

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachuscus APR - 5 PM 1: 45	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 1/1/20	
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.	Committee to Elect Dello Iacono
Selectman Dedham	Committee Name Kathleen Schortmann
Office Sought and District 145 W. Jersey St. Dedham MA 02026	Name of Committee Treasurer 277 Walnut St. Dedham MA
Cksdel@aol.com	Committee Mailing Address E-mail: Kaytim@aol.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	254.13
Line 2: Total receipts this period (page 3, line 11)	1) 4465.00
Line 3: Subtotal (line 1 plus line 2)	4719.13
Line 4: Total expenditures this period (page 5, lin	ine 14) 300.70
Line 5: Ending Balance (line 3 minus line 4)	4418.43
Line 6: Total in-kind contributions this period (pa	page 6) 100.00
Line 7: Total (all) outstanding liabilities (page 7)	300.00
Line 8: Name of bank(s) used: Dedham Insti	stitution for 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 finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	d contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	box only)
	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ng period.
Candidate without Committee OR Candidate with independent activity filing see  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	the best of my knowledge and belief, a true and complete statement of all campaign and inst, in-kind contributions and liabilities for this reporting period and represents the this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of periury:	(Candidate's signature) Date: $\frac{9-5-19}{}$

## **SCHEDULE A: RECEIPTS (continued)**

Name and Residential Address  Date Received (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	
		Particular National N		
Line 9: Total Rece	ipts over \$50 (or listed above)	3450.00		
Line 10: Total Rec	eipts \$50 and under* (not listed above)	1015.00		
	RECEIPTS IN THE PERIOD	4465.00	Enter on page 1, line 2	

<sup>\*</sup> 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.)

	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(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			
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 Petruzziello 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		
ine 9: Total Recei	pts over \$50 (or listed above)			
Line 10: Total Rece	ipts \$50 and under* (not listed above)			
ine 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	

<sup>\*</sup> 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.)

<b>Date Paid</b> /1/19	To Whom Paid (alphabetical listing)  Hot Cards	Address 2400 Superior Ave	Purpose of Expenditure	Amount
/1/19	Hot Cards	2400 Superior Ave		
		Cleveland, Ohio	Post Cards Printer	300.70
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	-			
		Line 12: Total Expenditures ov	er \$50 (or listed above)	300.70
		Line 13: Total Expenditures \$50	and under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	300.70

<sup>\*</sup> 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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### 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
3/20/19.	Andrea O'Connell.	101 Jersey St Dedham	Layout/Design.	100.00
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		Line 15: In-Kind Contributions	over \$50 (or listed above)	100.00
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	100.00
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	

<sup>\*</sup> 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
3/1/19	Candidate Dello Iacono	145 W. Jersey St. Dedham	Loan Reimbursement	300.00
- 1				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	300.00