

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

	File with: City or Town Clerk or Election Comm
Fill in Reporting Period dates: Beginning Date:	Ending Date: 4 28 17
Type of Report: (Check one)	
	7 (1) 1 (1)
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Kara L. Nyman	Committee to Elect Kara Nyman
Candidate Full Name (if applicable)	Committee Name
Hanover Planning Roard	Gemma Martin
Office Sought and District	Name of Committee Treasurer
20 King Phillip Ln Hanover MA02339 Residential Address	PO Box 1101 Hanover MA 02339 Committee Mailing Address
E-mail: Karalyyman egnail.com	
Phone # (optional):	E-mail: 9 cmma@ chickmentanagroup, com
Time * (optional).	Phone # (optional):
SUMMARY BALANC	E NEODALACTION
İ	L INFORMATION:
Line 1: Ending Balance from previous report	1,402.77
Line 2: Total receipts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	6
	1,602.77
Line 4: Total expenditures this period (page 5, line	:14) 632.75
Line 5: Ending Balance (line 3 minus line 4)	970.02
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Rocklan.	d Trust
Midavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best o tivity, including all contributions loans receipts expenditure dishurances, in his do	if my knowledge and belief, a true and complete statement of all campaign finance
tivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contained activity of all persons acting under the authority or on behalf of this committee in activity of all persons acting under the authority or on behalf of this committee in activity or on behalf of this committee in activity or on behalf of this committee in activity.	
and the data of this committee in ac	cordance with the requirements of M.G.L. c. 55.
gned under the penalties of perjury:	(Treasurer's signature) Date: 4/27/17
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	only)
Candidate with Committee and no activity independent of the committee 1 certify that I have examined this report including attached schedules and it is, to the bit activity, of all persons acting under the authority or on behalf of this committee in second	ESI Of my knowledge and helps a true and
activity, of all persons acting under the authority or on behalf of this committee in accolingured any liabilities nor made any expenditures on my behalf during this reporting put	
Candidate without Committee OR Candidate with independent activity filing sepa I certify that I have examined this report including attached schedules and it is, to the be finance activity, including contributions, loans, receipts, expenditures, disbursements, it campaign finance activity of all persons acting under the authority or on behalf of this c	est of my knowledge and belief a true and complete statement of all campaign
ned under the penalties of perjury: 16 MM Lh	(Candidate's signature) Date: 4/28/17

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)	
		0		
ne 9: Total Receipts o	ver \$50 (or listed above)			
	\$50 and under* (not listed above)			
	DIS of \$50 and under include them in line		Enter on page 1, line 2	

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpase of Expenditure	Amount
1/2/17	Chick Martana Group	202 Burham Rd Dedham Mx U2U26	Accounting + compliance	300
2/2/17	Chick Montana Group	202 Bonham Rd Dedham MA 02026	Accounting + compliance	300
4/17	chick Mentana Group	202 Bunham Rd Dedham MA 02026	Accompliance Compliance	31.25
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				2
<u></u>		Line 12: Expenditures over \$50	(or listed above)	631.25
		Line 13: Expenditures \$50 and t	under* (not listed above)	1.50
. 1.	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	632.75

^{*} 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)

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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			4.		
		Line 12: Expenditures over \$50	(or listed above)		
	•	Line 13: Expenditures \$50 and to	under* (not listed above)		
	Enter an 1 12 4 .	Line 14. TOTAL EVDENDYT	ITRES IN THE DEDIAN		
		Line 14: TOTAL EXPENDIT	bould include only those expenditure		

^{*} 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
	·			
				3
				ALL CONTRACTOR OF THE PROPERTY
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	
Line 16: In-Kind Contributions \$50 & under (not listed above)				
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			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
				.,



Form CPF 101 P: Change of Purpose Candidate's Political Committee Office of Campaign and Political Finance

(617) 979-8300 Office of Campaign and Political Finance (ROO) 462-OCPF One Ashburton Place, Room 411 ocpf ecof state.ma.us Posten, MA 02108 http://www.mass.gov/ocpf Name of Candidate: 2. Office previously held sought: Office now sought: Party (if applicable): 5 Committee: Mailing Address City State Zip: 6. Contact Person: Mailing Address: Phone #: In accordance with the requirements of M.G.L. c. 55, I hereby certify that the above-named political committee is now organized for the purpose stated above. SIGNED UNDER THE PENALTIES OF PERJURY Candidate's signature