Signed under the penalties of perjury:



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

Office of Campaign and Political Finance

APR 1 9 2018

A.M. TOWN P.M. CLERK

Date: 4/18/2018

(Candidate's signature)

of Massachusetts City or Town Clerk or Election Commission 3/28/2018 Fill in Reporting Period dates: Beginning Date: Ending Date: Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution Candidate Full Name (if applicable) Residential Address neph,org Phone # (optional): Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report 522.87 Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report including attacted schedules 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 of on behalf of this committee is accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: 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 separate report 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, including 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 on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

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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ne 9: Total Receip	ots over \$50 (or listed above)		
ine 10: Total Receipts \$50 and under* (not listed above)			
ine 11: TOTAL RECEIPTS IN THE PERIOD			

^{*} 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 (continued)

	SCHEDE	LE B: EXPENDITURES (C	onemica)		
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
4/09/8	Cate Theme 220	565 High ST Dedham	Mect+Greet	215.44	
4/12/18	Dedham Times	Washington 57 Dedham	Advertising	262,50	
4/10/18	Dedher times	Washington St Decham	Advertising	60.00	
Aris/18	Reta Morris	Washingtons Daham	Luchs 170	400.00	
4/14/18	Coche Brus	Westwood	Food-5190 Horder	210.71	
	- CPC 97777				
	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 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
-				
				PART SELECTION OF THE PROPERTY
				,
. The state of the				
	1			
<u></u>][Line 18: TOTAL OUTSTAND		

<u>joannecamer@gmail.com</u>

781-326-2434 781-326-2435-fax

Joanne Camer

RECEIVED TOWN OF DEDHAM

APR 1 9 2018

_A.M. TOWN _P.M. CLERK

Fax

To: Parl Whine	bharb From Jane an	ner to-De Conce
ax: 1781-751-910		
Phone:	Date: 19 April	
Re:	CC1	* ;
Message: Qul! Stached is	(Hope its Correct)	tomene for
O. Camer.	(Hope its Correct)	7//
-T 1 1-	reached @ 781-326-343	Jac

Jonne_