

Form CPF M 102: Campaign Finance Report Municipal Form RECEIVED

Office of Campaign and Political Finance

2021 APR -2 PM 3: 47

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 2/25/	/2021 Ending Date: 4/2/2021 ELMAM
Type of Report: (Check one)	
☐ 8th day preceding preliminary	30 day after election year-end report dissolution
Noreen Guilfoyle Candidate Full Name (if applicable)	Committee to Elect Noreen Guilfoyle Committee Name
Board of Health	Maura Lynne Morrison
Office Sought and District	Name of Committee Treasurer
47 Greensboro Road, Dedham MA 02026	47 Greensboro Road, Dedham MA 02026
Residential Address	Committee Mailing Address
E-mail:	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	TE INTEGRATION.
SUMMAN DALANC	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11)	4400.00
Line 3: Subtotal (line 1 plus line 2)	4400.00
mine or business (mine x press mine m)	
Line 4: Total expenditures this period (page 5, lin	e 14) 2722.91
Line 5: Ending Balance (line 3 minus line 4)	1677.09
Line 6: Total in-kind contributions this period (pa	age 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Dedham Savings Bank	
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 of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	x only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in actincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
Candidate without Committee 1 certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loaps, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the s candidate in accordance with the requirements of M.G.L. c. 55.
	Date: 4/2/2021

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)
	See Attached		See Attached
			The state of the s
		-	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	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	Amor-4	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
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ta di			
Line 9: Total Receip	ots over \$50 (or listed above)]
Line 10: Total Recei	pts \$50 and under* (not listed above)		
	ECEIPTS 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 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
3/12/2021	East Coast Printing	2 Keith Way Hingham, MA 02043	Lawn Signs	1564.00
3/9/2021	Dedham High School	140 Whiting Ave Dedham, MA 02026	Senior Play Ad	100.00
3/31/2021	East Coast Printing	2 Keith Way Hingham, MA 02043	Lawn Signs	95.63
3/23/2021	East Coast Printing	2 Keith Way Hingham, MA 02043	Lawn Signs	204.00
3/19/2021	Lowes	306 Providence Highway Dedham, MA 02026	Materials for Lawn Signs	104.2:
3/23/2021	Lowes	306 Providence Highway Dedham, MA 02026	Materials for Lawn Signs	20.40
3/30/2021	Act Blue	366 Summer Street Somerville, MA 02144	Service Fees	77.04
3/31/2021	Dedham Times	395 Washington Street Dedham MA 02026	Political Ad to run 4/2/2021	294.0
3/30/20121	Delfinos		Campaign Dinner Meeting	263.63
- 44				
	1 -	Line 12: Total Expenditures	over \$50 (or listed above)	2722.9
		Line 13: Total Expenditures	\$50 and under* (not listed above)	
	Enter on page 1, line 4 -	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	2722.9

^{*} 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)

Date Paid	To Whom Paid (alphabetical listing)	Address	Dunnaga of Evnanditure	A a 1
Date Faid	(arphabetical fisting)	Audress	Purpose of Expenditure	Amount
]	
				Name of the latest of the late
milwerimine			-	
			-	
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and		
	,			
		Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD should include only those expenditur	

^{*} 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.

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 $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

^{*} 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
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

		\$4,400.00	\$	TOTAL							
		50	₹	02026	MA	Dedham	13 Trimount	Helen	Nehiley	3/30/2021	ndividual
		100	\$	02026	MA	Dedham	216	Camille	Zhaka	3/4/2021	ndividual
		50	Ş	02026	MA	Dedham	2 Hanson	Maureen	Teti	2/27/2021	ndividual
Town of Dedham	Director, Parks & Rec	350	\$	02026	MA	Dedham	29 Hermaine	Robert	Stanley	3/21/2021	Individual
		100	\$	02021	MA	Canton	9 Burns	Richard	Staiti	3/27/2021	ndividual
		100	₩.	02026	MA	Dedham	231 Bussey	Thomas	Polito	2/27/2021	ndividual
		100	\$	02026	MA	Dedham	35 Lincoln	Christopher	Polito	3/20/2021	Individual
Supreme Devolpment	Developer	⊢	\$	02026	MA	Dedham	42 Burgess	Giorgio	Petruzziello	3/3/2021	ndividual
Things in the second se		50	\$	02026	MA	Dedham	178 Mt	Charles	Olsen	3/12/2021	ndividual
Town of Dedham	Firefighter	200	*	02026	MA	Dedham	22 Roosevelt	James	Morrison	3/6/2021	Individual
		50	Ş	02026	MA	Dedham	179 Adams	Dominic	McLeish	3/21/2021	Individual
RJV Construction	Accountant	250	\$	02026	MA	Dedham	44 Endicott	Dave	Krusz	3/6/2021	ndividual
		100	\$	02026	MA	Dedham	115 Milton	Leanne	Jasset	3/10/2021	Individual
	25	25	s	02026	MA	Dedham	17 Tarbox	Gerard	Helvitz	3/15/2021	ndividual
		100	s	02026	MA	Dedham	18 Madison	Donna	Greenwood	3/3/2021	Individual
		100	\$	02026	MA	Dedham	27 Thompson	Cynthia	Glennon	3/26/2021	Individual
		50	\$	02026	MA	Dedham	96 Durham	Paul	Galvin	3/6/2021	Individual
		150	Ş	02521	MA	Norton	38 Burt Street Norton	Paul	Fulmore	3/25/2021	Individual
		50	s	02026	MA	Dedham	82 Shiretown	Mary & John	Fontaine	3/13/2021	Individual
		50	\$	02026	MA	Dedham	11 Lindale	Gregory	Dignan	3/6/2021	ndividual
JLL	.,000 Managing Director	1,000	\$	02026	MA	Dedham	125 Adams	Robert	Coughlin	3/2/2021	ndividual
		100	Ş	02026	MA	Dedham	36 Netta Road Dedham	Leslie	Coughlin	2/27/2021	Individual
		25	s	02026	MA	Dedham	80 Oakdale		Committee to	3/6/2021	Committee
		100	\$	02137	MA	Boston	PO Box 15		Committee to	3/6/2021	Committee
		100	\$	02026	MA	Dedham	53 Goshen	Marnie	Colantuoni	3/13/2021	Indîvîdual
Buttonwood	Builder	200	\$	02026	MA	Dedham	442 High	Steven	Clifford	3/25/2021	ndividual
A&E Fire Protection	500 Self Employed	500	\$	02021	MA	Canton	25 North	Edward	Вугле	3/12/2021	Individual
		100	\$	02026	MA	Dedham	135 Ames	George	Balis	3/10/2021	Individual
Employer	Occupation	Amount	Αn	Zip	State	City	Street_Addre	First_Name	Name	Date	Record_Type_Description