

Form CPF M 102: Campaign Finance Report Municipal Form RECEIVED

Office of Campaign and Political Finance

22 2023 Ending Date: April 28 2023					
✓ 30 day after election year-end report dissolution					
Committee to ELect Susan Butler Walko Committee Name Michael Butler Name of Committee Treasurer 163 Mount Vernon Street Dedham MA 02026 Committee Mailing Address E-mail: nikebutler 162@gmail.com Phone # (optional): 7812232468					
EINFORMATION:					
7,373.79					
4,413.23					
11,787.02					
14) 11,083.53					
703.49					
e 6) 0,00					
3,145.24					
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: 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 or behalf of this admidiateful accordance with the requirements of M.G.L. c. 55. Date: 5 8 2003					

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)
4/2/23	Robert Coughlin 125 Adams Street Dedham MA 02026	500	Real Estate, 3HLL
2/26	Ellen Dockham 75 Westchester Circle Dedham MA 02026	75	
4/6	Elaine Doyle 118 Cedar Street Dedham, MA 02026	250	Retired
2/26	Mary Ellen Doyle 81 Leonard Street Dedham MA 02026	75	
2/27	Dennis Guilfoyle 47 Greensboor Road Dedham MA 02026	100	
2/26	John Krusz Foundation 44 Endicott Street Dedham MA 02026	100	
4/2	Michael Lewis 30 Carson St Weymouth, MA	60	
3/22	Miriam Lewis 2 Briarwood Lane Scituate, MA	100	
4/4	Committee to ELect Jim O'Brien 614 East Street Dedham MA 02026	100	
3/31	Giorgio Petruziello 42 Burgess Lane Dedham MA 02026	200	
2/26	Lori Purdy 41 Holmes Road Dedham MA 02026	60	
4/4	Dennis Riordan 347 Whiting Avenue Dedham MA 02026	100	
Line 9: Total Rece	eipts over \$50 (or listed above)	1720	
Line 10: Total Rec	eipts \$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	Jack Walko 60 Clark Street Dedham, MA 02026	1208.37	Engineer. Breas This is a loan.
3/23	Jack Walko 60 Clark Street Dedham, MA 02026	709.86	Engineer, Breas
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20112113113			
Line 9: Total Rece	eipts over \$50 (or listed above)	1918.23	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	775.00	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	4,413.23	← 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

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
4/11/23	Juliette Byrnes	57 Clark Street Dedham, MA 02026	Reimbursement for labels and election night food	177.80
2/23	Connolly Printing	178 Gill Street Woburn MA 01801	Plastic Signs, stickers	709.86
3/9	Connolly Printing	178 Gill Street Woburn MA 01801	signs	1208.37
3/24	Connolly Printing	178 Gill Street Woburn MA 01801	signs and palm cards	873.64
3/31	Connolly Printing	178 Gill Street Woburn MA 01801	palm cards, post cards	2986.16
4/7	Connolly Printing	178 Gill Street Woburn MA 01801	signs	630.00
3/6	Dedham High School	140 Whiting Ave Dedham MA 02026	Ad in playbook	100,00
4/19	Dedham TImes	P.O. Box 147 Dedham MA 02026	Ads on 2/24 and 3/31	942.00
4/1	United States Postal Service	611 High St Dedham MA 02026	Stamps	1575.00
4/3	United States Postal Service	611 High St Dedham MA 02026	postage for 'every door' drop	1813.45
4/10	United States Postal Service	611 High St Dedham MA 02026	Purchased stamps- 756 Returned stamps on 4/27 - credit 756	0.00
		Line 12: Total Expenditur	res over \$50 (or listed above)	11016,28
		Line 13: Total Expenditures \$50 and under* (not listed above)		67.25
	Enter on page 1, line 4 -	→ Line 14: TOTAL EXPEN	NDITURES IN THE PERIOD	11083.53

^{*} 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	Address	Purpose of Expenditure	Amount
Date Faid	(alphabetical listing)	Aguress	rurpose of Expenditure	Amount
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		Line 12: Expenditures over \$50	O (or listed above)	100000000000000000000000000000000000000
Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on nage 1 line 4 →	Line 14: TOTAL EXPENDIT		
			hould include only those expenditure	

^{*} 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
N/A				N/A
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 →	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.

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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
3/9/23	Jack Walko	60 Clark Street Dedham MA 02026	Jack paid for signs at Connolly Printing, Woburn, MA	1,208.37
4/6	United States Postal Service	611 High Street Dedham MA 02026	Postage for mailing campaign literature	1.936.87
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	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	3,145.24