



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

**RECEIVED**  
OCT 28 2019

**ELECTION COMMISSION**

File with City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1.1.19 Ending Date: 10.18.19

Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

JAMES J. DILISIO  
Candidate Full Name (if applicable)  
CITY COUNCIL AT LARGE  
Office Sought and District  
1400 COMMERCE WAY #18 ATTLEBORO MA  
Residential Address  
E-mail: J.COUNCILORDILISIO@GMAIL.COM  
Phone # (optional): 508-838-7328

CTE JAMES J DILISIO  
Committee Name  
ROBERT LIVELY III  
Name of Committee Treasurer  
1400 COMMERCE WAY #18 ATTLEBORO MA  
Committee Mailing Address  
E-mail: COUNCILORDILISIO@GMAIL.COM  
Phone # (optional): 508-838-7328

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	3194 <sup>00</sup>
Line 2: Total receipts this period (page 3, line 11)	3686 <sup>00</sup>
Line 3: Subtotal (line 1 plus line 2)	6880 <sup>00</sup>
Line 4: Total expenditures this period (page 5, line 14)	0
Line 5: Ending Balance (line 3 minus line 4)	6880 <sup>00</sup>
Line 6: Total in-kind contributions this period (page 6)	357 <sup>00</sup>
Line 7: Total (all) outstanding liabilities (page 7)	<del>10,000.00</del> 4368.45
Line 8: Name of bank(s) used:	<u>ROCKLAND TRUST</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: Robert Lively III (Treasurer's signature) Date: 10/27/19

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**

**Candidate with 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 that are not otherwise disclosed in this report.

**Candidate without 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, 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 candidate in accordance with the requirements of M.G.L. c. 55.  
Signed under the penalties of perjury: James J. Dilisio (Candidate's signature) Date: 10/27/19

## 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)
7.11.19	PATRICIA BERGSTROM 49 BRITANIA CIRCLE SALEM MA 01970	\$100	
7.20.19	MARCIA BIEBAULT 591 WILMARTH ATTLEBORO MA	\$60	
7.10.19	CLIFFORD DANUE JR 68 PINE ST ATTLEBORO MA 02703	\$100	
7.11.19	FRANK DILISIO 90043 LISMORE WEEK WACHEE FL 34613	\$70	
7.17.19	DONALD DOUCETTE 219 PHILLIPS ST ATTLEBORO MA	\$80	
7.5.19	JUDY FORGET 33 WOODCREST DR REAR ATTLEBORO MA 02703	\$100	
7.17.19	DOUG GIBIN 734 TIFFANY ST ATTLEBORO MA	\$200	BUSINESS OWNER
7/16/19	ARTHUR HEANEY 1400 COMMERCE WAY #24 ATTLEBORO MA 02703	\$200	BUSINESS OWNER CONSTRUCTION
9/21/19	ARTHUR HEANEY 1400 COMMERCE WAY #24 ATTLEBORO MA 02702	\$150	BUSINESS OWNER CONSTRUCTION
7.11.19	DIANE JOSEPHSON 11 MILLER ROAD WILMINGTON MA	\$100	
9.8.19	TODD KOBUS 189 CLIFTON ATTLEBORO MA 02703	\$51	
7.17.19	WILLIAM LARSON 142 FAIRWAY DR ATTLEBORO MA 02703	\$100	
Line 9: Total Receipts over \$50 (or listed above)		1351	
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		1351	← 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)
7.10.19	DAWN LUNN 49 RIDGEWOOD ATTLEBORO MA	\$100	
7.17.19	MICHAEL McDONALD 56 TYLER ST ATTLEBORO MA 02703	\$75	
7.17.19	BRIAN MILLETTE 12 JACOB WAY ATTLEBORO MA	\$75	
7.17.19	STANLEY NACEWICZ 48 WALNUT ST PLAINVILLE MA 02762	\$100	
5.2.19	LAUREN SMITH	\$250	RETIRED
8.23.19	JOHN SULLIVAN 73 STEEPLE CHASE ATTLEBORO MA	\$100	
7.25.19	KELLY TERREAU 3 COMMONWEALTH AVE TH1 ATTLEBORO MA	\$75	

Line 9: Total Receipts over \$50 (or listed above) ~~0~~ \$2,126

Line 10: Total Receipts \$50 and under\* (not listed above) \$1560

Line 11: **TOTAL RECEIPTS IN THE PERIOD** \$3686

← 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 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
7/17/19	HOWARD BIEBHULT	591 WILMARTH ST ATTLEBORO MA 02403	KICK OFF FLYERS	\$ 75
7/17/19	AMY DILISIO	1400 COMMERCE WAY #15 ATTLEBORO MA 02403	FOOD FOR KICKOFF	\$157 <sup>00</sup>
10/1/19	AMY DILISIO	1400 COMMERCE WAY #15 ATTLEBORO MA.	FOOD FOR WORK CAMPAIGN SESSIONS MEETINGS	\$126 <sup>00</sup>
Line 15: In-Kind Contributions over \$50 (or listed above)				357 <sup>00</sup>
Line 16: In-Kind Contributions \$50 & under (not listed above)				0
Line 17: TOTAL IN-KIND CONTRIBUTIONS				357 <sup>00</sup>

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. 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
11/14/17	MRSC - STATE	85 MERRIMAC ST 4 <sup>th</sup> FLOOR BOSTON MA 02114	CAMPAIN MAILING	\$2690.00
10/22/17	HIGHSAIL STRATEGIES	60 FERNCLIFF RD SEEKONK MA 02771	LIT DROP	\$ 350
10/26/17	HIGHSAIL STRATEGIES	60 FERNCLIFF SEEKONK MA	FACEBOOK VIDEO	\$ 150
10/10/19 <del>10/26/17</del>	HIGHSAILS	60 FERNCLIFF SEEKONK MA	PUSHCARTS, BAGS, SIGN WIRES, DEAL FRIENDS LABELS, CALL BOOK, LABOR	<del>\$ 108.00</del> \$ 636.51
8/4/19	HIGHSAIL	60 FERNCLIFF SEEKONK MA	LAPEL STICKERS	\$ 22.17
7.17.19	AMY DILISIO	1400 COMMERCE WAY #18 ATTLEBORO MA 01725	KICKOFF - PRINTING POSTAGE - ENVELOPES	\$ 419.75
Enter on page 1, line 7 →			<b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>	\$1170.43

