



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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TOWN OF DEDHAM
CLERKS OFFICE

Fill in Reporting Period dates: Beginning Date: 3/29/19 Ending Date: 5/13/19 File with: City or Town Clerk or Election Commission

Type of Report: (Check one)
 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Carmen Dello Iacono Jr.
Selectman Dedham
Office Sought and District
145 W. Jersey St. Dedham MA
Residential Address
E-mail: CKSDZL@aol.com
Phone # (optional):

Committee to Elect Dello Iacono
Committee Name
Kathleen Schortmann
Name of Committee Treasurer
277 Walnut St. Dedham MA
Committee Mailing Address
E-mail: Kaytim@aol.com
Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	4418.43
Line 2: Total receipts this period (page 3, line 11)	850.00
Line 3: Subtotal (line 1 plus line 2)	5268.43
Line 4: Total expenditures this period (page 5, line 14)	3878.13
Line 5: Ending Balance (line 3 minus line 4)	1390.30
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	300.00
Line 8: Name of bank(s) used:	Dedham Institution for Savings

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: Kathleen Schortmann (Treasurer's signature) Date: 5/13/19

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: 5-13-19

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)
3/29/19.	Frank Gobbi. PO Box 220 Westwood MA. 02090.	\$100.	Self Employed Landlord
3/30/19.	Plumbers and Gasfitters Local 12. 1240 Mass Ave Boston 02125	\$250.	Union
3/31/19.	Union Local 7 Bridges/Iron workers. 195 Old ColonySo Boston 02127	\$500.	Union
Line 9: Total Receipts over \$50 (or listed above)		\$850	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$850	← Enter on page 1, line 2

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
4/4/19.	Hot Cards.	2400Superior Ave. Cleveland, Ohio. 44114	Printing.	\$634.84
4/5/19.	Hot Cards.	2400 Superior Ave. Cleveland, Ohio. 441144	Printing.	\$141.06
4/6/19.	Go Union Print.	St Pete's FLA 33704.	Printing.	457.24
4/6/19.	Stop and Shop.	Providence HWY Dedham.	Food for SrCtr Debate.	19.99
3/29/19.	US Postmaster Dedham.	611 High St Dedham.	Postage.	275.00
4/4/19.	USPostmaster Dedham.	611 High St. Dedham.	Postage.	275.00
4/9/19.	US Postmaster Dedham.	611 High St. Dedham.	Postage	1860.00
3/29/19.	Yardsignwholesale.com.	!100 Colonial Dr Orlando FL 32804	Yard signs	215.00
Line 12: Total Expenditures over \$50 (or listed above)				3878.13
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				3878.13

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 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
3/3/19	Candidate Dello lacono	145 W. Jersey St. Dedham	Loan Reimbursement	300.00
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	300.00