



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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APR 05 2019  
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Commonwealth  
of Massachusetts

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 2/19/2019 Ending Date: 3/27/2019

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

Mary P. Ellard  
Candidate Full Name (if applicable)  
Board of Health  
Office Sought and District  
64 Sanderson Ave  
Residential Address  
E-mail: ellardboh2019@gmail.com  
Phone # (optional): \_\_\_\_\_

Committee to Elect Mary P. Ellard BOH  
Committee Name  
Erica Antonio  
Name of Committee Treasurer  
18 Weybossett Ave. Framingham MA  
Committee Mailing Address  
E-mail: ericaantonio@yahoo.com  
Phone # (optional): (508) 561-1868

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	2,380.85
Line 3: Subtotal (line 1 plus line 2)	2,380.85
Line 4: Total expenditures this period (page 5, line 14)	2,379.5
Line 5: Ending Balance (line 3 minus line 4)	1.35
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	182.2
Line 8: Name of bank(s) used:	<u>Dedham Savings Bank</u>

**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: Erica Antonio (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: Mary P. Ellard (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)
02/24/2019	Micheal and Cecelia Butler 163 Mt Vernon ST Dedham	75	
02/24/2019	Micheal Cunningham 43 Margaret Rd Norwood MA 02062	100	
02/24/2019	Patrick J. Ellard Jr 56 Granite St Walpole MA 02081	100	
02/24/2019	Kathleen McDermott 212Madison St Dedham MA 02026	100	
02/24/2019	Anne McDermott Joseph J McDermott 112 Walnut St Walpole, MA 02081	100	
02/24/2019	Maureen E McDermott James M. McDermott 38 Maurice Rd Wellesley MA 02482	100	
02/24/2019	Wendy A McDermott Thomas A McDermott 10 Viking court North Kingston RI	100	
02/24/2019	Nicholas Spada JR Jaqualine E Spada 7 Columbia Terrace Dedham MA 02026	100	
02/24/2019	Micheal J Weir Jean M weir 34 Rockaway Ave unit 204 Weymouth MA 02188	100	
3/22/2019	Printing -Candidate Loan	182	
3/27/2019	Advertising -Candidate Loan	128.85	

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)

<b>Date Received</b>	<b>Name and Residential Address (alphabetical listing required)</b>	<b>Amount</b>	<b>Occupation &amp; Employer (for contributions of \$200 or more)</b>
<b>Line 9: Total Receipts over \$50 (or listed above)</b>			
<b>Line 10: Total Receipts \$50 and under* (not listed above)</b>			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>			← 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
2/26/2019	Dedham Times	395 Washington St Dedham MA 02026	Advertizing Kick Off	200
3/12/2019	Deli After Dark	454 High St Dedham MA 02026	Kick Off Party	550
2/23/2019	East Coast printing	2 Kieth Way unit 5 Hingham Ma 02043	10 holding signs	201.83
3/9/2019	East Coast printing	2 Kieth Way unit 5 Hingham Ma 02043	100 Lawn Signs	722.5
3/21/2019	East Coast printing	2 Kieth Way unit 5 Hingham Ma 02043	50 Lawn Signs	292.19
3/04/2019	Staples	450 Providence Highway Dedham MA	50 Candidate Cards	64.28
3/27/2019	Staples	450 Providence Highway Dedham MA	printing letters	120.25
3/27/2019	Dedham House of Pizza	367 Washington St Dedham Ma02026	Advertisement	103
Line 12: Total Expenditures over \$50 (or listed above)				2,254.05
Line 13: Total Expenditures \$50 and under* (not listed above)				125.45
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				<b>2,379.5</b>

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 B: EXPENDITURES (continued)**

<b>Date Paid</b>	<b>To Whom Paid (alphabetical listing)</b>	<b>Address</b>	<b>Purpose of Expenditure</b>	<b>Amount</b>

Line 12: Expenditures over \$50 (or listed above) [ ]

Line 13: Expenditures \$50 and under\* (not listed above) [ ]

**Line 14: TOTAL EXPENDITURES IN THE PERIOD** [ ]

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 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

Line 15: In-Kind Contributions over \$50 (or listed above)

Line 16: In-Kind Contributions \$50 & under (not listed above)

Enter on page 1, line 6 → **Line 17: TOTAL IN-KIND CONTRIBUTIONS**

\* 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.

## 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
3/27/2019	Staples	450 Providence Highway Dedham MA 02026	address labels	10.61
3/27/2019	Staples	450 Providence Highway Dedham MA 02026	printing	120.28
3/27/2019	Staples	450 Providence Highway Dedham MA 02026	printing	6.31
3/22/2019	East Coast Printing	2 Keith Way unit 5 Hingham Ma 02043	lawn Stakes	45
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	182.2