

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

							: City or Town Cler	k or Elect	ion Commission
Fill in Repor	ting Period dates:	Beginning Date: 03/	38/2	2019	Ending I	Date:	05/13/2019		
Type of Rep	ort: (Check one)			,					
	ceding preliminary	Oth day preceding election		⊿ 20 day	after alection	П,	and raport	□ dia	anlution
Sun day pre	ceding premimary	8th day preceding election		30 day	after election		year-end report	un	ssolution
Mary P Ellard				Commit	ee to Elect Mary	P. Ella	rd BOH		
1	Candidate Full Name	e (if applicable)				Com	mittee Name		
Board Of Healt			_	Erica An					
	Office Sought a	nd District		40.11			ommittee Treasurer		
64 Sanderson	Ave, Dedham MA  Residential A	Adama	-	18 Weyl	oossett Ave. Fra				
E-mail:	Residential F	Address		E-mail:	C	ommitte	e Mailing Address		
			-	_	4!1\.		(FOO) F61 10		
Phone # (optional)	:		-	Phone # (c	optional):		(508) 561-18	08	
		SUMMARY BALAN	CE	INFO	RMATION:				
		lance from previous report					1.3	35	i.
	Line 2: Total receipts this period (page 3, line 11						4,217	.4	
RECEIVE	Line 3 Subtotal (li	ne 1 plus line 2)					4,218.7	75	
R	Line 4: Total expenditures this period (page 5, lin			14)			3,889.6	59	
\$ p	Line 5: Ending Bal	lance (line 3 minus line 4)					329.0	06	
	Line 6: Total in-kin	ine 6: Total in-kind contributions this period (p				Vi	598.8	35	180
	Line 7: Total (all)	Total (all) outstanding liabilities (page 7)					1,825.6	53	
	Line 8: Name of ba	ank(s) used: Dedham Savings	Banl	k					
activity, including a finance activity of a	examined this report includ all contributions, loans, rece	ing attached schedules and it is, to the b ipts, expenditures, disbursements, in-kin authority or on behalf of this committee	d cor	ntributions	and liabilities for thi	s reporting of M.G.	ng period and represe L. c. 55.	ents the ca	mpaign
FOR CANDID	ATE FILINGS ONL	Y: Affidavit of Candidate: (check 1	box (	only)					
I certify that I activity, of all	persons acting under the aut	acluding attached schedules and it is, to hority or on behalf of this committee in aditures on my behalf during this report	acco	rdance with	the requirements of	M.G.L.	c. 55. I have not rec		
I certify that I finance activit	y, including contributions, lo	acluding attached schedules and it is, to pans, receipts, expenditures, disbursementing under the authority or on behalf of	nts, i	n-kind cont	ributions and liabilit	ies for th	nis reporting period a	nd represe	
Signed under the	penalties of perjury:	nong & Ellon	l		(Candidate	's signati	Date: 0	5/13/20	019

#### **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.)

	Please include your committee name and a pag  Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
	(a.phabetical fishing required)	T	
03/28/2019	Dab Bair attorney at Law PO Box 805 Medfield MA 02052	250	Attorney
03/28/2019	Joan & mark Conklin 244 MT Vernon St , Dedham MA02026	100	
Apr 1, 2019	Paid Eid DBA F7M Convienience Store 15 Dale St Dedham Ma 02026	100	
03/28/2019	Rober W Harnes ESQ 15 Forester St. Quincy MA 02169	500	Attorney
Mar 28, 2019	Kevin R. Mullen 15 Forester St. Quincy MA 02169	250	Attorney
Mar 28, 2019	Tony M Mullen 125 Pond St Westwood MA 02090	150	
Mar 28, 2019	Greg H Seymourian 507 Pleasnt St Milton Ma 02186	200	Attorney
Mar 28, 2019	Mathew R Sisk 9 Canavan Dr Braintree MA 02184	100	
3/28/2019	Paul F Yip Yue Shi (CICI) 197 W Squantum St North Quincy Ma02171	100	
4/1/2019	Mary P Ellard 64 Sanderson Ave Dedham Ma 02026	300	Loan To Campaign
3/28/2019	Mary P Ellard 64 Sanderson Ave Dedham Ma 02026	110.55	Stamps Loan to campaign
4/9/2019	Mary P Ellard 64 Sanderson Ave Dedham Ma 02026	110	Stamps Loan to campaign
Line 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Reco	eipts \$50 and under* (not listed above)	Projection of the second secon	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	and the state of t	← Enter on page 1, line 2
If you have itemize	d receipts of \$50 and under include them in line	0 Line 10 shoul	J Id include only those receipts not itemized above.

<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 (continued)**

Date Received   (alphabetical listing required)   Amount   (for contributions of \$200 or more of \$200 or mor	)
4/10/2019   64 Sanderson Ave Dedham Ma 02026   110   Loan to campaign   4/10/2019   Mary P Ellard 64 Sanderson Ave Dedham Ma 02026   195   Stamps and printing Loan to campaign   4/1/2019   Mary P Ellard 64 Sanderson Ave Dedham Ma 02026   116.85   printing Loan to campaign   116.85   116.85   Loan to campaign   116.85   Loan to campaign   116.85   116.85   Loan to campaign   116.85   Loan t	
4/1/2019   64 Sanderson Ave Dedham Ma 02026   193   Loan to campaign   4/1/2019   Mary P Ellard   64 Sanderson Ave Dedham Ma 02026   116.85   printing Loan to campaign   14/1/2019   Mary P Ellard   1000   Loan to campaign	
64 Sanderson Ave Dedham Ma 02026 Loan to campaign  Mary P Ellard	
4/10/2019 Mary P Ellard 64 Sanderson Ave Dedham Ma 02026369 1,000 Loan to campaign   1,000 Loan to campaign	
	AND THE PROPERTY OF THE PROPER
Line 9: Total Receipts over \$50 (or listed above)  3,692.4	
Line 10: Total Receipts \$50 and under* (not listed above)  525	
Line 11: TOTAL RECEIPTS IN THE PERIOD  4,217.4  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	

<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.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
4/11/2019	Dedham Times	Wahington st Dedham Ma 02026	advertizing	285
4/16/2019	East Coast Printing	2 Keith Wy unit 5 Hingham, MA 02043	post card & postage	1,822.47
4/18/2019	East Coast Printing	2 Keith Wy unit 5 Hingham, MA 02043	Lawn Signs & Stackes	340
4/10/2019	Staples	450 Providence Highway Dedham Ma 02026	letters	459.59
4/1/2019	Mary P Ellard	64 Sanderson Ave Dedham Ma 02026	cash to cover expenses	300
3/28/2019	Mary P Ellard	64 Sanderson Ave Dedham Ma 02026	stamps	110
4/9/2019	Mary P Ellard	64 Sanderson Ave Dedham Ma 02026	stamps	110
4/10/2019	Mary P Ellard	64 Sanderson Ave Dedham Ma 02026	stamps	110
4/10/2019	Mary P Ellard	64 Sanderson Ave Dedham Ma 02026	printing	195.63
4/1/2019	Mary P Ellard	64 Sanderson Ave Dedham M A 02026	printing	116.85
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	3,849.54
		Line 13: Total Expenditures \$50	0 and under* (not listed above)	40.15
	Enter on page 1. line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	3,889.69

<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 B: EXPENDITURES (continued)**

	/hom Paid etical listing)	Address	Purpose of Expenditure	Amount
			11	
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	- Controlled and Cont			
PANAMINATION OF THE PANAMI				
	The state of the s			
	Managara de la companya de la compan			
	$ig _{\mathbf{L}_{\mathbf{i}}}$	ine 12: Expenditures over \$50	(or listed above)	
	<u> </u>			
	Li	ine 13: Expenditures \$50 and	under* (not listed above)	
<b></b>	<b>v</b>	ing 14. TOWNAT TEXABELETER	TIDEC IN THE DEBYON	
Enter o If you have itemized expenditure	on page 1, line $4 \rightarrow   \mathbf{L}  $	ine 14: TOTAL EXPENDIT	UKES IN THE PERIOD	1

<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.

#### 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.

	T 1771		
Date Received	From Whom Received*	Residential Address Description of Contribution	Value
3/28/2019	George Panagopolous	34 Winstead Ave Dedham MA 02026 literature delivery 50 pieces @ \$2.00 50 pieces @ \$.06	103
4/08/2019	George Panagopolous	34 Winstead Ave Dedham MA post card design fee	450
		Line 15: In-Kind Contributions over \$50 (or listed above)	553
		Line 16: In-Kind Contributions \$50 & under (not listed above)	45.85
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CONTRIBUTIONS  who contributes more than \$50 in a calendar year, you must report the na	598,85

<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
4/11/2019	Mary P Ellard	64 Sanderson Ave Dedham M A 02026	cash to cover expenses	300
3/28/2019	Mary P Ellard	64 Sanderson Ave Dedham M A 02026	stamps	110
4/09/2019	Mary P Ellard	64 Sanderson Ave Dedham M A 02026	stamps	110
4/10/2019	Mary P Ellard	64 Sanderson Ave Dedham M A 02026	stamps	110
4/10/2019	Mary P. Ellard	64 Sanderson Ave Dedham M A 02026	printing	195.63
4/1/2019	Mary P. Ellard	64 Sanderson Ave Dedham M A 02026	printing	116.35
4/10/2019	Mary P Ellard	64 Sanderson Ave Dedham Ma 02026	cash to cover expenses	1,000