



Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

2019 SEP -3 PM 3:05

File with: City or Town Clerk of Election Commission

Fill in Reporting Period dates: Beginning Date: 1/31/2019 Ending Date: 08/23/2019

Type of Report: (Check one)

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

Dianna L. Biancheria
Candidate Full Name (if applicable)
School Committee
Office Sought and District
8 VENTURA Rd
Residential Address
E-mail: DBiancheria@CHARTER.NET
Phone # (optional): _____

Committee to Elect Dianna L. Biancheria
Committee Name
Stephanie R Watson
Name of Committee Treasurer
8 VENTURA Rd
Committee Mailing Address
E-mail: DBiancheria@CHARTER.NET
Phone # (optional): 508 868 4212

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>156.26</u>
Line 2: Total receipts this period (page 3, line 11)	<u>3045.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>3201.26</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>0</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>3201.26</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
Line 8: Name of bank(s) used:	<u>COMMERCE / BERKSHIRE</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.

Under the penalties of perjury: Stephanie R Watson (Treasurer's signature) Date: 9-3-2019

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

Committee

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. I have not received any contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period that are not otherwise disclosed in this report.

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 candidate in accordance with the requirements of M G L c 55.

Under the penalties of perjury: [Signature] (Candidate's signature) Date: 9-3-2019

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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)
4-30	GERALD AZZORONE 104 SHREWSBURY ST	100	
"	DEREK BRINAISI 6 ORRISON ST WORC	50	
"	LEONARD CLIFFORDS 289 HARRINGTON WAY WORC	50	
"	RUMBLE CLIFFORD 96 CRANBROOK DR HOLDEN	100	
"	JOE FALCONE 82 ALVARADO AVE WORC	150	
"	Richard Markarian 4 DEAN ST WORC	100	
"	CANDY DEARO-CARLSON LTE 42 BENEDEKT RD WORC	100	
"	MICHAEL MOORE 20 BENGSTON LANE MILLBURY	100	
"	BELINDA MORRONE 382 HAMILTON ST WORC	75	
"	DONNA MURGO 22 DULUTH ST WORC	50	
"	JAMES MURPHY JR 11 BAY EDGE DR WORC	50	
"	TIMOTHY MURRAY 11 KINNICUTT RD WORC	100	
Line 9: Total Receipts over \$50 (or listed above)		1025	
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)
4-30	Anthony OLIVERI 13 MARJORIE ST WORC	50	
	Thomas OLIVERI 17 Hilltop Circle WORC	100	
	Colleen O'Brien 162 PIPESIDE LN HOLDEN	50	
	Margaret OLIVIERI 5 DeMarco TERR WORC	50	
	Philip PALMERI 28 Buckingham Rd WORC	75	
	Michael PEROTTO 319 Plantation St WORC	75	
	Jane PALERMO 1905 QUINSIGAMOND AVE SHEFFSBURY	50	
	Anthony PETRONE 16 Kelsey DR WORC	50	
	Alan PETTWAY 34 Nutmeg DR WORC	50	
	Anthony PEZZELLE 42 GREEN COURT ST WORC	50	
	PAUL PEZZELLA 197 Commodore Ave BOSTON	150	
	Phil PAPPALARDI 66 LAKE DR SARASOTA	50	
	ROBERT PANO 48 Zenith DR WORC	50	

Line 9: Total Receipts over \$50 (or listed above) 850

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.

	Con't Receipts	Address	Amount
4-30	Patricia Rushton	10 WINDEMERE Rd	50
	Nancy Russell	30 DOLLY DR WARE	100
	John Simoncini	131 HILLSIDE Village Dr W. Boyka	50
	Kenneth Simoncini	24 DOLLY DR	100
	Angele Simone	20 TORONITA AVE	100
	Amy Tomaiolo	48 INDEPENDENCE lane SHREW	50
	Kathleen Toomey	50 IDEAL Rd WARE	50
	Elizabeth Vecchio	45 SHEARBROOK AVE	50
	Joseph Vigliotti	200 COHASSET ST	50
	Ralph Vigliotti	200 COHASSET ST	50
	* JOE GENTILE	2 NORTHGATE CIRC	50
	Wayne Griffin	12 CHAMBERLAIN PKWAY	100
			<u>800.</u>

~~see page
over~~

1025
850
800

2675 TOTAL RECEIPTS OVER \$50

370 TOTAL RECEIPTS \$50 UNDER

\$ 3045.00 TOTAL RECEIPTS THIS PERIOD

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
			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
Line 12: Expenditures over \$50 (or listed above)				
Line 13: 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 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
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				

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