

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts		File with: City or Town Cler	c or Election (Commission	
Fill in Reporting Period dates: Beginning Date:	T 30,	2017 Ending Date: 12/31/17			
Type of Report: (Check one)					
8th day preceding preliminary 8th day preceding election	30 da	y after election year-end report	dissol	ution	
Frederich J Hoppel Jr					
Candidate Full Name (#applicable) Town Councilor AT Large		Committee Name	£ 29	100 M	
Office Sought and District 54 WISKT ST Weymorth MA		Name of Committee Treasurer	R		
Residential Address E-mail: JL2:12 © comcest - net	E-mail:	Committee Mailing Address		93	
Phone # (optional):	Phone #	(optional):			
SUMMARY BALAN	CE INFO	ORMATION:			
Line 1: Ending Balance from previous report		a 4221.33			
Line 2: Total receipts this period (page 3, line 11	1)	5 1775.00			
Line 3: Subtotal (line 1 plus line 2)		\$ 5996.33			
Line 4: Total expenditures this period (page 5, li	ne 14)	6 3,346.87			
Line 5: Ending Balance (line 3 minus line 4)		\$ 2649, 46			
Line 6: Total in-kind contributions this period (p	page 6)	Q			
Line 7: Total (all) outstanding liabilities (page 7)	Ø			
Line 8: Name of bank(s) used:	E.C.ST	en Bank			
Affidavit of Committee Treasurer: 1 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: Creasurer's signature					
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 report. Candidate without Committee OR Candidate with independent activity filing I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the committee.	accordance w ng period. separate rep the best of my nts, in-kind co	ort knowledge and belief, a true and complete statementributions and liabilities for this reporting period	ent of all camp and represents 55.	ntributions,	
Signed under the penalties of perjury:		(Candidate's 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.)

•	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
10/20/17	Mike Ryan 15 COBBIESTONE Plymont MA 02360	\$ 100.00	
10/27/17	William Phelon 86 Montoe RZ Quincy MA 02169	\$720.00	ATTORIEY Solf Employed
10/27/17	Paul Machintire 323 Pleasant St S. Neymonth MA 02190	\$1000.00	Contractor Self Employed
10/28/17	Edward Langille	\$100.00	
21/2/11	Robert Delever 27 Belmont ST Wermath	\$250.00	Inspertor Resistry Motor Vehicles
Line 9: Total Rece	eipts over \$50 (or listed above)	\$1,700.00	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	\$75.00	
	RECEIPTS IN THE PERIOD	1,775.00	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.

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	
11/6	Life Storese	80 Mein ST WEXMOTH MA	Compaign Equipment Storage	158.00	
11/9	Olympic Pizza	15 Union 57 5. hexnort MA 02150	Election Dey Food	\$50.00	
11/16	Fired Heppel	54 WIGHT ST S. Neymonth MA 02198	Reinbussenent see R-1	\$ 570 -34	
10/19	Golden Moret	86 Roberts ST OLINCY MA 02169	Meiling	2123.53	
11/25	Golden Moret	or Roberts St Orliner MA OBIES	57. chc13	545.00	
11/25	Joennes Place	88 Piccson7 ST S. Lexnand MA 02190	Contr. bution	\$ 150.00	
11/25	Abiscil Adems School	89 Middle 57 L. Lexma 12 02189	CONTRIBUTION DAAS Prosecur	\$ 150.00	
11/29	Town of wexnorth	75 Hiddle St hermain Mc 02189	Meyors Christmes Fundacism	2100	
	Line 12: Total Expenditures over \$50 (or listed above)			3,346.87	
Line 13: Total Expenditures \$50 and under* (not listed above)					
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				3,346.87	

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

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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
	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 CONTRIBUTIONS				

^{*} 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.

ate Incurred	To Whom Due	Address	Purpose	Amount
			f:	
				N.
			11	

(AIDING LIADILITIES (ALL)

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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 o	of Reimbursement:)
Name of Individu	al Being Reimbursed: Fre J	Hoppe)	18 179 1	
Committee Name	:			
CPF ID Number (CPF ID Number (if applicable): Telephone Number (optional):			
	ITEMI	ZE EXPENDITURES IN EXCESS	OF \$50	
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/16/17	Nation Builder	520 S. Grand Ave Los Angoles CA 90071	webs.Te	149,00
10/16/12	Facebook	Celofornist	Advertiserent	49.59
922/17	Nerion Buildy	500 S. Grand Aug LA CA 50071	ne p2: 16	149.00
	(Include items listed on Page 2)	Line 1: Expenditures in excess of	\$50 (itemized above):	347.99
		Line 2: Expenditures \$50 or under	(not itemized):	212.35
Line 3: TOTAL AMOUNT REIMBURSED:				
Signed under the penalties of perjury:				
Signature of Candidate / Treasurer Date: 12/29/17				