

Form CPF M 102: Campaign Finance Report/ED Municipal Form

Office of Campaign and Political Finance

15 JUN 22 AM 8: 45

Commonwealth of Massachusetts	TOWN CLERK'S COM
Fill in Reporting Period dates: Beginning Date: May	9, 2015 Ending Date: Jun 19, 2015
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	⊠ 30 day after election
Nicholas V Hammond	Committee to Eleck Nick Hammond
Candidate Full Name (if applicable)	Committee Name
Auburn Town Clerk	Michael Hammond
Office Sought and District	Name of Committee Treasurer
23 Rock Ave Auburn MA 01501	23 Rock Ave Auburn MA 01501
Residential Address	Committee Mailing Address
Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	1,092.23
Line 2: Total receipts this period (page 3, line 11) 400
Line 3: Subtotal (line 1 plus line 2)	1,492.23
Line 4: Total expenditures this period (page 5, lin	ne 14) 1,463.94
Line 5: Ending Balance (line 3 minus line 4)	28.29
Line 6: Total in-kind contributions this period (pa	age 6) 895.29
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Millbury Credit Unio	no
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on befall of this committee in Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 be Candidate with Committee and no activity independent of the committee	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 579-15
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 activity and incurred any liabilities nor made any expenditures on my behalf during this reporting	
Candidate without Committee OR Candidate with independent activity filing s I certify that I have examined this report including attached schedules and it is, to th finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of th	e best of my knowledge and belief, a true and complete statement of all campaign is, in-kind contributions and liabilities for this reporting period and represents the

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed account 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. This page may be copied 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)
5/14/2015	Verderese, Paul C 14 Westchester Dr. Auburn MA 01501	350	Verderse Financial / Self

· · · · · · · · · · · · · · · · · · ·			
· · · · · · · · · · · · · · · · · · ·			
	I receipts in excess of \$50 (or listed above	350.00	
	al receiptsof \$50 and under * (not listed a	50.00	
ine 11: TO	TAL RECEIPTS IN THE PERIOD	400.00	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.

Page 2

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 of \$50 and under, from may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing required)	Address	Purpose of Expenditure	Amount
19-May	Infinity Valet	Brookline St Worcester MA	Event	100.00
21-May	The Political Group	P.O. Box 5192 San Antonio TX 78201	Phone Lists/ Calls	524.34
	Staples	571 Boston Turnpike Shrewsbury MA 01545	Stamps/Mailing	340.00
14-May	USPS	Auburn St Auburn MA 01501	Stamps/Mailing	285.60
19-May	Yong Shing	90 Auburn St Auburn Ma 01501	Event	214.00
		Line 12: Expenditures over \$	350	1463.94
	Fator on page 1 line 4	Line 13:Expenditure \$50 and		1162
	Enter on page 1, line 4 Line 14: TOTAL EXPENDITURES 1			1463.94

^{*} If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 3

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.)

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
		 		
		J [
		J		
			1	
			[[]	
]		
			lli il	
] [
		Line 12: Total Expenditures ov	er \$50 (or listed above)	
Line 13: Total Expenditures \$50 and under* (not listed above)				
		Line 13: Total Expenditures \$50	u and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TIDES IN THE DEDIOD	
			hould include only those expanditure	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	L .	Line 12: Expenditures over \$50	O (or listed above)	
	Line 13: Expenditures \$50 and under* (not listed above)			
		Line 14: TOTAL EXPENDIT	URES 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 C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions of \$50 and under may be added together from committees records and included in line 16 on page 1.

Date Received	From Whom Received *	Residential Address	Description of Contribution	Value
5/12/2015	Nicholas Hammond	23 Rock Ave Auburn MA 01501	Postage	29.40
5/13/2015	Nicholas Hammond	23 Rock Ave Auburn MA 01501	Postage	9.80
5/13/2015	Nicholas Hammond	23 Rock Ave Auburn MA 01501	Printing	29.74
5/15/2015	Nicholas Hammond	23 Rock Ave Auburn MA 01501	Postage	171.50
5/15/2015	Nicholas Hammond	23 Rock Ave Auburn MA 01501	Phone Calls	29.17
5/14/2015	Nicholas Hammond	23 Rock Ave Auburn MA 01501	Facebook Ad (includes 163.81 liability)	252.02
5/31/2015	Nicholas Hammond	23 Rock Ave Auburn MA 01501	Facebook Ad	373.66
		Line 45 to 12 to 1		· .
		Line 15: In-kind over \$ 50 Line 16: In-kind \$ 50 and under		895.29
	Enter on page 1, line 6	Line 17: Total In-kind		895.29

^{*} 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.

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
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			