

Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

RECEIVED

of Massachusetts	2021 APR 10 PIFICE 34 File with: City or Town Clerk or Election Commis
Fill in Reporting Period dates: Beginning Date: Jan	Ending Date: Apr. 5, 2024
Type of Report: (Check one)	V (2 × 11) No V (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
⊗ 8th day preceding preliminary	☐ 30 day after election ☐ year-end report ☐ dissolution
CHRISTOPHER J POLITO	COMMITTEE TO ELECT CHRISTOPHER) POLITO
Candidate Full Name (if applicable)	Committee Name
SCHOOL COMMITTEE, DEDHAM	JODI BISSONNETTE
Office Sought and District	Name of Committee Treasurer
35 LINCOLN ST DEDHAM MA 02026	35 LINCOLN ST DEDHAM MA 02026
Residential Address	Committee Mailing Address
E-mail: CHRISPOLITO1@GMAIL.COM	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	
Ending Balance from previous report	1,414.94
Line 2: Total receipts this period (page 3, line 11)	
2 Total recorpts this period (page 3, line 11)	0
Line 3: Subtotal (line 1 plus line 2)	1,414.94
` '	2,11137
Line 4: Total expenditures this period (page 5, lin	ne 14) 250
Line 5: Ending Balance (line 3 minus line 4)	1,164.94
Line 6: Total in-kind contributions this period (pa	age 6) 230
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: DEDHAM INSTITUTE	FOR SAVINGS
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind committee in a signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the comparing
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	
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 and belief, a true and complete statement of all campaign financ cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
Candidate without Committee OR Candidate with independent activity filing set I 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 his	best of my knowledge and belief, a true and complete statement of all campaign
igned under the penalties of perjury:	(Candidate's signature) Date: Apr 5, 2024

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			Occupation & Employer		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)		
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ine 9: Total Receip	ots over \$50 (or listed above)				
<u> </u>					
ine 10: Total Recei	pts \$50 and under* (not listed above)				
_		<u> </u>			
me 11: TOTAL R	ECEIPTS 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)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
<u> </u>			
		<u> </u>	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
		O Line 10 shoul	Id include only those receints not itemized above.

^{*} 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.)

	To Whom Paid	mittee name and a page number of		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Apr 4, 2024	DEDHAM TIMES	395 WASHINGTON ST DEDHAM MA 02026	NEWSPAPER AD	150
Jan 12, 2024	RUN FOR THE FALLEN	212 HUMPHREY STREET SWAMPSCOTT MA 01907	SPONSOR	100
<u> </u>		Line 12: Total Expenditures ov	ver \$50 (or listed above)	250
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	250

^{*} 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)

To Whom Paid (alphabetical list)		Purpose of Expenditure	Amount
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<u> </u>			
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			<u> </u>
	Line 12: Expenditures ov	rer \$50 (or listed above)	
	Line 13: Expenditures \$50	0 and under* (not listed above)	
		· · · · · · · · · · · · · · · · · · ·	
Enter on page 1, If you have itemized expenditures of \$50 a	line 4 → Line 14: TOTAL EXPE	NDITURES IN THE PERIOD	ļ

^{*} 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 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Mar 26, 2024	DEDHAM AMERICAN LEGION		HALL	200
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	30
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	230

^{*} 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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