

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts File with: City or Town Clerk on Election Commission
Fill in Reporting Period dates: Beginning Date: Olor 22 Ending Date: 03/22/22
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Beth Flanagan - Gleason Candidate Full Name (if applicable) Dedham School Committee (Tourn wide) YaWilson Avenue Dedham, MA Oacab Residential Address E-mail: beth faleason 2 amail. com Phone # (optional): (781) 234-4129 Beth Flanagan Gleason for Dedham School Committee Name David A. Gleason Name of Committee Treasurer 42 Wilson Avenue Dedham, MA Oacab Committee Mailing Address E-mail: david-andrewgleason 2 amail. com Phone # (optional): (781) - 400 - 6145
SUMMARY BALANCE INFORMATION:
Line 1: Ending Balance from previous report ## 3 . 79
Line 2: Total receipts this period (page 3, line 11)
Line 3: Subtotal (line 1 plus line 2)
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4)
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 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 of the behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date:
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.
Bello Glangen-Glear 04/01/20

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.)

report all receipts. P	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)			
03/12/22	Jason Brogan 5 Ware street Bedham, MA 02026	#60.00	Real Estate Sales			
03/16/22	Bernadette Chirokas 132 Colwell Drive Dedham, MA 02026	#35.00	Laboratory Research & Management			
03/12/22	Many Ellen Doyle 91 Leonard Street Oedham, MA 02026	\$ 50.00	Retired			
02/18/22	Paul Flanagan 142 Hoyt Ade Lowell, MA 01852	\$ 300000	Adult Education Teacher Abisi Adult Education Center, Lough R			
03/03/22	Elizabeth K. Gleason 135 Pank Street Governeur, NY 13642	#R00-00	Retired Art Teacher Governeur Central Schools			
03/12/22	Virginia Hickey 264 East St Dedham, MA 02026	\$ 20.00				
03/12/22	Colleen Hynes 137 Quincy Ave Dedham MA 02026	\$ 40.00	Registered Nurse			
03/12/22	Nancy Knight Shah 150 Riber Street Dedham, MA 02026	\$ 25.00	Real Estate Agent			
63/12/22	Dimitria Sullivan 299 Riverside Brive Dedham, Mt 02026	\$ 2500	Corporate Trainer			
ca/ai/aa	Joyce Sollivan 268 Clark Road Lowell, MA 01852	\$100.00	Retired University Admistrator			
Line 9: Total Recei	pts over \$50 (or listed above)	\$ 855.00				
Line 10: Total Rece	ipts \$50 and under* (not listed above)	\$130.00				
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	\$ 985.00	← 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)
,			
Line 9: Total Rece	Epts over \$50 (or listed above)		
	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2
			ald include only those receipts not itemized shows

^{*} 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.)

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	
03/12/22	Grace Sountos 64 Hancock St Newton, MA 02466	64 Hancack St Newton, M402466	Child Care for Campaign Kickoff Event	#100.00	
03/11/22	Staples	450 Providence May Dedham, MA 02028	& Supplies	\$ 66.67	
03/12/22	The Uillage Manor	427 Sprague St Oed ham, MA 02026	Campaign Kick of	\$274.26	
03/20/22	Wix. site.com	500 Terry A Francois B+h Fin Blud San Francisco, (A 9415)	Campaign website **Domain**	\$ 140.25	
Line 12: Total Expenditures over \$50 (or listed above)			\$1581.18		
Line 13: Total Expenditures \$50 and under* (not listed above)			0.00		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				#58/ 118	

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

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.

				<u> </u>
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
03/12/03	The Village Mana	427 Sprague St	Room Set-up	\$100.00
	3	Dedham, MA 02026	9 Breakdown	100
<i>े अ।४।२</i> २	Brett Goldsmith	3375 Staffard St Arrhington VA 22206	Internet and website 1944 Support	# 100,00
A three death of the death of the second colors are colored as the second color and the secon				
Line 15: In-Kind Contributions over \$50 (or listed above)			\$ 200.00	
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 -> Line 17: TOTAL IN-KIND CONTRIBUTIONS # 200.4 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			

^{*} 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 contributor is \$200 or more you must also report the contributor's accumulator 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
03/04/22	East Coast Printing	2 Kerth Way, Unit S Hingham Mt 020	Compaign Door 3 Hangers	#229.38
03/11/22	East Coast Printing	a Keith Way unit 5 Hingham, MA 020	Campaign Mateia 13 & Cards	\$ 109.69
03/14/22	• •	akerthway units Hingham, M4 0204	Lawn Signs/ B Window Signs	\$313.97
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	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	\$653.04