

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

	File with: City of Town Clerk of Election Commission
Fill in Reporting Period dates: Beginning Date:	Ending Date: 2019 OCT 28 P 12: 31
A comment of providing a second	TOWN CLERK'S OFFICE
Type of Report: (Check one)	TOWN OF SAUGUS, MASS.
Dal day manding alection	30 day after election year-end report dissolution
8th day preceding preliminary 8th day preceding election	30 day after election
JOHN S. HATCH	
Candidate Full Name (if applicable)	Committee Name
SAVGUS School Committee	
Office Sought and District	Name of Committee Treasurer
6 MORRIS SLACE	
Residential Address	Committee Mailing Address
E-mail: JSHATCHMO 50 @ Gmail. Com	E-mail:
Phone # (optional): 781-941-0972	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
	CE IN OKWATION.
Line 1: Ending Balance from previous report	0.60
Line 2: Total receipts this period (page 3, line 11	1) /00.60
Line 3: Subtotal (line 1 plus line 2)	100.00
Line 4: Total expenditures this period (page 5, li	ine 14) 446 · 25
Line 5: Ending Balance (line 3 minus line 4)	346.25
Line 6: Total in-kind contributions this period (p	page 6) 0.60
Line 7: Total (all) outstanding liabilities (page 7	7) 0.00
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 be activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee	nest of my knowledge and belief, a true and complete statement of all campaign finance and contributions and liabilities for this reporting period and represents the campaign in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	l box 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 activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ring 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 finance activity, including contributions, loans, receipts, expenditures, disburseme campaign finance activity of all persons acting under the authority or on behalf of	o the best of my knowledge and belief, a true and complete statement of all campaign nents, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury: John & Hate	

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)
10/26/2019	William F. Cuss 43 FIREST ST HANDVER MA 02339	100.00	THE SUIPOIK Group
	IZ: 31 FFICE MASS.		
10 mg			
	MIS OCT 28 P TOWN CLERK'S TOWN OF SAUGUS,		
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
ine 11: TOTAL I	RECEIPTS IN THE PERIOD		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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)
- 2/-7,	Constitution of the second	Qh Que y l	
,		,	
			Town Town
			OCI 28 OF SAUG
			CLERK'S OFFICE MASS.
1			
Line 9: Total Reco	eipts over \$50 (or listed above)		
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RECEIPTS IN THE PERIOD	0.1: 10.1	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.)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
9-23-2019	SALHEMS SIGN 124 Main St SAUGUS MQ 01906	124 MAIN ST SAUGUS MH 01906	signs + STAKES	446.25	
VED	P 12: 31				
ECE	CLERK'S				
	TOWN				
		Line 12: Total Expenditures ov	er \$50 (or listed above)	446.25	
		Line 13: Total Expenditures \$50	and under* (not listed above)		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				446.25	

^{*} 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)

D . D	To Whom Paid	,		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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			5-5-01	1
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			25 to = 3	
				7.4.2
		_	10 17 20	Anna
			70.WN	
) OCT	
			(O) m	
			9 %	
			D II	
			MASS 23	
			m 2	
	-	Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
Ester on page 1 line 4 a Line 14: TOTAL EVDENINITUDES IN THE DEDICE				
Enter on page 1, line 4 -> 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.				

^{*} 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				1
	~ U.			
WEL	P 12:			
ECE	OCT 28			
	2018 TOW TOW			
	* 3			
		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 →	Line 17: TOTAL IN-KIND Co	ONTRIBUTIONS	

^{*} 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.

Page 6

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
9/23/2019	SACHEM SIGN WOOKS	124 MAIN 37 SAUBUS MA 01906	SIGNS STAKES	446.25
				5
				1
	,			E Arriv
			ZOLO OCT	R
			2019 OCT 28 P 2: 31 OWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.	ri K
			2: 31 DFFICE MASS.	5
			75.7	
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	446.25

WILLIAM F. CASS
KAREN McEACHERN CASS
43 FOREST ST.

43 FOREST ST. HANOVER, MA 02339 5-7515/110

8357

DATE 16 22 19

PAY TO THE ORDER OF HATCH COMMUTTEE

____\$ 100-

OWE THURSD AND OU

DOLLARS 1 Security Features Included. Details on Back.

Santander Bank, N.A.

MEMOGSOP LUCK!

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TOWN CLERK'S OFFICE

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THE MENT OF THE

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HATCH, JOHN Compainy Name

SACHEM INVOICE SIGNacorks

124 Main ST. SAUGUS, MA 01906 781-941-8007 FAX:781-941-8009

ALL CREDIT CARD PURCHASES

PO#

Date

9.23.19

4% PROCESSING FEE ARE SUBJECT TO A

Description of Work

Haf. Size Lgth _ Font.

FULL COLOR Color . Material CORO

50% deposit on all orders balance due upon completion of delivery

All Price Quotes Good For 30 Days

Description

\$12.25EA = \$367.50 STAKES \$52.50 SIGNS

Materials 🍑 **Artwork** Bucket Install Labor In Shop Labor

Balance Deposit

Signature

\$446.25

Total

Tax \$26.25

School Committee

"Always a Voice for Kids"

RECEIVED

2019 OCT 28 P 12: 31

TOWN CLERK'S OFFICE TOWN OF SAUGUS, MASS.