

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

V. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	File with: City or Town Clerk or Election Commission			
Fill in Reporting Period dates: Beginning Date: Feb 1	0, 2018 Ending Date: Apr 6, 2018			
Type of Report: (Check one)				
	Classification Classification I dissolution			
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution			
Charles Dello IaCono	The Committee to Elect Chuck Dello IaCono for Parks and Recreate			
Candidate Full Name (if applicable)	Committee Name			
Park and Recreation Comminsioner Office Sought and District	Lisa M. Moran Name of Committee Treasurer			
67 Barrows Street, Dedham, MA 02026	78 Lower East Street, Dedham, MA 02026			
Residential Address	Committee Mailing Address			
E-mail: chuckdello67@gmail.com	E-mail: Lisaprect6@gmail.com			
Phone # (optional):	Phone # (optional):			
SUMMARY BALANC	CE INFORMATION:			
Line 1: Ending Balance from previous report	0			
Line 2: Total receipts this period (page 3, line 11)	2,585			
Line 3: Subtotal (line 1 plus line 2)	2,585			
Line 4: Total expenditures this period (page 5, lin	ne 14) 1,675			
Line 5: Ending Balance (line 3 minus line 4)	910			
Line 6: Total in-kind contributions this period (pa	age 6) 0			
Line 7: Total (all) outstanding liabilities (page 7)	0			
Line 8: Name of bank(s) used: Dedham Savings Ba	ank			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached so nedules 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 or behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: Date:				
	an antal			
FOR CANDIDATE FILINGS ONLY. Affidavit of Candidate: (check 1 box only)				
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 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.				
Candidate without Committee OR Candidate with independent activity filing s I certify that I have examined this report including attached schedules and it is, to th finance activity, including contributions, loans, receipts expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	e best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the			
Signed under the penalties of perjury:	(Candidate's signature) Date: 9/1//8			

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)
Feb 11, 2018	Guilfoyle, Dennis or Noreen 47 Greensboro Rd Dedham, MA 02026	100	
Feb 20, 2018	Greater Boston Wellness 200 Providence Highway Dedham, MA 02026	100	
Feb 10, 2018	Ledda, Janet and Salvatore 15 Coach Lane Dedham, MA 02026	100	
Feb 10, 2018	Polito, Thomas and Marguerite 35 Lincoln Street Dedham, MA 02026	100	
Feb 10, 2018	Riley, Robert 73 Lincoln Street Dedham, MA 02026	100	
10000			
Line 9: Total Rece	eipts over \$50 (or listed above)	500	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	2,085	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	2,585	← 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)
OCCUPANT AND ADDRESS OF THE ADDRESS		de de la communicación de	
30			
Line 9: Total Receip	pts over \$50 (or listed above)		
	pts \$50 and under* (not listed above)		
Line 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2
		- 0 1 ! - 10 - !	ld include only those receipts 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					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
Feb 13, 2018	Deli After Dark	545 High Street Dedham, MA 02026	Campaign party kickoff - hall rentall, food, bartender	575	
Mar 20, 2018	Printing Unlimited	63 Plymouth Street Holbrook, MA 02343	Campaign signs	956	
Apr 4, 2018	Staples	450 Providence Highway Dedham, MA 02026	paper stock	144	
Line 12: Total Expenditures over \$50 (or listed above)		1,675			
Line 13: Total Expenditures \$50 and under* (not listed above)			0		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	1,675	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
				-	
				LEL LEGISLAND AND AND AND AND AND AND AND AND AND	
	Line 12: Expenditures over \$50 (or listed above)				
Line 13: 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 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
			10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
				N - 1 N - 1
			The state of the s	
	27 12 12 12 12 12 12 12 12 12 12 12 12 12			
The state of the s				
The state of the s				ANALYS AN
		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	
				771-11	
		L. 10 TOTAL OVERS			
	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				