

# Form CPF M 102: Campaign Finance Report **Municipal Form** TEWN OF WENMOUTH TOWN CLERK'S OFFICE

Office of Campaign and Political Finance

of Massachusetts	
Fill in Reporting Period dates: Beginning Date: 6/28	File with: City or Town Clerk or Election Commission  Ending Date: 12/31/2019
Type of Report: (Check one)	
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
TOSEPH DI MARIA  Candidate Full Name (if applicable)	COMMITTEE TO ELECT JOE DI MARIA
COUNCILOR WEYMOUTH DISTRICT I	MICHAEL YAVORSKY
Office Sought and District	Name of Committee Treasurer
37 BLUFF RO WEYMOUTH MA	84 REGATTA ROAD WEYMOUTH  Committee Mailing Address
E-mail: JTDIMARIA O GMAIL, COM	E-mail: MICHAELYAVORSFY @ GMAIL, COM
Phone # (optional):	Phone # (optional):
SUMMARY BALANCE	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	556.72
Line 3: Subtotal (line 1 plus line 2)	556.72
Line 4: Total expenditures this period (page 5, line	e 14) \$56,72
Line 5: Ending Balance (line 3 minus line 4)	0
Line 6: Total in-kind contributions this period (page	ge 6)
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: Rock	AND TRUST
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind confinance activity of all persons acting under the authority or on behalf of this committee in a	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Treasurer's signature) Date: 1(/15/19
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accommittee any liabilities nor made any expenditures on my behalf during this reporting persons.	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, 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 beginning finance activity, including contributions, loads, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of periury:	(Candidate's signature) Date: ///13/19

#### 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)
7/18/19	CONNOIR-MOEN, CATHERIN	(00	
7/16/19	DIMARIA, JOE	127,50	
7/18/19	STONE, MARY	100	.*
Line 9: Total Recei	ipts over \$50 (or listed above)	327,50	
Line 10: Total Rece	ripts \$50 and under* (not listed above)	229,22	*
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> 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)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	0. Line 10.1	Enter on page 1, line 2

<sup>\*</sup> 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.)

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
7/16/19	FAST COAST PRINTING	8 KEITH WAY	250 PALM CARPS 250 POSTCARDS	127,50
7/29/19	EAST COAST PALNTING	2 KERTH WMY WAIT 5 HINGHAM, MA 02043	500 POSTEARDS	127,50
9 /16/19	UNDER THE SAME	SY CHECKETSBERRY LANE 01702 FORMINGHAMMA	CHARITY	(57,26
7/4/19	WORDPRESS, COM BY AUTOMATIC INC.	60 29TH ST#343 SAN FRANCISCO, CA 1110	ANNUAL WEBSITE SUBSCRIPTION	81,60
		100 400 (0.00 400 (0.00 400 (0.00 400 (0.00 400 (0.00 400 (0.		
Line 12: Total Expenditures over \$50 (or listed above)			493.86	
Line 13: Total Expenditures \$50 and under* (not listed above)			62.86	
	Enter on page 1, line $4 \rightarrow$ nized expenditures of \$50 and under	Line 14: TOTAL EXPENDIT		556.72

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date I alu	(aiphabetical listing)	Address	r ur pose of Expenditure	Amount
		1 (		
		31 - 31 (2) 31 - 31 - 31 - 31 - 31	mP(W) in the most of the most one	man-near
	72			
		Line 12: Expenditures over \$50	0 (or listed above)	
Line 13: Expenditures \$50 and under* (not listed above)				
		Line 14: TOTAL EXPENDIT		

<sup>\*</sup> 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.

Data Bassiyad	From Whom Received*	Residential Address L	Description of Contribution	Value
Date Received	From whom Received			
	4.07			
		2000001		
			4	
		Line 15: In-Kind Contributions	s over \$50 (or listed above)	
		Line 15: In-Kind Contributions over \$50 (or listed above)		
	Line 16: In-Kind Contributions \$50 & under (not listed above)			<u> </u>
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	nome and address

<sup>\*</sup> 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.

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### **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 OUTSTANI	DING LIABILITIES (ALL)	