



Commonwealth
of Massachusetts

Form CPF D 102 : Campaign Finance Report
Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
TOWN OF SWAMPSCOTT
2019 APR 24 PM 1 25

File with: Director

Office of Campaign and Political Finance
One Ashburton Place
Boston, MA 02108
(617) 727-8352

CPF ID# _____

Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning Month JANUARY Date 1 Year 2019 Ending Month APRIL Date 18 Year 2019

Type of report: (Check one)

☒ Initial Report ☐ Year-end Report ☐ Dissolution Report ☐ Other

DONALD M HAUSE

Full Name of Candidate

SELECTMAN

Office Sought/District

66 LINCOLN CIRCLE

Residential Address

SWAMPSCOTT MA

Tel. No. (optional)

COMMITTEE TO RE-ELECT

Committee Name DON HAUSE

KIM HAUSE

Name of Committee Treasurer

66 LINCOLN CIRCLE

Committee Mailing Address

SWAMPSCOTT

Tel. No. (optional)

SUMMARY BALANCE INFORMATION:

Line 1: Ending balance from previous report \$ 0
Line 2: Total receipts this period (page 2, line 11) \$ 0
Line 3: Subtotal (line 1 plus line 2) \$ 0
Line 4: Total expenditures this period (page 3, line 14) \$ 0
Line 5: Ending balance (line 3 minus line 4) \$ 0
Line 6: Total in-kind contributions this period (page 3) \$ 0
Line 7: Total (all) outstanding liabilities (page 4) \$ 2970.32
Line 8: Name of bank(s) used TD BANK

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:

Treasurer's signature (in ink)

Date

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, and 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:

Candidate signature (in ink)

Date

SCHEDULE A: RECEIPTS

INITIAL REPORT: Report any receipts received before appointing the depository bank

OTHER REPORTS: You may omit schedule A information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your receipts on lines 9 - 11.

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.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total receipts in excess of \$50			Enter on page 1, line 2.
Line 10: Total receipts \$50 and under			
Line 11: TOTAL RECEIPTS IN THE PERIOD			

SAVINGS ACCOUNT INFORMATION

Are there any campaign funds on deposit in savings accounts/CDs etc.? ☒ No (go to page 3) ☐ Yes

If yes, complete the following:

Name(s) of Bank(s) and/or CDs

Amount in account/CD etc.

	\$ <u> </u>
	\$ <u> </u>
	\$ <u> </u>
	\$ <u> </u>
	\$ <u> </u>
SAVINGS ACCOUNT/CD TOTAL:	\$ <u> </u>

All funds held in savings accounts, CDs etc. should be included in line 5, (ending balance) on page 1.

SCHEDULE B: EXPENDITURES

INITIAL REPORT: Report any expenditures made before appointing the depository bank.

OTHER REPORTS: You may omit schedule B information, as this has previously been disclosed on the reports filed by your depository bank. However, you must summarize your expenditures on lines 12 - 14.

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.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
3.1.19	STAPLES	41			
3.1.19	VISTA PRINT	ON-LINE	POST CARDS	56	82
Line 12: Expenditures over \$50				56	82
Line 13: Expenditures \$50 and under					
Line 14: TOTAL EXPENDITURES				56	82

Enter on page 1, line 4

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

In-kind contributions are not reported by a depository bank. You must report all in-kind contributions for the reporting period on this form (or attached sheets). 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-kind over \$50				
Line 16: In-kind \$50 and under				
Line 17: Total In-kind				

Enter on page 1, line 6

* 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 contributor has given an aggregate amount of \$200 or more in a calendar year, the contributor's occupation and employer must also be reported.

This page may be copied if additional pages are required to report all expenditures or all in-kind contributions. Please include your committee name, CPF ID# and a page number on each page.

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
2-26-94	WARREN CONSULTING company	ATTN: JACKIE KINNEY		
	SWAMPSCOTT MA.		CAMPAIGN SIGNS + MAILINGS	\$2970 ³²
Enter on page 1, line 7. Line 18: OUTSTANDING LIABILITIES (ALL)				2970 ³²

SCHEDULE E: DISCLOSURE OF ASSETS STATEMENT

All candidates and committees must fill in part A or part B.

Part A:

☒ No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement.

Part B:

Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Present Location	Manner Acquired	Cost/Value

Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement.

Asset Include year, model or other identifying information, if applicable.	Date Acquired	Disposition to: Name and Address	Date and Manner of Disposition	Disposition Value Attach statement of how value is determined.

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

* An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

This page may be copied if additional pages are required to report all liabilities or assets. Please include your committee name, CPF ID# and a page number on each page.





Commonwealth
of Massachusetts

Municipal Form

Office of Campaign and Political Finance

RECEIVED
TOWN CLERK
TOWN OF SWAMPSCOTT

2019 JUN 17 PM 2 02

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/13/19 Ending Date: 5/20/19

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

DONALD M HAUSE
Candidate Full Name (if applicable)

SELECTMAN - SWAMPSCOTT MA
Office Sought and District

66 LINCOLN CIRCLE, SWAMPSCOTT MA 01907
Residential Address

Telephone Number (optional):

CMTEE TO RE-ELECT DON HAUSE
Committee Name

KIM KELLY HAUSE
Name of Committee Treasurer

66 LINCOLN CIRCLE, SWAMPSCOTT MA
Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>\$ 0</u>
Line 2: Total receipts this period (page 3, line 11)	<u>\$ 825.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>\$ 825.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>\$ 726.56</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>\$ 98.44</u>
Line 6: Total in-kind contributions this period (page 6)	<u>\$ 0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>\$ 2,970.92</u>
Line 8: Name of bank(s) used:	<u>EASTERN BANK.</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: Kim Kelly Hause (Treasurer's signature)

Date:

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.

[Signature]

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)
4/20	CARLOS PISTIOS 130 ATLANTIC AVE SWAMPSCOTT	200	
4/29	MICHAEL S. FINEZ 530 LOUNG AVE, SALEM	200	
4/29	BARBARA YASI 58 PHILLIPS AVE SWAMPSCOTT	50	
4/29	FRIS GOLCHYON 34 SUPERIOR RD SWAMPSCOTT	50	
4/29	TOM BELHUMER 100 GALEPES RD SWAMPSCOTT	200	
4/29	JAMES P. DENNIS 73 MANUMET AVE SWAMPSCOTT	100	
4/29	CONNIE GONDREAU 61 GREENWOOD AVE SWAMPSCOTT	25	
Line 9: Total Receipts over \$50 (or listed above)		8700	
Line 10: Total Receipts \$50 and under* (not listed above)		125	
Line 11: TOTAL RECEIPTS IN THE PERIOD		8825	← 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)[illegible]

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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.

[illegible]

7260 560

726 ⁵⁶

Page 4

SCHEDULE B: EXPENDITURES (continued)[illegible]

* 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.

[illegible]

* 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
4/19	VERBA CONSULTING	67 FULMER AVE SAMPSON MA 01907	CAMPAIGN SUPPLIES SEE BELOW	
			ISO SHIRTS INCL. SHIPPING	1,082.81
			3000 POST CARDS AND MAILING	999.67
			EDDM CARD PRINTING AND MAILING	858.44
			TOTAL	2,940.92
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	2,940.92

