



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance



File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: January 1, 2019 Ending Date: March 26, 2019

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

Allison Staton
Candidate Full Name (if applicable)
Board of Health
Office Sought and District
30 Woodleigh Road, Dedham, MA 02026
Residential Address
E-mail: amitchells@yahoo.com
Phone # (optional): 7817043493

Committee to Elect Allison Staton
Committee Name
Margaret Duncan
Name of Committee Treasurer
51 Martin Bates Street, Dedham, MA 02026
Committee Mailing Address
E-mail: megduncan@yahoo.com
Phone # (optional): 7818012853

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	195.85
Line 2: Total receipts this period (page 3, line 11)	3504
Line 3: Subtotal (line 1 plus line 2)	3699.85
Line 4: Total expenditures this period (page 5, line 14)	1229.27
Line 5: Ending Balance (line 3 minus line 4)	2470.58
Line 6: Total in-kind contributions this period (page 6)	-
Line 7: Total (all) outstanding liabilities (page 7)	-
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: [Signature] (Treasurer's signature) Date: 4/5/19

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: Allison M. Staton (Candidate's signature) Date: 4/5/19

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)
1/31/19	Michael Cocchi 188 Walnut Street, Dedham	100	Physician, Harvard Medical Faculty Physicians
3/10/19	Beth Emery 44 Sawyer Drive, Dedham	100	Nutritionist, Boston College
3/9/19	Sharon Lane 86 Boulevard Rd., Dedham	100	RN, Dana Farber
2/25/19	Ann Leiby 13 Myrtle Street, Winchester, MA	100	lawyer, EPA
2/24/19	Ann Mercer 750 East Street, Dedham	75	Admin, Dorchester Tire, Boston
3/12/19	Judith Meredith 59 Richfield Street, Dorchester	100	not employed
3/16/19	Francis Sally 49 Woodleigh Road, Dedham	100	retired
3/10/19	James Staton 92 Long Ave, Belmont, MA	100	retired
1/23/19	Mark Staton 716 15 Street, Bellingham, WA	100	professor, WWU
3/4/19	Channing Steele 24129 Heather Hill, Aldie, VA	100	Pilot, American Airlines
3/10/19	John Tocci 78 Adams Street, Dedham, MA	200	Attorney, Tocci & Lee
2/8/19	Dennis Todaro 1234 Tuckaway Lane, Columbia, TN	250	Regional Manager, Fesenius Kidney Care

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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/7/2109	Kate Weldon LeBlanc 51 Princeton Road, Malden, MA	54	Non -profit director, Resolve New England
Line 9: Total Receipts over \$50 (or listed above)		1479	
Line 10: Total Receipts \$50 and under* (not listed above)		2035	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3504	← 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 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
3/10/19	ARK dba Dedham Square Coffeehouse	564 High Street, Dehdam, MA	kickoff party	\$374.50
2/27/19	Collegiate Press	140 Commonwealth Ave chestnut hill, ma	palm cards	\$283.84
3/7/2019	Dedham Times	395 Washington Street, Dedham	ad for kickoff	\$105
3/12/19	Laura Mustis	6 King Road, Eastford, CT	graphic design	\$100
2/28/19	USPS	201 Neponset Valley Plaza, Hyde Park, Ma	postage TM letter	\$165
3/26/19	USPS	280 Bussey Street, Dedham	postage stamps, dear friend	\$55
Line 12: Total Expenditures over \$50 (or listed above)				1083.34
Line 13: Total Expenditures \$50 and under* (not listed above)				145.93
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				1229.27

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.