50 and under, in	ine 14: TOTAL EXPENDITU	JRES IN THE PERIOD	675.46

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amou
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	Line 12	2: Expenditures over \$50	(or listed above)	0
	Line 13	: Expenditures \$50 and ur	nder* (not listed above)	n
	Enter on page 1, line 4 → Line 14			

<sup>\*</sup> 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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	INCLIA DEL ETERCO (ALLA)	0