



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth
of Massachusetts

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2019 APR -5 PM 1:45

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/1/2019 Ending Date: 3/28/19

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.
Candidate Full Name (if applicable)
Selectman Dedham

Office Sought and District
145 W. Jersey St. Dedham MA 02026

Residential Address
Cksdel@aol.com

E-mail: _____

Phone # (optional): _____

Committee to Elect Dello Iacono
Committee Name
Kathleen Schortmann

Name of Committee Treasurer
277 Walnut St. Dedham MA

Committee Mailing Address
Kaytim@aol.com

E-mail: _____

Phone # (optional): _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	254.13
Line 2: Total receipts this period (page 3, line 11)	4465.00
Line 3: Subtotal (line 1 plus line 2)	4719.13
Line 4: Total expenditures this period (page 5, line 14)	300.70
Line 5: Ending Balance (line 3 minus line 4)	4418.43
Line 6: Total in-kind contributions this period (page 6)	100.00
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: 4/5/2019

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box 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 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.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 4-5-19

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/3/19	Bernadette & Thomas Ryan 15 Azalea Circle, Dedham	100.00	
3/3/19	Robert & Kathleen Schortmann 277 Walnut St., Dedham	100.00	
3/26/19	Scott Steeves 19 Preston St. Dedham	100.00	
3/3/19	Anthony Tsolias 74 Rybury Hillway Needham	300.00	Owner - Dedham Thrift Cleaners
3/19/19	IBEW Local 2222-Verizon 1137 Washington St., Boston	250.00	Union
3/3/19	Carmen Dello Iacono Jr. - LOAN 145 W. Jersey St. Dedham	300.00	Electrical Inspector Town of Dedham
Line 9: Total Receipts over \$50 (or listed above)		3450.00	
Line 10: Total Receipts \$50 and under* (not listed above)		1015.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		4465.00	← 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 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)
3/3/19	Jerrold Bradbury 74 Icehouse Ln. Dedham	200.00	Bradbury Fence owner
3/3/19	Jason Brogan 5 Ware St., Dedham	300.00	Landlord, Self-Employed
3/3/19	Mary Ellen Doyle & Greg Jacobson 81 Leonard St., Dedham	100.00	
3/22/19	Mass Bricklayers Local #3 550 Medford St., Boston, 02129	500.00	Union
3/3/19	Diane & Jim McLeish 47 Pratt Ave., Dedham	100.00	
3/3/19	Mike & Liz McKenna 83 Ames St., Dedham	200.00	Electrician self employed
3/3/19	Marcia & Mike O'Connor 45 Marlboro St., Dedham	100.00	
3/3/19	Giorgio Petruzzello 42 Burgess Ln., Dedham	500.00	Developer self employed
3/3/19	Chris Polito 35 Lincoln St., Dedham	100.00	
3/3/19	Tom Polito 35 Lincoln St., Dedham	100.00	
3/3/19	Paul Riley 40 Valley Rd., Dedham	100.00	
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL RECEIPTS IN THE PERIOD			← 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 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
3/1/19	Candidate Dello Iacono	145 W. Jersey St. Dedham	Loan Reimbursement	300.00
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	300.00