

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

Massachusetts		File with: City	or Town Clerk or Blee	tion Commission
ll in Reporting Period dates: Beginning Date: Jan 1, 2	2016	Ending Date:	April 2	9, 2016
ype of Report: (Check one)		after election Year-e	ndefigur I as	esolution
] 8th day preceding preliminary 🔀 8th day preceding election 📗	30 day a	after election year-e	THE STATE OF THE S	
evin R. Dyer  Candidate Full Name (if applicable)		charles.	WIN OF HANOVE	
Candidate Pull Name (L'application)			MAX 2 201	
Office Sought and District		Name of Continuo	A CO	
87 Old Town Way  Residential Address		Committee Mak	ing Alleger CLER	X
mall: kevin@apinsgroup.com	E-mail:	Community	13177	<b>Y</b>
none # (optional):	Phone # (o	ptional):		
SUMMARY BALANC	E INFO	RMATION:		
Line 1: Ending Balance from previous report			\$0	
			\$400.57	:
Line 2: Total receipts this period (page 3, line 11)				ľ
Line 3: Subtotal (line 1 plus line 2)			\$400.57	
	a 143		\$400.57	
Line 4: Total expenditures this period (page 5, lin	(C 1-1)		Kijata i Aliya wasan wasan in ana	
Line 5: Ending Balance (line 3 minus line 4)			\$0	·    :
Line 6: Total in-kind contributions this period (pa	age 6)		1	
Line 7: Total (all) outstanding liabilities (page 7)				
Line 8: Name of bank(s) used:				
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind activity, including all persons acting under the authority of on behalf of this committee in	n accordance	with the requirements of M.G.L.	lete statement of all coveriod and represents the 55.  Date:	mpaign finance ne cumpaign
Signed under the penalties of perjury:				
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 h  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 accordance w ng period.	,		
Candidate without Committee OR Candidate with independent activity filing.  I certify that I have examined this report including attached schedules and it is, to to finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the contributions.	separate rep he best of my nts, in-kind co this committe	to 4 the Little and for this	onts of M.G.L. 6, 55,	all campaign presents the
Signed under the penalties of perjury:		1 - marine		

#### 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)
4/14/2016	Kevin and Joanna Dyer 587 Old Town Way Hanover, MA 02339	\$400.57	AP Insurance Group - Kevin
Line 9: Total Receipt	s over \$50 (or listed above)	\$400.57	
Line 10: Total Receip	ts \$50 and under* (not listed above)		·
Line 11: TOTAL RE	CEIPTS IN THE PERIOD	\$400.57	Enter on page 1, line 2

<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)

	Name and Residential Address	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	7	
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	in the state of th		4
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Line 9: Total Re	ccipts over \$50 (or listed above)		
	eceipts \$50 and under* (not listed above)		
			Enter on page 1, line 2
Line 11: TOTA	L RECEIPTS IN THE PERIOD		could include only those receipts not itemized above.

<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 an

	(alphabetical listing)	Address	Purpose of Expenditure	Amoun
4/21/16	JBS Printing	1401 Hanover Street Hanover MA 02339	Lawn signs	\$400.57
	A CONTRACTOR OF THE CONTRACTOR			
		Line 12: Total Expenditures ov	/er \$50 (or listed above)	\$400.57
	[1	Line 13: Total Expenditures \$5	0 and under* (not listed above)	

<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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Table of the state		
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				A THE PARTY OF THE
	4440			
		Line 12: Expenditures of	ver \$50 (or listed above)	
		The state of the s	50 and under* (not listed above)	
				L
	Enter on page 1. line 4	Line 14: TOTAL EXP	ENDITURES IN THE PERIOD inc 13 should include only those expen	

<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 Page 5 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
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The property of the control of the c				
	1	Line 15: In-Kind Contributions of		
		Line 16: In-Kind Contributions \$	Line Line	
the second	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	

<sup>\*</sup> 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 Duc	Address	Purpose	Amount
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		The state of the s		The state of the s
				A Committee of the Comm
		Andrew Committee		
				And the second
	Enter on page 1. line 7 -	Line 18: TOTAL OUTST	ANDING LIABILITIES (ALL)	

Page 7

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