

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

TOWN OF HANOVER

File with: City of Man Clerk or Election & Commission

Fill in Reporting Period dates: Beginning Date: 3/1/2021 Ending Date: 4/30/2021						
Type of Report: (Check one)						
8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution						
Kathleen D. Dauphinais Candidate Full Name (if applicable) Board of Hearth Office Sought and District VI Longuater Dr. Hanover MA Residential Address E-mail: Katedauphinais & hornail. Com Phone # (optional): 617-966-0481 Phone # (optional):						
SUMMARY BALANCE INFORMATION:						
Line 1: Ending Balance from previous report						
Line 2: Total receipts this period (page 3, line 11)						
Line 3: Subtotal (line 1 plus line 2)						
Line 4: Total expenditures this period (page 5, line 14) \$457.94						
Line 5: Ending Balance (line 3 minus line 4)						
Line 6: Total in-kind contributions this period (page 6)						
Line 7: Total (all) outstanding liabilities (page 7)						
Line 8: Name of bank(s) used: Rockland Federal Credit Union						
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: Date:						
(iteasure 5 signature)						
Candidate with 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 that are not otherwise disclosed in this report.						
Candidate without Committee 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 candidate in accordance with the requirements of M.G.L. c. 55.						
Signed under the penalties of perjury: Kathley Oalephyaus (Candidate's signature) Date: 4/22/2021						

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)	
Date Received	(alphabetical listing required)	Amount	(101 CONTRIBUTIONS OF \$200 OF MOFE)	
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essentiaria de la circulativa y essentia de la composição de la composição de la composição de la composição d				
		Entitution (Table 1) Constitution (Table 1) C		
ne 9: Total Receip	ots over \$50 (or listed above)	Ø		
ne 10: Total Recei	pts \$50 and under* (not listed above)	Ø		
		римпомициализменности при оссерномити ка		

^{*} 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)
Processor was advantaged and a second and a			
Line 9: Total Recei	pts over \$50 (or listed above)	6	
Line 10: Total Recei	pts \$50 and under* (not listed above)	8	
Line 11: TOTAL R	ECEIPTS 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.)					
D . D . 1	To Whom Paid	A 11	D CE W		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
3/26/2021	Corning Silk screen	17 Bishop Lane Rockland MA 02370	Signs	\$150	
4/1/2024	Corning Silk Screen Print Ink	17 Bishup Ln. Rockland MiA 02370	Signo	\$307.94	
		Line 12: Total Expenditures over	er \$50 (or listed above)	457.94	
Line 13: Total Expenditures \$50 and under* (not listed above)					
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 457.9					

^{*} 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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17 Bishop Lane, Rockland, Mass. 02370 781.878.6525 • Fax 781.871.5580

CO	RN	NG
Silk!	Screen	Paint
	INC	

DATE	INVOICE #
3/26/2021	25084

Invoice

Kathleen Dauphinais Board of Health

BILL TO	SHIP TO
Kathleen Dauphinais	

P.O. NUMBER	TERMS	REP		VIA	F.O.B.	PROJECT
	COD		3/26/2021	PICK UP		

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
50 50	COROPLAST STAKES	24" x 18" Peacock Blue/White BOARD OF HEALTH Sales Tax	6.62 2.00 6.25%	331.00 100.00 26.94
		JACHIVAL BIE SML. LUE 30	- 80	card over
		John. Lile 36		Chack 108
			Total	\$457.94

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				Section of the sectio
Terroring and control of the second control				
				-
1				
		Line 12: Expenditures over \$50	(or listed above)	8
		Line 13: Expenditures \$50 and t	under* (not listed above)	0
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	457.94

^{*} 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
•		Line 15: In-Kind Contributions	over \$50 (or listed above)	Ø
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	8
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

^{*} 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.

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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
				protesses to the constraint of
				particular and the second seco
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	DING LIABILITIES (ALL)	8