

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commis
Fill in Reporting Period dates: Beginning Date: J	July 18, 2020 Ending Date: December 31, 2020
Type of Report: (Check one)	
8th day preceding preliminary 3th day preceding election	on 30 day after election year-end report dissolution
Vanessa A. O'Connor	Committee to Elect Vanessa O'Connor
Candidate Full Name (if applicable)	Committee Name
Board of Selectmen, Hanover	Lauren O'Connor
Office Sought and District	
43 Mayflower Circle, Hanover, MA 02339 Residential Address	43 Mayflower Circle, Hanover, MA 02339 Committee Mailing Address
B-mail: oconnorforselectwoman@gmail.com	E-mail: oconnorforselectwoman@gmail.com
Phone # (optional): (781) 296-7029	Phone # (optional): (781) 296-7029
SUMMARY BALA	NCE INFORMATION:
Line 1: Ending Balance from previous report	24.44
Line 2: Total receipts this period (page 3, line	0.00
Line 3: Subtotal (line 1 plus line 2)	24.44
Line 4: Total expenditures this period (page 5,	5, line 14) 0.00
Line 5: Ending Balance (line 3 minus line 4)	24.44
Line 6: Total in-kind contributions this period	d (page 6) 0.00
Line 7: Total (all) outstanding liabilities (page	e 7) 0.00
Line 8: Name of bank(s) used: Rockland Federa	al Credit Union
	(Treasurer's signature) Date: 1/19/2021
activity, of all persons acting under the authority or on behalf of this committee incurred any liabilities nor made any expenditures on my behalf during this report Candidate without Committee	
	to the best of my knowledge and belief, a true and complete statement of all campaign ments, in-kind contributions and liabilities for this reporting period and represents the of this candidate in accordance with the requirements of M.G.L. c. 55.
	Date: January 15, 2021

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)
	*		
Line 9: Total Receip	ots over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	0.00	← 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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD 0.00		← Enter on page 1, line 2	

SCHEDULE A: RECEIPTS (continued)

* 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
	[]			
1				
		Line 12: Total Expenditures over	er \$50 (or listed above)	
		Line 13: Total Expenditures \$50) and under* (not listed above)	
	Enter on page 1 line $4 \rightarrow$	$e 4 \rightarrow$ Line 14: TOTAL EXPENDITURES IN THE PERIOD 0.		

Enter on page 1, line $4 \rightarrow |$ 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.

D . D !!	To Whom Paid			
Date 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 \rightarrow	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0.00

SCHEDULE B: EXPENDITURES (continued)

* 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
				J
		[]		
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line $6 \rightarrow$	6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS		

* 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 \rightarrow	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	0.00