



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

*June 16, 2016*

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CLERK'S OFFICE  
SHARON, MA 02087

2016 JUN 16 P 2:06

File with:

City or Town Clerk or Election Commission Please print or type all information, except signatures.

Fill in dates:

Reporting Period Beginning	Month	Date	Year	Ending	Month	Date	Year
	5	9	16		6	16	16

Type of report: (Check one)

8th day preceding preliminary     8th day preceding election     30 day after election     year-end report     dissolution

Elizabeth Dichiaro  
Full Name of Candidate (if applicable)

Selectman  
Office Sought and District

24 Lantern Lane Sharon Ma  
Residential Address

\_\_\_\_\_  
Tel. No. (optional)

Committee to Elect Liz Dichiaro  
Committee Name

Silas Fyler  
Name of Committee Treasurer

14 Pleasant St Sharon Ma  
Committee Mailing Address

\_\_\_\_\_  
Tel. No. (optional)

**SUMMARY BALANCE INFORMATION:**

Line 1: Ending balance from previous report	\$	<u>2717.21</u>
Line 2: Total receipts this period (page 2, line 11)	\$	<u>1787.94</u>
Line 3: Subtotal (line 1 plus line 2)	\$	_____
Line 4: Total expenditures this period (page 3, line 14)	\$	<u>4505.15</u>
Line 5: Ending balance (line 3 minus line 4)	\$	<u>0</u>
Line 6: Total in-kind contributions this period (page 4)	\$	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 4)	\$	<u>0</u>
Line 8: Name of bank(s) used		<u>Sharon Credit Union</u>

**Affidavit of Committee Treasurer:**

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 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 on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

*Silas Fyler*  
Treasurer's signature (in ink)

6/16/16  
Date

**FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)**

**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.

Signed under the penalties of perjury:

*[Signature]*  
Candidate signature (in ink)

6/16/16  
Date

**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.*

This page may be copied 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)
	See attached			
Line 9: Total receipts in excess of \$50 (or listed above)				Enter on page 1, line 2
Line 10: Total receipts \$50 and under* (not listed above)				
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>				

\* 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**

**Committee To Elect Liz Dichiara  
For Selectman 2016**

30 Day

Date	Name	Address	Occupation	Amount
5/16/2016	David Brookfield	69 Brook Rd Sharon Ma	Retired	\$ 300.00
5/17/2016	Liz Dichiara	24 Lantern Lane Sharon Ma	Retired	\$ 77.77
5/11/2016	Liz Dichiara	24 Lantern Lane Sharon Ma	Retired	\$ 25.42
5/12/2016	Liz Dichiara	24 Lantern Lane Sharon Ma	Retired	\$ 50.08
5/31/2016	Liz Dichiara	24 Lantern Lane Sharon Ma	Retired	\$ 483.62
5/13/2016	Liz Dichiara	24 Lantern Lane Sharon Ma	Retired	\$ 250.91
5/11/2016	Pauline Gasek	4748 Meadowview Rd Sarasota, FL (paypal)	Retired	\$ 600.00
4/30/2016	Sharon Cu	42 Pond Street Sharon Ma	Interest	\$ 0.06
5/31/2016	Sharon Cu	42 Pond Street Sharon Ma	Interest	\$ 0.04
6/16/2016	Sharon Cu	42 Pond Street Sharon Ma	interest	\$ 0.04

**Total \$ 1,787.94**



**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.*

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
	<i>see attached</i>				
			Line 12: Expenditures over \$50		
			Line 13: Expenditures \$50 and under*		
			<b>Line 14: TOTAL EXPENDITURES</b>		

Enter on page 1, line 4

\*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 B**

Committee To Elect Liz Dichiara

30 day

**Expenditures**

For Selectman 2016

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SHARON, MA 02867

Date	To Whom Paid	Address	Purpose	Amount
5/17/2016	Coriander Bistro	5 Post Office Rd Sharon Ma	Thank you Celebration	\$ 77.77
5/10/2016	iPrint4Color	501 Gleasondale Rd Stow Ma	Postcards	\$ 210.94
6/16/2016	Liz	24 Lantern Lane Sharon Ma	refund	\$ 3,388.71
5/11/2016	Paypal	2211 North First Street, San Jose Ca	On video	\$ 25.42
5/12/2016	Paypal	2211 North First Street, San Jose Ca	On video	\$ 50.08
5/31/2016	Paypal	2211 North First Street, San Jose Ca	On video	\$ 483.62
5/13/2016	Paypal	2211 North First Street, San Jose Ca	On video	\$ 250.91
5/11/2016	Paypal	2211 North First Street, San Jose Ca	Transaction Fee	\$ 17.70

**Total \$ 4,505.15**

**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.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	None			
				Line 15: In-kind over \$50
				Line 16: In-kind \$50 and under
				Line 17: Total In-kind

Enter on page 1, line 6

\* 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.

**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
	None			
				Line 18: OUTSTANDING LIABILITIES (ALL)

Enter on page 1, line 7