

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance 2022 APR -4 AM 9: 14/1

Fill in Rep	porting Period dates: Beginning D					
	porting Period dates: Beginning D	ate: JAN	1, 2022	Ending I	Date: CL MARCH 22) 2	Pice—
Type of R	Leport: (Check one)					
8th day	preceding preliminary 🔀 8th day preceding	ng election	☐ 30 day	after election	year-end report	dissolution
			CTE CL	IERYL S. SULLI\	/ANI	
CHERYL S.	SULLIVAN Candidate Full Name (if applicable)		- -	IERTE S. BOLER	Committee Name	
			NELSON	I E. LABOY		
DEDHAM M	MASS SELECT BOARD Office Sought and District		Name of Committee Treasurer			
133 ASHCR	ROFT ST. DEDHAM, MA 02026		133 ACI		DHAM, MA 02026	
133 431/60	Residential Address				Committee Mailing Address	
E-mail:	CHERYLSSELLS@GMAIL.COM		E-mail:		HERYLSSELLS@GMAIL	.COM
Phone # (option	anal):		Phone # (c	optional):	And the second s	
ſ	SUMMARY	BALAN	CE INFO	RMATION:		
	Line 1: Ending Balance from previous	is report				0
	Line 2: Total receipts this period (pa	ge 3, line 1	1)		1580	.00.
T TERRESEDENTIAL PROPERTY OF THE PERSON NAMED IN COLUMN 1	Line 3: Subtotal (line 1 plus line 2)				1580	.00
and the second s	Line 4: Total expenditures this period (page 5, li Line 5: Ending Balance (line 3 minus line 4)		ine 14)		995	.27
					582	.75
	Line 6: Total in-kind contributions the	nis period (j	page 6)			
	Line 7: Total (all) outstanding liabili	ties (page 7)		1300	.00
	Line 8: Name of bank(s) used: Bank	of America				
I certify that I	Committee Treasurer: have examined this report including attached schedules at ling all contributions, loans, receipts, expenditures, disbur y of all persons acting under the authority or on behalf of	venienis in-Kin	a contributions :	ith the requirement	s of M.G.L. c. 55.	full composign finance sents the compaign
-	the penalties of perjury:	-6-		(Treasurer	's signature)	Julia -
FOR CANI	DIDATE FILINGS ONLY: Affidavit of Candi	date: (check 1	box only)	1		<i>a</i> • • · · · · · · · · · · · · · · · · ·
Candidate Cartify the activity, of incurred a	te with Committee hat I have examined this report including attached schedu If all persons acting under the authority or on behalf of thi my liabilities nor made any expenditures on my behalf du	les and it is, to t is committee in ring this reporti	he hest of my ke accordance with ng period that a	nowledge and belie the requirements of re not otherwise dis	i, a true and complete statem if M.C.L. c. 55. I have not re closed in this report.	ent of all campaign financ scived any contributions,
[] I certify th	te without Committee hat I have examined this report including utached schedu civity, including contributions, loans, receipts, expenditus finance activity of all persons acting finds, the authority	les and it is, to tes, dishursement or or hehalf of	he best of my knus, in-kind cont this candidate in	accordance with th	f, a true and complete statem ities for this reporting period te requirements of M.G.L. c. Date:	ent of all campaign and represents the 55.

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	1 1	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphabetical listing required)	Amount	
MARCH 6, 2022	CHERYL S. SULLIVAN 133 ASHCROFT ST. DEDHAM, MA 02026	\$1300 LOAN	REAL ESTATE BROKER CHERYL SULLIVAN RE
ing O. Total Page	cipts over \$50 (or listed above)	1300.00	
	eipts \$50 and under* (not listed above)	280.00	1
Line 11: TOTAL	RECEIPTS IN THE PERIOD	1580.00	Enter on page 1, line 2

SCHEDULE A: RECEIPTS (continued)

	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(alphanetical listing requires)		
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			**
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ine 9: Total Reco	cipts over \$50 (or listed above)		

ine 10: Total Rec	eipts \$50 and under* (not listed above)		
11. (EO/FAT	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
TUG 11: 10 TAT	PRESCUENTE A UNIXI E ALCO CONTRACTOR DE LA CONTRACTOR DE		d 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
March 7, 2022	LaLuce Pastry Shop	591 High St. Dedham, MA 02026	Dessert for kick-off	235.20
March 7, 2022	Cafe Tremezzo	566 High St. Dedham, MA 02026	Campaign Kick-off	380.25
March 7, 2022	Signs	11525-B Stonehollow Dr # 220 Austin, TX 78758	Campalgn Signs	272.50
March 7, 2022	Staples	450 Prov. Hyw, Dedham, MA	Campaign Handouts	107.32
			·	
				**
Andrew		Line 12: Total Expenditures o	ver \$50 (or listed above)	995.27
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	
	Enter on page I, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	995.27

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized Page 4 above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
	,				
		· ·			
		·			
		Line 12: Expenditures over \$5	0 (or listed above)		
	Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1. line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD		

^{*} 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
Angulanja Rasovski ražiji Afrika				
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		,		
And the second s				
		-		
	-			
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C		

^{*} 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 Duc	Address	Purpose	Amount
March 1, 2022	Cheryl S. Sullivan	133 Ashcroft St. Dedham, MA 02026	Fund Campaign	\$1300.00
			ANDING LIABILITIES (ALL)	\$1300.00