

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED
JAN 23 2018

Health
Massachusetts

File with: **ELECTION COMMISSION**
City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 10/20/17 Ending Date: 11/20/18

Type of Report: (Check one)

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

JAMES J. DILISO
Candidate Full Name (if applicable)

ATTLEBORO CITY COUNCIL AT LARGE
Office Sought and District

1400 COMMERCE WAY #18 ATTLEBORO MA 02703
Residential Address

E-mail: J.DILISO@COUNCILDILISO.COM

Phone # (optional): 508-838-7328

CTE JAMES J DILISO
Committee Name

SCOTT DOMENICA
Name of Committee Treasurer

15 SEANNA ROAD ATTLEBORO MA 02703
Committee Mailing Address

E-mail: SCOUNCILDILISO@GMAIL.COM

Phone # (optional): 508-838-7328

SUMMARY BALANCE INFORMATION:

| | |
|--|----------------|
| Line 1: Ending Balance from previous report | 2,192.15 |
| Line 2: Total receipts this period (page 3, line 11) | 1,170.00 |
| Line 3: Subtotal (line 1 plus line 2) | 3,362.15 |
| Line 4: Total expenditures this period (page 5, line 14) | 50.00 |
| Line 5: Ending Balance (line 3 minus line 4) | 3,312.15 |
| Line 6: Total in-kind contributions this period (page 6) | |
| Line 7: Total (all) outstanding liabilities (page 7) | 3,308.15 |
| Line 8: Name of bank(s) used: | ROCKLAND TRUST |

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: Scott Domenica (Treasurer's signature) Date: 11/15/2018

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: James Diliso (Candidate's signature) Date: 11/15/18

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) |
|---------------|--|----------|---|
| 10/24/2017 | MARK S CUDDY PO BOX 388 ATTLEBORO, MA 02703 | \$100.00 | |
| 10/24/2017 | STANLEY NACEWICZ 48 WALNUT ST. PLAINVILLE, MA 02762 | \$100.00 | |
| 10/24/2017 | DOUG GOBIN 734 TIFFANY ST. ATTLEBORO, MA 02703 | \$100.00 | |
| 10/24/2017 | TOM HONG SON COMMITTEE 128 UNION ST. NEW BEDFORD, MA 02740 | \$75.00 | |
| 10/24/2017 | DAWN S. LEWIS 49 RIDGEWOOD RD. ATTLEBORO, MA 02703 | \$100.00 | |
| 10/24/2017 | NANCY YOUNG 36 EDGECLIFF AVE ATTLEBORO, MA 02703 | \$100.00 | |
| 10/24/2017 | TRACY TELLEU 14 ROSSMAN ST. S. ATTLEBORO, MA 02703 | \$100.00 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Line 9: Total Receipts over \$50 (or listed above) \$675.00

Line 10: Total Receipts \$50 and under* (not listed above) \$495.00

Line 11: TOTAL RECEIPTS IN THE PERIOD **\$1,170.00**

← 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 |
|---|---------------------|--|-----------------------------|---------------------|
| 10/31/2017 | AMY DILISIO | 1400 COMMERCERWAY UNIT 18 ATLEBORO, MA 02703 | COPIES | \$15.40 |
| 11/1/2017 | AMY DILISIO | 1400 COMMERCE WAY UNIT 18 ATLEBORO, MA 02703 | POSTAGE | \$51.00 |
| 11/6/2017 | AMY DILISIO | 1400 COMMERCE WAY UNIT 18 ATLEBORO, MA 02703 | FOOD-CAMPAIGN STAFF | \$48.06 |
| 11/7/2017 | JODY BLAIS | | FOOD- ELECTION DAY | \$75 ⁰⁰ |
| 11/7/2017 | HOWARD BIBEAVLIT | 591 WILMARTH ST. ATLEBORO, MA 02703 | FOOD - ELECTION DAY | \$100 ⁵⁰ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Line 15: In-Kind Contributions over \$50 (or listed above) | | | | 289.46 |
| Line 16: In-Kind Contributions \$50 & under (not listed above) | | | | |
| Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS | | | | 289.46 |

* 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 |
|-------------------------------------|----------------------|--|---|-------------|
| 11/14/2017 10/18/2017 | MESC - STATE | 85 MERRIMAC ST. 4TH FLOOR BOSTON, MA 02114 | CAMPAIGN MAILING | \$ 2690.00 |
| 10/25/2017 | HIGH SAIL STRATEGIES | 60 FERNCLIFFE RD. SEEKONK, MA 03771 | VIDEO FOR FACEBOOK PROMOTION | \$ 150.00 |
| 10/22/2017 | HIGH SAIL STRATEGIES | 60 FERNCLIFFE RD. SEEKONK, MA 03771 | LIT DROP | \$ 350.00 |
| 12/31/2017 | AMY DILISIO | 1400 COMMERCEWAY UNIT 18 ATTLEBORO, MA 02703 | POSTAGE & FACEBOOK ADS | \$ 118.15 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Enter on page 1, line 7 → | | | Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | \$ 3,308.15 |