



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

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Office of Campaign and Political Finance

2021 MAY 11 AM 8:33

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 4/1/21 Ending Date: 5/10/21

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

Rebecca Gates  
Candidate Full Name (if applicable)

School Comm.  
Office Sought and District

35 Goshen Rd  
Residential Address

E-mail: electrebeccagates@gmail.com

Phone # (optional): 781-492-2239

CTE Rebecca Gates  
Committee Name

Michael McShea  
Name of Committee Treasurer

1018 East St  
Committee Mailing Address

E-mail: m-crash-mcshea@yahoo.com

Phone # (optional): 781-407-0602

### SUMMARY BALANCE INFORMATION:

|  |                       |
|--|-----------------------|
| Line 1: Ending Balance from previous report              | <u>2,939.46</u>       |
| Line 2: Total receipts this period (page 3, line 11)     | <u>5,939.69</u>       |
| Line 3: Subtotal (line 1 plus line 2)                    | <u>8,878.15</u>       |
| Line 4: Total expenditures this period (page 5, line 14) | <u>7,281.51</u>       |
| Line 5: Ending Balance (line 3 minus line 4)             | <u>1,596.64</u>       |
| Line 6: Total in-kind contributions this period (page 6) | <u>∅</u>              |
| Line 7: Total (all) outstanding liabilities (page 7)     | <u>∅</u>              |
| Line 8: Name of bank(s) used:                            | <u>Dorham Savings</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: M. J. [Signature] (Treasurer's signature) Date: 5/10/21

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

**Candidate with 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 that are not otherwise disclosed in this report.

**Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 5/10/21

## 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<br>(alphabetical listing required) | Amount               | Occupation & Employer<br>(for contributions of \$200 or more) |
|--|---|----------------------|---|
| 4/13/21  | Corsi, David<br>11 Truman Rd                                    | 100                  |   |
| 4/13/21  | Craig, James<br>116 Vincent Rd                                  | 400                  | Inspector Town of Dedham                                      |
| 4/12/21  | CTE Chris Polito<br>412 Washington St                           | 100                  |   |
| 4/6/21   | Decker, Christopher<br>106 Madison St                           | 100                  |   |
| 4/6/21   | Donegan, Jane<br>175 Vincent Rd                                 | 200                  | Nurse Brigham & Women's                                       |
| 4/5/21   | Gates, Rebecca <u>LOAN</u><br>35 Goshen Rd                      | 1,099.69             | Manager Claire's  |
| 4/6/21   | Jernigan, Jeff<br>133 Vincent Rd                                | 300                  | IT Manager Blauer Mfg.  |
| 4/13/21  | Johnson Jr, Frederick<br>5 Pond Place #1                        | 500                  | Staff Town of Dedham  |
| 4/13/21  | Kent, Francis<br>21 Sawyer Drive                                | 200                  | Owner F. Kent Construction                                    |
| 4/5/21   | Knight, Nancy<br>150 River Street                               | 100<br>(\$200 TOTAL) | Realtor Vogt Realty Group                                     |
| 4/2/21   | Near Edward<br>693 Woods Rd Brookfield VT                       | 100                  |   |
| 4/6/21   | O'Connor, Bernadette<br>46 Violet Ave                           | 100                  |   |
| 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<br>(alphabetical listing required) | Amount | Occupation & Employer<br>(for contributions of \$200 or more) |
|---------------|---|--------|---|
| 4/13/21       | Petruziello, Giorgio<br>42 Burgess Lane                         | 500    | Owner Supreme Development                                     |
| 4/13/21       | Podolski, Michael<br>601 High St                                | 100    |   |
| 4/14/21       | Sampson, Lloyd<br>440 High St                                   | 100    |   |
| 4/13/21       | Sullivan, James<br>299 Riverside Dr.                            | 100    |   |
| 4/14/21       | Union, Roofers<br>53 Evans Dr Stoughton                         | 250    | Roofers & Waterproofers<br>Local Union #33                    |
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Line 9: Total Receipts over \$50 (or listed above) 4349.69

Line 10: Total Receipts \$50 and under\* (not listed above) 1590

Line 11: TOTAL RECEIPTS IN THE PERIOD 5939.69

← 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<br>(alphabetical listing) | Address                        | Purpose of Expenditure | Amount  |
|--|--|--------------------------------|------------------------|---------|
| 4/30/21  | Donabendy, Adam                        | 26 Old Lincoln St<br>Worcester | Website creation       | 300     |
| 5/10/21  | Gates, Rebecca                         | 35 Goshen Rd                   | Loan repayment         | 2039.38 |
| 4/6/21   | Minuteman Press                        | 51 Legacy Blvd                 | Fliers                 | 739.50  |
| 4/1/21   | Saliba, Kara                           | 227 Needham St                 | Loan repayment         | 420.46  |
| 4/6/21   | USPS                                   | Dedham office                  | Mailings               | 2682.48 |
| 5/10/21  | Gates, Rebecca                         | 35 Goshen Rd                   | Loan repayment         | 1099.69 |
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|  |  |                                |                        |         |
| Line 12: Total Expenditures over \$50 (or listed above)        |  |                                |                        | 7281.51 |
| Line 13: Total Expenditures \$50 and under* (not listed above) |  |                                |                        |         |
| Line 14: TOTAL EXPENDITURES IN THE PERIOD                      |  |                                |                        | 7281.51 |

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.

≡ PAGES SKIPPED IF BLANK ≡

### 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 |
|---------------|----------------|--------------|------------------|--------|
| 4/5/21        | Gates, Rebecca | 35 Goshen Rd | loan for mailers | 109969 |
|               |                | REPAID →     |                  |        |
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Enter on page 1, line 7 → **Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)**

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