

Signed under the penalties of perjury:

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

Office of Campaign and Political Finance

Commonwealth of Massachusetts	
Fill in Reporting Period dates: Beginning Date: 3118	File with: City or Town Clerk or Election Commission  Ending Date: 5/13/18
CLERKS OFFICE	
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election 30 day	after election  year-end report dissolution
Patricia M. Roberts  Candidate Full Name (if applicable)	Committee to Elect Patty Committee Name Roberts
Board of Health.	LISA Seibert
Office Sought and District	Name of Committee Treasurer
83 Beech ST Dedham Ma	425 Cedar St Dedham
Residential Address	Committee Mailing Address
Telephone Number (optional): 781-492-7622 Telephone	Number (optional): 781-326-1235
SUMMARY BALANCE INFO	RMATION:
Line 1: Ending Balance from previous report	743.02
Line 2: Total receipts this period (page 2, line 11)	12,03
Line 3: Subtotal (line 1 plus line 2)	815.05
Line 4: Total expenditures this period (page 3, line 14)	815.05
Line 5: Ending Balance (line 3 minus line 4)	0.00
Line 6: Total in-kind contributions this period (page 4)	
Line 7: Total (all) outstanding liabilities (page 4)	
Line 8: Name of bank(s) used:	pavings
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best of my knowl activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions finance activity of all persons acting under the authority of on behalf of this committee in accordance we Signed under the penalties of perjury:	and liabilities for this reporting period and represents the campaign
July Huller	(Tourist or Signature)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the best of my k activity, of all persons acting under the authority or on behalf of this committee in accordance with incurred any liabilities nor made any expenditures on my behalf during this reporting period.	nowledge and belief, a true and complete statement of all campaign finance h the requirements of M.G.L. c. 55. I have not received any contributions,
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the best of my k finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind concampaign finance activity of all persons acting under the authority or on behalf of this committee	tributions and liabilities for this reporting period and represents 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.)

Name and Residential Address  Occupation & Employer				
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
4/06/18		\$ 98.02	BOLARO SANGE	
4/27/18		\$24.01		
Line 9: Total Receip	ots over \$50 (or listed above)			
		#72,03		
	ECEIPTS IN THE PERIOD	\$ 72.03	← Enter on page 1, line 2	
If you have itemized i	receipts of \$50 and under, include them in line	O Line 10 shoule	Linglanda and a the control of the test of the	

## **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			
S/12/18 Lisa Scibert Dedham, MA Printing Expense \$765	ate Paid		Address	Purpose of Expenditure	Amount
Spiral Lisa Scibert 25 Cedar St. Drinting Expenses \$760				Rental Kick of	\$50,00
	12/18 L	isa Scibert	A25 Cedar St. Dedham, MA	Drinting Expens	\$ 765,05
Line 12: Total Expenditures over \$50 (or listed above)			Line 12: Total Expenditures over	er \$50 (or listed above)	\$765.05
Line 13: Total Expenditures \$50 and under* (not listed above)			Line 13: Total Expenditures \$50	and under* (not listed above)	\$50,00
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.					\$815-05

<sup>\*</sup> 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 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	<b>Description of Contribution</b>	Value
contributes more that	ribution is received from a person who an \$50 in a calendar year, you must report as of the contributor; in addition, if the	Line 15: In-Kind Contributions	over \$50 (or listed above)	
	or more, you must also report the	Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

### 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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