



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

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File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2023 Ending Date: 03/29/2023 *NSR*

Type of Report: (Check one)

8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution

Alan Centofanti
Candidate Full Name (if applicable)

Dedham Parks and Rec
Office Sought and District

123 Bussey St. Dedham, MA 02026
Residential Address

E-mail: alacentofanti@gmail.com

Phone # (optional): 781-603-8502

Committee to Elect Alan Centofanti
Committee Name

Neil S. Roberts
Name of Committee Treasurer

21 Paradise LN Dedham, MA 02026
Committee Mailing Address

E-mail: neilsroberts@hotmail.com

Phone # (optional): 617-308-4740

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$0
Line 2: Total receipts this period (page 3, line 11)	\$2102.79
Line 3: Subtotal (line 1 plus line 2)	\$2102.79
Line 4: Total expenditures this period (page 5, line 14)	\$1402.57
Line 5: Ending Balance (line 3 minus line 4)	\$700.22
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	\$1384.97
Line 8: Name of bank(s) used:	Santander Bank

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: [Signature] (Treasurer's signature) Date: 3/29/2023

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: 3/29/2023

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)
3/19/2023	CTE Steven Acosta 457 High St Dedham, MA 02026	\$30	
3/21/2023	James Beatty 73 Lincoln St Dedham, MA 02026	\$50	
3/18/2023	Brad Boulanger 24 Whitehall St Dedham, MA 02026	\$25	
3/18/2023	Alan Centofanti - LOAN 123 Bussey St. Dedham, MA 02026	\$1384.97	Warehouse Manager Colonial Systems
3/19/2023	Andrew Czazasty 118 Sprague St Dedham, MA 02026	\$10	
3/19/2023	Carmen Del Iacona 67 Barrows St Dedham, MA 02026	\$25	
3/21/2023	Bill Gallagher 53 Abbott Rd Dedham, MA 02026	\$26.34	
3/19/2023	Joe Heisler 27 Meadow St Dedham, MA 02026	\$50	
3/12/2023	Cara King-Anderson 75 Sanderson Ave. Dedham, MA 02026	\$100	
3/19/2023	Anna Natalie 123 Bussey St Dedham, MA 02026	\$75	
3/19/2023	Jessica Porter 4 Willow St Dedham, MA 02026	\$26.48	
3/19/2023	Katharine Reda 80 Oakdale Ave. Dedham, MA 02026	\$25	
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 (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/9/2023	Neil Roberts 21 Paradise LN Dedham, MA 02026	\$100	
3/19/2023	Dennis Teehan 91 Pacella Drive Dedham, MA 02026	\$50	
3/15/2023	Erick Straghalis 14 Spruce St. Dedham, MA 02026	\$25	
Line 9: Total Receipts over \$50 (or listed above)		2002.79	
Line 10: Total Receipts \$50 and under* (not listed above)		\$100.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		2102.79	← 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
3/19/2023	American Legion	155 Eastern St Dedham, MA 02026	Fee for room for Kick-Off	\$250
3/9/2023	DonorBox	601 King St Suite 200 Alexandria, VA 22314	Processing Fee	\$1.75
3/12/2023	DonorBox	601 King St Suite 200 Alexandria, VA 22314	Processing Fee	\$1.75
3/15/2023	DonorBox	601 King St Suite 200 Alexandria, VA 22314	Processing Fee	\$.44
3/19/2023	DonorBox	601 King St Suite 200 Alexandria, VA 22314	Processing Fee	.46
3/21/2023	DonorBox	601 King St Suite 200 Alexandria, VA 22314	Processing Fee	\$.46
3/21/2023	DonorBox	601 King St Suite 200 Alexandria, VA 22314	Processing Fee	\$.88
3/9/2023	PayPal	2211 N 1st St San Jose, CA 95131	Processing Fee	\$3.38
3/12/2023	PayPal	2211 N 1st St San Jose, CA 95131	Processing Fee	\$3.38
3/15/2023	PayPal	2211 N 1st St San Jose, CA 95131	Processing Fee	\$1.03
3/19/2023	PayPal	2211 N 1st St San Jose, CA 95131	Processing Fee	\$1.26
3/21/2023	PayPal	2211 N 1st St San Jose, CA 95131	Processing Fee	1.06
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES 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 B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/21/2023	PayPal	2211 N 1st St San Jose, CA 95131	Processing Fee	\$1.75
3/22/2023	Printing Unlimited	63 Plymouth St. Holbrook, MA 02343	Signs	\$847.88
3/18/023	Roche Brothers	338 Washington St Westwood, MA 02090	Food and Supplies for Kick-Off	\$171.04
2/22/2023	Santander Bank	339 Washington St Dedham, MA 02026	Open Checking	\$50
3/18/2023	Walmart	550 Providence Highway Dedham, MA 02026	Food and Supplies for Kick-Off	\$66.05
Line 12: Expenditures over \$50 (or listed above)				\$1402.57
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITURES IN THE PERIOD			1402.57

* 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 → 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. Page 6

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
2/22/2023	Alan Centofanti	123 Bussey St Dedham, MA 02026	Open Checking Account	\$50
3/19/2023	Alan Centofanti	123 Bussey St Dedham, MA 20206	American Legion for Kick-Off	\$250
3/18/2023	Alan Centofanti	123 Bussey St Dedham, MA 02026	Roche Brothers - Food Supplies for Kick-Off	\$171.04
3/18/2023	Alan Centofanti	123 Bussey St Dedham, MA 02026	Walmart - Food Supplies for Kick-Off	\$66.05
3/22/2023	Alan Centofanti	123 Bussey St Dedham, MA 02026	Printing Unlimited Campaign Signs	\$847.88
Enter on page 1, line 7 →			Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	\$1384.97



Commonwealth
of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

	Date of Reimbursement: <input style="width: 90%;" type="text"/>
Name of Individual Being Reimbursed:	<input style="width: 95%;" type="text"/>
Committee Name:	<input style="width: 95%;" type="text"/>
CPF ID Number (if applicable): <input style="width: 200px;" type="text"/>	Telephone Number (optional): <input style="width: 200px;" type="text"/>

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	<input style="width: 95%;" type="text"/>
Line 2: Expenditures \$50 or under (not itemized):	<input style="width: 95%;" type="text"/>
Line 3: TOTAL AMOUNT REIMBURSED:	<input style="width: 95%;" type="text"/>

Signed under the penalties of perjury:	
_____ Signature of Candidate / Treasurer	Date: <input style="width: 90%;" type="text"/>

Please prepare a separate report for each reimbursement check issued by the committee.

ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Page 2 Total (add to Line 1 on Page 1):				