



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



Fill in Reporting Period dates: Beginning Date: 4/1/2017 Ending Date: 5/8/2017
File with: City or Town Clerk or Election Commission

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Deirdre J. Hall
Candidate Full Name (if applicable)
Selectman - Rockland
Office Sought and District
204 Standpipe Dr. Rockland, MA
Residential Address
E-mail: deirdrejhall@gmail.com
Phone # (optional): _____

The Committee to Elect Deirdre Hall
Committee Name
Meghan Rooney
Name of Committee Treasurer
319 Centre Ave #225 Rockland, MA 02370
Committee Mailing Address
E-mail: meghan.rooney@gmail.com
Phone # (optional): 781-831-5724

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>1337.51</u>
Line 2: Total receipts this period (page 3, line 11)	<u>1709.08</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3046.59</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>2853.34</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>213.25</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>1019.08</u>
Line 8: Name of bank(s) used:	<u>Rockland Trust.</u>

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: Meghan Rooney (Treasurer's signature) Date: 5/7/17

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 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 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.

Candidate without Committee OR Candidate with independent activity filing separate report
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 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: [Signature] (Candidate's signature) Date: 5/7/17

SCHEDULE A: RECEIPTS (continued)

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			← 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 (continued)

Date Paid	To Whom 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 →

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.

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
3/31/17	East Coast Printing - pd by DM	2 Keithway Units Mingham, MA	mailing	324.06.
5/6/17	michaels - pd by DM	1246 Washington St Hanover, MA 02339	Thank You Cards	30.74
4/7/17	mike's pizzeria	315 Union St. Rockland, MA 02370	Gift Card / Contest Giveaway	50.00
4/8/17	Rockland Bantbill	323 Union St. Rockland, MA 02370	meeting	26.28
4/3/17	USPS	USPS PO 2465110370 Rockland, MA	mailing	588.00
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				1019.08



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance



Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 5/7/2017

Name of Individual Being Reimbursed: Deirdre Hall

Committee Name: The Committee to Elect Deirdre Hall

CPF ID Number (if applicable): Telephone Number (optional): 781-831-5124

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
<u>1/28/17</u>	<u>Banner</u>	<u>167 Union St. Rockland, MA 02370</u>	<u>Campaign Kick off event</u>	<u>280.00</u>
<u>3/27/17</u>	<u>Dunkin Donuts</u>	<u>21 East Water St. Rockland, MA 02370</u>	<u>Dinner @ Leisurewoods</u>	<u>64.97</u>
<u>2/13/29</u>	<u>East Coast Printing</u>	<u>2 Keith Way Unit 5 Hingham MA 02043</u>	<u>Campaign Signs</u>	<u>1183.63</u>
<u>3/29/17- 3/15/17</u>	<u>Home Depot</u>	<u>1149 Hingham St. Rockland, MA 02370</u>	<u>wood for campaign signs</u>	<u>155.73</u>
<u>1/28/17</u>	<u>UPS</u>	<u>319 Center Ave. Rockland, MA</u>	<u>Do Box</u>	<u>102.00</u>

(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above): 1786.33

Line 2: Expenditures \$50 or under (not itemized): 29.99

Line 3: TOTAL AMOUNT REIMBURSED: 1814.26

Signed under the penalties of perjury:

Meehan Rooney
Signature of Candidate / Treasurer

Date: 5/7/17

Please prepare a separate report for each reimbursement check issued by the committee.

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Page 2 Total (add to Line 1 on Page 1):				