

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massach MAY 15 AM 10: 56

of Massachusetts 1141	File with: City or Town Clerk or Election Commission		
Fill in Reporting Reriod dates Beginning Date: Marc	h 28, 2019 Ending Date: May 3, 2019		
Type of Report: (Check one)			
☐ 8th day preceding preliminary ☐ 8th day preceding election	⊠ 30 day after election		
William J Ralph	Committee to Elect William J Ralph		
Candidate Full Name (if applicable) Selectman, Town of Dedham	Committee Name John Ralph		
Office Sought and District	Name of Committee Treasurer		
17 Linden Pl, Dedham, MA 02026	17 Linden Pl, Dedham, MA 02026		
Residential Address	Committee Mailing Address		
E-mail: bill@dedhamsolutions.com	E-mail: john.ralph@dedhamsolutions.com		
Phone # (optional): 781-269-4924	Phone # (optional): 781-269-4924		
CYMMA DY DAY ANG	E INFORMATION.		
SUMMARY BALANC			
Line 1: Ending Balance from previous report	914.23		
Line 2: Total receipts this period (page 3, line 11)	0		
Line 3: Subtotal (line 1 plus line 2)	914.23		
Line 4: Total expenditures this period (page 5, line 14)			
Line 5: Ending Balance (line 3 minus line 4)	4.36		
Line 6: Total in-kind contributions this period (page	ge 6)		
Line 7: Total (all) outstanding liabilities (page 7)			
Line 8: Name of bank(s) used: Dedham Savings			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind c finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.		
/F	(Teasurer 5 signature)		
FOR CANDIDATE FILINGS ONLY: Adjuavit of Candidate: (check 1 box	x 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 activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.		
Candidate without Committee OR Candidate with independent activity filing set I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign, in-kind contributions and liabilities for this reporting period and represents the		
Signed under the penalties of periury:	(Candidate's signature) Date: 05/03/2019		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Company of the Compan			
I PARTITION AND AND AND AND AND AND AND AND AND AN			
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
		<u></u>	d include only those receipts not itemized above.

^{*} 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 (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		

	Line 12: Expenditures over \$50 (or listed above)					
Line 13: Expenditures \$50 and under* (not listed above)						
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES 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 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
Heliada Adore in marine in				
				And Address of the Control of the Co
	P. A	Line 18: TOTAL OUTSTANI	DING LIARUSTIES (ALL)	

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