

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massighusetts File with: City or Town Clerk or Election Commission						
Fill in Reporting Period dates: Beginning Date: 3/	Ending Date: 5/3/19					
Type of Report: (Check one)						
Sarah MacDonald	Committee to Elect Sarah MacDonald					
Candidate Full Name (if applicable)	Committee Name					
Selectman - Dedham Office Sought and District	Leo Franci Name of Committee Treasurer					
102, Taylor Ave Dedham, MA 02026	66 Vincent Road Dedham MA 02026					
Residential Address	Committee Mailing Address					
E-mail: E-mail: E-mail:						
Phone # (optional): Phone # (optional):						
SUMMARY BALANCI	E INFORMATION:					
Line 1: Ending Balance from previous report	\$9,373					
Line 2: Total receipts this period (page 3, line 11)	\$1,325					
Line 3: Subtotal (line 1 plus line 2)	\$10,698					
Line 4: Total expenditures this period (page 5, line 14) \$8,932						
Line 5: Ending Balance (line 3 minus line 4) \$1,766						
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: Santander 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: 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. Date:						
signed under the penalties of perjury:						

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)
	See Attached Information	j i	
	See Attaches		
		1	
Line 9: Total Rec	eipts over \$50 (or listed above)	1,325	
Line 10: Total Red	ceipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD	1,325	← 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

	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
			,		
	U				
		A 14 2			
		Dee Httpched			
*					
		2			
	3				
			7		
		4			
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	8,932	
		Line 13: Total Expenditures \$50	0 and under* (not listed above)		
			WINDOW IN MITE PERIOR	8,932	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	UKES IN THE PERIOD	8,730	

^{*} 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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EXPENDITURES IN THE PERIOD	Z I	1,11		Line 14: TOTAL	Enter on page 1, line 4		
	and under (not listed above)	xpenditures \$50 and u		Line 12: Total E			•
	penditures over \$50 (or listed above)	tures over \$50 (Line 12: Total Ex			
	Lawn Signs	02136	MA	Hyde Park	1193 River Street	Union Printworks	2-Mar
Reimbursement \$	Decorations (L. Perns Reimbursement			Westwood	221 University Ave	Target	11-Apr
Reimbursement \$	Decorations (L. Perns Reimbursement	02026	MA	Dedham	160 Providence Highway	Stop & Shop	13-Apr
Reimbursement \$	Decorations (L. Perns Reimbursemen	02090	MA	Dedham	795 Providence Highway	Star Market	21-Apr
S. MacDonal R \$	Misc. Office Supplies - S. MacDonal R	02026	MA	Dedham	450 Providence Highway	Staples	21-Apr
2,278.35+217: \$	Postcards and Postage 2,278.35+217	02745	MA	Hyde Park	186 Duchaine Blvd.	Standard Modern Company	21-Apr
rsement)	Stamps (J. Tocci Reimbursement)	02026	MA	Dedham	611 High Street	Postmaster General (J. Tocci)	21-Apr
	Postage Reimbursement	02026	MA	Dedham	202 Bonham Road	Postage - Gemma reimbursement	21-Apr
Party - D pe \$	Supplies for Election Day Party - D	02132	MA	Roxbury	580 VFW Parkway	Party City	27-Apr
	Pizza - P. Springer Reimb	02026	MA	Dedham	600 Providence Highway	Papa Ginos	13-Apr
ursement \$	Alcohol - D. Pepoli Reimbursement	02454	MA	Waltham	P.O. Box 54031	Gordon's Fine Wines & Liquors	27-Apr
months) S. M \$	Google Cloud C-Suite (4 months) S.	64043	CA	Mountain View	1600 Amphithetre Pkwy	Google	27-Apr
onths)	Facebook Marketing (3 months)	94025	CA	Menio Park	1 Facebook Way	Facebook	27-Apr
S. MAcDon	Facebook Ads (3 months) S. MAcDon \$	94025	CA	Menlo Park	1 Facebook Way	Facebook	13-Apr
	Ads	02026	ž	Dedham	395 Washington Street	Dedham Times	12-Арг
(3 months) - \$	Email Service - Marketing (3 months)	02451	MA	Waltham	1601 Trapelo Road	Constant Contact	9-Apr
†	Bar Service - Election Night	02188	MA	Weymouth	5 Nanset Road	Cocktails	4-Apr
	Processing Fees	02144	MA	Somerville	366 Sommer Street	ActBlue	2-May
L. Perna Re \$	Misc Campaign Supplies (L. Perna Re	02026	M A	Dedham	Dedham Mall	AC Moore	1-Apr
diture	Purpose of Expenditure	Zip	State	City	Address	To Whom Paid (Alphabetical listing required)	Check Date
				5/3/2019	As of	66 VINCENT ROAD DEDHAM, MA 02026	
	ES (all)	EXPENDITURES (all)			Ĺ	COMMITTEE TO ELECT SARAH MACDONALD	

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	
NA					
			3		
		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 →	n 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.

Date Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	-0-