



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
CLERK'S OFFICE
SHARON, MA 02067

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 01/01/2016 Ending Date: 12/31/2016

Type of Report: (Check one)

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

Elizabeth Dichiaro
Candidate Full Name (if applicable)

Town of Sharon
Office Sought and District

59 Village Ct. Berlin, MA. 021503
Residential Address

E-mail: _____

Phone # (optional): 7817849593

Committee to Elect Liz Dichiaro
Committee Name

Silas Fyler
Name of Committee Treasurer

14 Pleasant St. Sharon, MA. 02067
Committee Mailing Address

E-mail: _____

Phone # (optional): 7815232063

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	10522.82
Line 3: Subtotal (line 1 plus line 2)	10522.82
Line 4: Total expenditures this period (page 5, line 14)	10522.82
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Sharon Credit Union	

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) Date: 2/27/17

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.

Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 2/24/17

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)
04/12/2016	Al Morel 364 Main St. Hudson MA. 01749	100	
04/07/2016	Casey McLaughlin 47 Glendale Rd. Sharon MA. 02067	100	
05/01/2016	David Brookfield 69 Brook Rd. Sharon MA. 02067	200	Retired
04/11/2016	Kurt Buermann 45 Furnace St Sharon MA 02067	100	
04/25/2016	Kurt Buermann 45 Furnace St. Sharon MA 02067	1000	Retired
04/05/2016	Liz Diciara 24 Lantern Ln. Sharon MA 02067	464.84	Retired
04/06/2016	Liz Diciara 24 Lantern Ln. Sharon MA 02067	104.50	
04/11/2016	Liz Diciara 24 Lantern Ln. Sharon MA 02067	147.52	
04/15/2016	Liz Diciara 24 Lantern Ln Sharon MA 02067	479.04	Retired
04/11/2016	Liz Diciara 24 Lantern Ln Sharon MA 02067	80	
04/25/2016	Liz Diciara 24 Lantern Ln Sharon MA 02067	210.94	Retired
04/10/2016	Liz Diciara 24 Lantern Ln Sharon MA 02067	1000	Retired
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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 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)
05/07/2015	Liz Dichiara 24 Lantern Ln Sharon MA 02067	700	Retired
05/05/2016	Liz Dichiara 24 Lantern Ln Sharon MA 02067	2639.50	Retired
04/21/2016	Maria Tollefson 15 Fisher Rd Sharon MA 02067	100	
04/11/2016	Paul Bookbinder 738 Mountain St Sharon MA 02067	100	
04/23/2016	Paul Lauenstein 4 Gavins Pond Rd Sharon MA 02067	100	
04/07/2016	Philip Pitha 40 Mat St Sharon MA 02067	100	
04/12/2016	Ricky Stern 126 Pond St Sharon MA 02067	100	
04/24/2016	Susie Rosenwasser 28 Lee Rd Sharon MA 02067	100	
05/07/2016	Thomas Kinraide 30 Highland Ave Sharon MA 02067	200	Retired
05/16/2016	David Brookfield 69 Brook Rd Sharon MA 02067	300	Retired
05/17/2016	Liz Dichiara 24 LAntern LN Sharon MA 02067	77.77	
05/12/2016	Liz Dichiara 24 Latern Ln Sharon MA 02067	50.08	
05/31/2016	Liz Dichiara 24 Lantern Ln Sharon Ma 02067	483.62	Retired
Line 9: Total Receipts over \$50 (or listed above)			
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL 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 should include only those receipts not itemized above.

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)
05/13/2016	Liz Dichiara 24 Lantern Ln Sharon MA 02067	250.91	Retired
05/11/2016	Pauline Gasek 4748 Meadowview Rd. Sarasota FL 34236	600	Retired
Line 9: Total Receipts over \$50 (or listed above)		10141.72	
Line 10: Total Receipts \$50 and under* (not listed above)		381.10	
Line 11: TOTAL RECEIPTS IN THE PERIOD		10522.82	← 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 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.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
05/03/2016	Chuck Bordman	14 Pleasant St Sharon Ma 02067	Sign posts, banner supplies	70.51
05/17/2016	Coriander Bistro	5 Post Office Rd Sharon MA 02067	Thank you Celebration	77.77
04/05/2016	Graphic Images	75 Washington St Plainville MA 02762	Yard Signs and Stakes	464.84
04/25/2016	iPrint4Color	501 Gleasondale Rd Stow MA 01775	Postcards	210.94
05/05/2016	iPrint4Color	501 Gleasondale Rd Stow MA 01775	Post cards and Mailing	2639.50
05/10/2016	iPrint4Color	501 Gleasondale Rd Stow Ma 01775	Postcards	210.94
04/10/2016	Kingbird Content	18 Washington St Canton MA 02021	Strategic planning, Materials, website, loomio, photo prep	1000
05/07/2016	Kingbird Content	18 Washington St Canton MA 02021	Strategic Planning, Materials, Website, Loomio, photo prep	700
06/16/2016	Liz Diciara	24 Lantern Ln Sharon MA 02067	Refund	3388.71
04/11/2016	Mick Morgans	973 Providence Highway Sharon Ma 02067	Party food	80
04/06/2016	Norwood Printing	190 Central St Norwood Ma 02062	Rack Cards	104.50
04/11/2016	Norwood Printing	190 Central St Norwood MA 02062	Rack Cards	147.52
Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)				
Line 14: TOTAL EXPENDITURES IN THE PERIOD				

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: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
04/15/2016	Norwood Printing	190 Central St Norwood MA 02062	2 Banners	479.04
05/04/2016	Norwood Printing	190 Central St Norwood Ma 02062	25 Lawn Stakes	50
05/12/2016	Paypal	2211 North First St. San Jose CA 95131	On Video	50.08
05/31/2016	Paypal	2211 North First St. San Jose CA 95131	On Video	483.62
05/13/2016	Paypal	2211 North First St. San Jose CA 95131	On Video	250.91
Line 12: Expenditures over \$50 (or listed above)				10408.88
Line 13: Expenditures \$50 and under* (not listed above)				113.94
Line 14: TOTAL EXPENDITURES IN THE PERIOD				10522.82

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 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	Description of Contribution	Value
Enter on page 1, line 6 →			Line 15: In-Kind Contributions over \$50 (or listed above)	
			Line 16: In-Kind Contributions \$50 & under (not listed above)	
			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.

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
Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)			