

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form VED Office of Campaign and Political Finance

ONIOMAY IL PM 1:45

(Candidate's signature)

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 4/7	7/2018 TOWHOOF OFFICE CLERKS OFFICE TOWN OF TOWN Clerk or Election Commission TOWN OF TOWN Clerk or Election Commission
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	
Jessica Porter Candidate Full Name (if applicable)	Committee to Elect Jessica Porter Committee Name
Planning Board	Leo A Francis
Office Sought and District	Name of Committee Treasurer
4 Willow Street, Dedham, MA 02026	66 Vincent Road, Dedham, MA 02026
Residential Address	Committee Mailing Address
E-mail: jessicaleeporter@gmail.com	E-mail: lafinbos@yahoo.com
Phone # (optional): 781-461-1486	Phone # (optional): 781-686-9291
SIIMMARV RALAN	NCE INFORMATION:
Somman branch	TOTAL
Line 1: Ending Balance from previous report	6,909-
Line 2: Total receipts this period (page 3, line 1	11) 4, 4/80
Line 3: Subtotal (line 1 plus line 2)	11,389
Line 4: Total expenditures this period (page 5,	line 14) 9, 238 -
Line 5: Ending Balance (line 3 minus line 4)	2,151
Line 6: Total in-kind contributions this period ((page 6) — o —
Line 7: Total (all) outstanding liabilities (page	7) — 0 —
Line 8: Name of bank(s) used: Dedham Savings Ba	sank
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the lactivity, including all contributions, loans, receipts, expenditures, disbursements, in-ki finance activity of all persons acting under the authority or on behalf of this committee. Signed under the penalties of perjury:	
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	1 hov 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 activity, of all persons acting under the authority or on behalf of this committee ir incurred any liabilities nor made any expenditures on my behalf during this report Candidate without Committee OR Candidate with independent activity filing	to the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, rting period.
	nents, in-kind contributions and liabilities for this reporting period and represents the of this committee in accordance with the requirements of M.G.L. c. 55.
Simulanda du da marakia afaasiana	Date: 5-13-17

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)
			, and a second more
	See Attached		See Allscher
	sic 171(Mone)		Dee Hillemed
ne 9: Total Receipts	over \$50 (or listed above)	3,575	
ne 10: Total Receipts	\$50 and under* (not listed above)	905	
ne 11: TOTAL REC	EIPTS IN THE PERIOD	4,480	Enter on page 1, line 2

	\$4,480 Enter on page 1 line 2				TS IN THE BERIOD	LINE 11: TOTAL RECEIPTS IN THE PERIOD		
	\$905				Line 10: Total Receipts \$50 and under (not listed above)	Line 10: Total Receipts \$8		
	\$3,575				er \$50	Line 9: Total Receipts over \$50		
		2000	1000000	Pedite!!	neer Compilification	Cameron	STAP: Kead	
	#200 ON TRU	30028	_		226 Highland Officet			
TBD	200.00 Not employed	02026	MA 0	Dedham	21 Lowder Street	jeanne	14-Apr Quirk	4
Not employed	\$300.00 Not employed	48103	≅	Ann Arbor	212 West Summit Street	Thomas	5-Apr Porter	(In
Loning Wolcott & Coolidge	\$500.00 Asset Management	02026	MA 0	Dedham	8 Schoolmasters Lane	Andy	3-Apr Mims	60
NA ::	\$100.00 NA	02026	MA	Dedham	74 Court Street	Louisa Page	9-Apr Miller	"
Ketred	\$500.00 Retired	02026	MA 0	Dedham	12 Sawmill Road	Donna & James	# McGuire	#-
NA	\$100.00 NA)2026	MA	Dedham	580 Bridge Street	WM Shaw & Hope	6-Apr McDermott	e.
NA NA	\$100.00 NA)2026	MA 0	Dedham	PO Box 93	Michael A / M Paula	9-Apr Marks / Murry	10
Sunovion	\$500.00 HR Technology	2445	_		PO Box 86	Christopher & Laura	6-Apr Mansfield	m
N/A	100.00 ActBlue	32026	MA 0	Dedham	93 Barrows Street	Mark	14-Apr Manning	14
l arget Wktg. vvondwide	\$75.00 Sales			Dedham	21 Quaker Lane	Mark	4-Apr Lawton	4.
Sunovion	\$250.00 HR Technology)2026		Brookline	17 Greenough Circle	Christopher	1-Apr Johnson	٠.
Not Employed	\$250.00)2026	MA 0	Dedham	10 Wampatuck Rd	James	7-Apr Hooper	~1
	\$100.00 NA)2090	MA 0	Westwood	149 Porter Street	Brendan F	9-Apr Hayes	ω
N/A	200,00 Refund	69				Refund	20-Apr DCH -Refund	8
NA NA	\$100.00 NA	02026	MA 0	Dedham	10 Quaker Lane	Bruce and Rick	31-Mar Barnett	31
Employer	Occupation	Zip	State	City	Address	Figt	Last	
					(Alphabetical listing required)	(Alphal	eived	Received
oyer	31-Mar Occupation and Employer	<u>.</u>			Name and Residential Address	Name a	ate	Date
				5/13/2018	As of	1, MA 02026	66 VINCENT ROAD DEDHAM, MA 02026	
					ひてがけじしかで きこ スカイカラーひ	びICA でしたしばる	COMMITTEE TO ELECT JESSICA PORTER	

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			(and the second
	N/A		NA
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	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 shoul	d 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.)

eport all expend		nittee name and a page number on	each page.)	
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Paid	(alphabetical listing)	Address	1 ut pose of Expenditure	Amount
			1	
			1	
	. (1		
1	4 111			
	See AllAched	See Attached		
			<u> </u>	
i				
1				
1				
1				
		Line 12: Total Expenditures ov	ver \$50 (or listed above)	4,238-
		- 12. Total Emporation of		11650
		Line 13: Total Expenditures \$5	0 and under* (not listed above)	-0-
		The state of the s	(
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	9238
	- 1 mm 1		hould include only those expenditure	1,0,00

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

66 VINCENT ROAD DEDHAM, MA 02026 COMMITTEE TO ELECT JESSICA PORTER SCHEDULE A: RECEIPTS CVS (MR) Cocktails Inc Cocktails Inc Reynolds DeWalt Reynolds DeWalt Reynolds DeWalt Reynolds DeWalt Post Office - Thank you notes Party City Grossman Marketing Gordon's Catering Election Night Facebook Ads Dedham Times 4/13 issue **Dedham Community House** Stop and Shop/Misc Reynolds DeWalt High Street Pizza Dedham Times 3/23 and 3/30 Dedham Times Wegmans (JP) Wegmans (Alphabetical listing required) To Whom Paid As of 671 High Street 5 Nanset Road 5 Nanset Road 395 Washington Street 270 Bussey Street 611 High Street 30 Cobble Hill Road 894 Main Street 395 Washington Street 395 Washington Street Dear Friends 30 Providence Highway 505 High Street Online Enter on page 1, line 4 186 Duchaine Blvd 16 Providence Highway 186 Duchaine Blvd 186 Duchaine Blvd 186 Duchaine Blvd 169 University Ave 169 University Ave Address Dedham Dedham Dedham Dedham Weymouth Online Dedham Dedham Dedham Weymouth Somerville Waltham Line 12: Total Expenditures over \$50 (or listed above) Westwood Westwood Dedham New Bedford Dedham New Bedford New Bedford New Bedford Dedham Line 12: Total Expenditures \$50 and under (not listed above) ine 14: TOTAL EXPENDITURES IN THE PERIOD 얁 5/14/2018 ₹ ₹ ₹ ₹ ₹ ₹ ₹ ₹ MA ₹ ₹ ₹ ₹ State Online 02026 02026 02026 02026 02188 02026 02026 02026 02143 02451 02026 02090 02026 02745 02026 02745 02745 02745 ة Food Ads Ads Ads Bartending Services Ads Easter Candy Bartending Services Cake Postage Supplies Party Food T-Shirts Election Party Party Food Party Supplies Post Cards Postage Postage Post Cards Lawn Signs Purpose of Expenditure ₩ 1,419.52 1,914.77 9,238.17 9,098.60 639.63 700.00 591.81 171.00 252.00 294.00 750.00 550.00 146.86 100.00 132.00 439.00 335.00 102.00 289.00 55.00 139.57 88.01 54.00 75.00

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	1/1	1/11/		
	NIA	I /V /K		
8				
				i)
				702
		Line 12: Expenditures over \$50	(or listed above)	
		Line 13: Expenditures \$50 and u	nnder* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	
If you have itemi			aould include only those expenditures	

^{*} 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
	NA	NA	NA	- O-
		Line 15: In-Kind Contributions	over \$50 (or listed above)	-0-
		Line 16: In-Kind Contributions		
10	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND CO		-0-

^{*} 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
	Nh	NA	Nh	-0-
	Enter on page 1, line $7 \rightarrow $	Line 18: TOTAL OUTSTAND	OING LIABILITIES (ALL)	-0-