



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report

## Municipal Form

Office of Campaign and Political Finance

Weymouth Office

2021 JAN 20 PM 1:00

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2020 Ending Date: December 31, 2020

Type of Report: (Check one)

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

Frederick J Happel Jr  
Candidate Full Name (if applicable)

Councilor at Large  
Office Sought and District

54 Wright St Weymouth MA 02190  
Residential Address

E-mail: JHEIRE@Comcast.net

Phone # (optional): \_\_\_\_\_

Committee to Elect Fred Happel  
Committee Name

Joseph DiCesare  
Name of Committee Treasurer

PO Box 535 Weymouth MA 02190  
Committee Mailing Address

E-mail: \_\_\_\_\_

Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	6022.37
Line 2: Total receipts this period (page 3, line 11)	2500.00
Line 3: Subtotal (line 1 plus line 2)	8522.37
Line 4: Total expenditures this period (page 5, line 14)	3571.03
Line 5: Ending Balance (line 3 minus line 4)	4951.34
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
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: [Signature] (Treasurer's signature) Date: 1/19/21

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

**Candidate with 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 that are not otherwise disclosed in this report.

**Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 1/20/21

## 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)
2/5/2020	Carmens Union 295 Devonshire St Boston MA 02110	\$500	PAC
6/26/20	Iron Workers Local 7 195 Old Coloney Ave South Boston MA 02127	\$500	PAC
7/22/20	Plumbers Union 1240 Mass Ave Boston MA 02125	\$500	PAC
11/4/20	Laborers District Council 7 Laborers Way Hopkington MA 01748	\$500	PAC
11/17/20	Sheet Metal Union 1157 Adams St Dorchester MA 02124	\$500	PAC
<b>Line 9: Total Receipts over \$50 (or listed above)</b>		\$2500	← Enter on page 1, line 2
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		\$2500	

\* 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 A: RECEIPTS (continued)**

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>	<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>
<b>Line 9: Total Receipts over \$50 (or listed above)</b>			
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← 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.)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
1/2/20	Fred Happel	54 wright st weymouth MA 02190	Reimbursement see R-1	479.93
1/13/20	Lifestorage	81 Main St Weymouth MA 021	Storage	\$168.00
1/14/20	Cal Ripken Baseball League		Sponsorship	\$250.00
1/14/20	Weymouth Street Hockey League		Sponsorship	\$450.00
1/26/20	Mighty Quinn Foundation	Green St N Weymouth MA 02191	Sponsorship	\$50.00
3/2/20	Academy Ave Parent Council	Academy Ave Weymouth MA 02189	Brick Purchase/sponsor	\$50.00
3/4/20	Life Storage	81 Main St Weymouth MA 021	Storage	\$74.00
5/5/20	Life Storage	81 Main St Weymouth MA 021	Storage	\$74.00
6/4/20	Life Storage	81 Main St Weymouth MA 021	Storage	\$74.00
6/26/20	USPO	Pleasant St Weymouth MA 02190	PO Box	\$75.00
7/7/20	Life Storage	81 Main St Weymouth MA 021		\$94.00
7/21/20	Printing Unlimited	Holbrook MA		\$26.56
Line 12: Total Expenditures over \$50 (or listed above)				\$1865.49
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Enter on page 1, line 4 → <b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				\$1865.49

\* 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)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
7/26/20	Fred Happel	54 Wright St Weymouth MA 02190	reimbursement see R-1	\$237.70
8/2/20	Life Storage	81 Main St Weymouth MA 021	Storage	\$74.00
8/5/20	Weymouth High Girls Soccer Boosterd	Webb St Weymouth MA 02188	Sponsor	\$200.00
9/4/20	Life Storage	81 Main St Weymouth MA 021	Storage	\$74.00
9/29/20	North Weymouth Vietnam Memorial	North St N Weymouth MA 02191	Sponsor	\$50.00
10/5/20	Life Storage	81 Main St Weymouth MA 021	Storage	\$81.00
11/1/20	Fred Happel	54 Wright St Weymouth MA 02190	Reimbursement see R-1	\$656.84
11/4/20	Life Storage	81 Main St Weymouth MA 021	Storage	81.00
12/7/20	Life Storage	81 Main St Weymouth MA 021	Storage	\$101.00
12/21/20	USPO	pleasant St weymouth MA 02190	PO Box	\$150.00
Line 12: Expenditures over \$50 (or listed above)				\$1705.54
Line 13: Expenditures \$50 and under* (not listed above)				0
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>\$1705.54</b>

Enter on page 1, line 4 →

\* 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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
<b>Line 15: In-Kind Contributions over \$50 (or listed above)</b>				0
<b>Line 16: In-Kind Contributions \$50 &amp; under (not listed above)</b>				0
Enter on page 1, line 6 → <b>Line 17: TOTAL IN-KIND CONTRIBUTIONS</b>				0

\* 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.





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: 1/2/2020

Name of Individual Being Reimbursed: Fred Hupp

Committee Name: Committee To Elect Fred Hupp

CPF ID Number (if applicable):  Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
11/4/20	Natra Builder		DATA	214.90
12/9/20	Welfreons	569 Main St S. Weymouth	mailing	72.25
12/16/20	USPO	Pleasant St S. Weymouth	STAMPS	135.30

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above): 422.45

Line 2: Expenditures \$50 or under (not itemized): 57.48

Line 3: TOTAL AMOUNT REIMBURSED: 479.93

Signed under the penalties of perjury:

Fred Hupp Jan E. Desjardis Date: 1/15/21

Signature of Candidate / Treasurer

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





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:

Name of Individual Being Reimbursed:

Committee Name:

CPF ID Number (if applicable):  Telephone Number (optional):

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
2/4/20	Nation Builder		Data	107.70
2/9/20	Go Daddy		website	54.05

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<input type="text" value="161.75"/>
	Line 2: Expenditures \$50 or under (not itemized):	<input type="text" value="75.95"/>
	<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<input type="text" value="237.70"/>

Signed under the penalties of perjury:

  
Signature of Candidate / Treasurer

Date:

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



# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Commonwealth  
of Massachusetts

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: <u>11/9/2020</u>
Name of Individual Being Reimbursed: <u>Fred Heppel</u>	
Committee Name: <u>Committee To Elect Fred Heppel</u>	
CPF ID Number (if applicable): <input type="text"/>	Telephone Number (optional): <input type="text"/>

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
<u>11/2/20</u>	<u>NATION Builder</u>		<u>Data</u>	<u>217.64</u>
<u>7/21/20</u>	<u>OCITY Queen</u>	<u>Washington St</u>	<u>Ice cream for Sponsord Team members</u>	<u>90.00</u>

(Include items listed on Page 2) →	Line 1: Expenditures in excess of \$50 (itemized above):	<u>307.64</u>
	Line 2: Expenditures \$50 or under (not itemized):	<u>349.20</u>
	<b>Line 3: TOTAL AMOUNT REIMBURSED:</b>	<b><u>656.84</u></b>

**Signed under the penalties of perjury:**

_____ Signature of Candidate / Treasurer	Date: <u>11/21/21</u>
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Please prepare a separate report for each reimbursement check issued by the committee.