

# Form CPF M 102: Campaign Finance Report Municipal Form RECEIVER

Office of Campaign and Political Finance

2023 MAR 31 PH 5: 04

Fill in Reporting Period dates: Beginning Date: 01/01	File with City of Town Clerk or Election Commission  1/2023 Ending Date: 63/21/2023
Type of Report: (Check one)	
8th day preceding preliminary	30 day after election year-end report dissolution
Ryan O'Toole	Committee to Elect Ryan O'Toole
Candidate Full Name (if applicable)	Committee Name
Parks and Recreation Commission Office Sought and District	Sara Rosenthal  Name of Committee Treasurer
48 Lincoln Street Dedham, MA 02026	48 Lincoln Street Dedham, MA 02026
Residential Address	Committee Mailing Address
E-mail: otooleryan1@gmail.com	E-mail: ryanfordedham@gmail.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	. 0
Line 2: Total receipts this period (page 3, line 11)	7,780
Line 3: Subtotal (line 1 plus line 2)	7,780
Line 4: Total expenditures this period (page 5, line	5829.82
Line 5: Ending Balance (line 3 minus line 4)	1,950.18
Line 6: Total in-kind contributions this period (page	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Dedham Savings Bar	nk
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	contributions and liabilities for this reporting period and represents the campaign ecordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 3/31/2023
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the bactivity, of all persons acting under the authority or on behalf of this committee in accommittee any liabilities nor made any expenditures on my behalf during this reporting process.	
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the befinance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the candidate in accordance with the requirements of M.G.L. c. 55,
Signed under the penalties of perjury: Ryan W. OTools	(Candidate's signature)  Date: 3/31/2023

## 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)
Date Received	(aipmaneucai naung requireu)	Amount	(101 COMMIDMENTS OF PART OF INCIDE
3/5/23	Matt Bonsall, 158 Adams St Dedham MA 02026	150	
1/13/23	Mary Buonanno, 93 Heath St Tewksbury MA 01876	300	CTO, Steward Health Care
1/19/23	Ellen Burns, 96 Algonquin Rd Clifton Park NY 12065	250	Trainer, Measurement Inc
1/15/23	Emmett Burns, 7953 Lewis Lane Fayetteville NY 13066	1,000	Owner, Concrete Company
2/15/23	Kathy Burns, 65 Esopus Dr Clifton Park NY 12065	1,000	Retired, School Administrator
1/17/23	Michael Burns, 10575 Darden Lane Bainbridge Island WA 98110	500	Developer, Blue North Property Developer
1/30/23	Patrick Burns, 11630 West Snoqualmie Valley Rd N E Carnation WA 98014	1,000	Retired
2/2/23	Barbara Derian, 23 Meridian Lane Ballston Lake NY 12019	100	
3/5/23	Peter Magyar, 94 Alden St Dedham MA 02026	100	
2/24/23	Christopher Maiello, 3391 Summit Ave Highland Park IL 60035	500	Tax Lawyer, EY
1/28/23	Peter McNulty, 384 West Street Dedham MA 02026	100	
1/20/23	Larry Mohammed, 16620 Ashton Green Drive Lutz FL 33558	250	Real Estate, Self Employed
Line 9: Total Recei	pts over \$50 (or listed above)	6,625	·
Line 10: Total Receipts \$50 and under* (not listed above)		1,155	
Line 11: TOTAL R	RECEIPTS IN THE PERIOD	7,780	← Enter on page 1, line 2

<sup>\*</sup> 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)
1/22/23	Cairlin O'Regan, 15 Indian Path Dedham MA 02026	100	
3/17/23	Kenneth O'Toole, 160 E Mountain Road Waterbury CT 06706	200	Retired Firefighter
3/5/2023	Ann Palermo, 94 Alden St. Dedham MA 02026	100	
3/5/23	Chris Polito, 35 Lincoln St Dedham MA 02026	75	
3/5/23	Leslie Pouliot, 22 Lincoln Street Dedham MA 02026	100	
1/21/23	Kristin Relyea, 740 East St Dedham MA 02026	75	
2/22/23	Peter Springer, 174 Adams Street Dedham MA 02026	125	
1/15/23	Gretchen Thompson 30 Oxbow Rd Canton MA 02021	500	Physicians Assistant
3/5/23	Edward Wilson, 45 Youngs Rd Dedham MA 02026	100	
Line 9: Total Recei	pts over \$50 (or listed above)	6,625	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	1,155	
	ECEIPTS IN THE PERIOD	7,780	← Enter on page 1, line 2 d include only those receipts not itemized above.

<sup>\*</sup> 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.)

10 a.e. 10 11	To Whom Paid	A 33	Daymone of Francis 124	A 244 A 2000 £
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3/5/23	American Legion	155 Eastern Ave Dedham MA 02026	Klck off Event location fee	250
2/22/23	BJs Wholesale	688 Providence Hwy Dedham MA 02026	Campaign Kickoff food	106.72
3/16/23	Brickhouse Cafe	107 Bridge Street Dedham MA 02026	Campaign Meet and Greet Food	153
2/13/23	Canva	canva.com ; 110 Kippax Street NSW 2010 Australia	Campaign Stickers	70
3/14/23	Dedham Education Fund	DEF c/o Treasurer Julia Prentice 100 Whiting Ave Dedham MA 02026	Advertisement Space	100
1/20/23	Dedham Food Pantry	600 Washington Street Dedham MA 02026	Table/10 seats at Trivla Night Fundraiser	350
2/28/23	Dedham Times	PO Box 147 Dedham MA 02027	Advertisement (4 issues)	460
1/21/23	GoDaddy	GoDaddy.com LLC 2155 GoDaddy Way Tempe, Arizona 85284	Website Hosting	193.08
2/25/23	PartyCity	1580 VFW Parkway West Roxbury MA 02132	Campaign Kickoff Decorations	121.34
3/20/23	RushOrderTs	6600 Silacci Way, Gliroy, CA 95020	Campaign logo Tshirts	627.02
3/4/23	Staples	450 Providence Highway Dedham MA 02026	printing and supplies	84.99
3/5/23	Star Market	795 Providence Hwy Dedham MA 02026	Campaign Kick off food	137.14
		Line 12: Total Expenditures over	er \$50 (or listed above)	5533.60
		Line 13: Total Expenditures \$50	and under* (not listed above)	296.22
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	5829.82

<sup>\*</sup> 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	Purpose of Expenditure	Amount
3/25/23	Sterling Print Works	214 Main Street Stoneham, MA 02180	Postcard prints and malling services	1165.13
2/17/23	Union Print Works	65 Sprague Street East 2U Hyde Park, MA 02136	Polycor sign prints	276.25
2/8/23	Union Print Works	65 Sprague Street East 2U Hyde Park, MA 02136	Yard signs and wire stands	1294.92
3/23/23	Wegmans	169 University Ave Westwood MA 02090	Train station sign hold food/water	54.13
3/3/23	Wegmans	169 University Ave Westwood MA 02090	Campaign Kick Off food	89.88
<u></u>		Line 12: Expenditures over \$50	(or listed above)	5533.60
		Line 13: Expenditures \$50 and u	under* (not listed above)	296.22
		Line 14: TOTAL EXPENDIT		5829.82

<sup>\*</sup> 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
<u> </u>				
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,				
<u> </u>	<u></u>	Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

<sup>\*</sup> 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 OUTSTAND	ING LIABILITIES (ALL)	0

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