

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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of Massachusetts		2023 MAY File With Oity	OTOWN Clerk of Election	n Commissio
Fill in Reporting Period dates: Beginning Date: 3/22/	/23		8/23	
Type of Report: (Check one) [8th day preceding preliminary		election year-er	nd report disso	olution
Lisa Desmond	Lisa Desmond	d for Select Board		
Candidate Full Name (if applicable)	 	Committee N	Vame	
Select Board	Rachel Ingem	ni		
Office Sought and District		Name of Committe	e Treasurer	
5 Manning Rd, Dedham, MA 02026	5 Manning Rd	i, Dedham, MA 02026	4 T 4A	-1
Residential Address		Committee Mailin	ig Address	:
Telephone Number (optional):	Telephone Numb	er (optional):		
SUMMARY BALANC	'E INFORMA	TION) · .
·		1110111.		97 - 1 Mar - 1
Line 1: Ending Balance from previous report			3324.70	a di di managan managan
Line 2: Total receipts this period (page 3, line 11)			0	#115 #25 #21
Line 3: Subtotal (line 1 plus line 2)			3324.70	· ·
Line 4: Total expenditures this period (page 5, line	e 14)		3232,02	
Line 5: Ending Balance (line 3 minus line 4)			92.68	2 10 20 2 - 2 2 - 2 3 - 3 3 -
Line 6: Total in-kind contributions this period (pa	ge 6)		0	A Company of the Comp
Line 7: Total (all) outstanding liabilities (page 7)			(0)	#
Line 8: Name of bank(s) used: Rockland Trust				
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a signed under the penalties of periors:	contributions and liab	pilities for this reporting perior requirements of M.G.L. c. 55	d and represents the camp	finance paign
	<u>. </u>	_(Treasurer's signature)	Date: 3/6/23	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo) 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 activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge cordance with the rec	ge and belief, a true and computer and computer for the computer of M.G.L. c. 55.	plete statement of all cam I have not received any co	paign finance
Candidate without Committee OR Candidate with independent activity filing separate in certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	parate report best of my knowledg , in-kind contribution	as and liabilities for this repor	rting period and represents	paign s the

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.)

eport all receipts. P	lease include your committee name and a p	age number on eac		
	Name and Residential Address	Occupation & Employer		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
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ine 9: Total Recei	pts over \$50 (or listed above)			
10 77 : 17	660		•	
Line IU: Total Rece	ipts \$50 and under* (not listed above)			
ine 11: TOTAL F	RECEIPTS IN THE PERIOD	o	← Enter on page 1, line 2	
	receipts of \$50 and under include them in liv			

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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			:
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL F	RECEIPTS IN THE PERIOD	0	← 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.)

Line 12: Total Expenditures over \$50 (or listed above)	A	.	Dunnes of Formal Marie		To Whom Paid	D-4- D-11
Line 12: Total Expenditures over \$50 (or listed above)	Amount	Am	Purpose of Expenditure	Address	(alphabetical listing)	Date Paid
Line 12: Total Expenditures over \$50 (or listed above)						
Line 12: Total Expenditures over \$50 (or listed above)			-			
Line 12: Total Expenditures over \$50 (or listed above)						
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	·		over \$50 (or listed shove)	I ine 12: Total Evnandituras		
		· L	OTOL WOO (OI HEIGH ROOVO)			•
Line 13: Total Expenditures \$50 and under* (not listed above)		5 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	\$50 and under* (not listed above)	Line 13: Total Expenditures		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD	5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5					

^{*} 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
3/22/23	Dedham Times		Ad	187.50
3/30/23	Dedham Times		Ad	750.
3/30/23	Lisa Desmond		Reimburse for hall rental & St Patricks Day roast	770
4/6/23	Dedham Times		Ad	2375
4/11/23	Lisa Desmond		Reimburse for Campaign party food, cake ans party supplies	1149.52
			9.00	7.2 7.2 7.7 7.7
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				1976 Quida 1977 V
<u></u>		Line 12: Expenditures over \$50) (or listed above)	
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 →		URES IN THE PERIOD hould include only those expenditure	3232.02

^{*} 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.

<u> </u>			<u> </u>	
Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
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		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 CO	ONTRIBUTIONS	
			<u> </u>	<u> </u>

^{*} 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
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				100 May 12 May 1