

ed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

County County	
ion.	CER.
BH10:5	Z

Date:

Eill in Banania, B. C. 4 1 4	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	3/1/2 Inding Date: 4/10/21
Type of Report: (Check one)	
	ä
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
]
Lecilia Derosa	
Candidate Full Name (if applicable)	Committee Name
Board of Health (Plymouth)	
Office Sought and District	Name of Committee Treasurer
le Icehouse Ln. Rockland, MA	
Residential Address	Committee Mailing Address
E-mail: Cecilia. L. DeRosa @gmai).com	E-mail:
Phone # (optional): 781-351-0866	Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 11))
Line 3: Subtotal (line 1 plus line 2)	
73 22 4 70 24	
Line 4: Total expenditures this period (page 5, lin	e 14) \$ 88, 88
Line 5: Ending Balance (line 3 minus line 4)	
Enters. Enting Datance (tine 3 minus tine 4)	
Line 6: Total in-kind contributions this period (pa	ge 6) \$550.00
	φυσιου
Line 7: Total (all) outstanding liabilities (page 7)	
Line 8: Name of bank(s) used: ROCK OC	1 Federal Credit Union
Affidavit of Committee Treasurer:	
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 (inance)
the state of the s	Ontributions and liabilities for this reporting period and represents the committee
inance activity of all persons acting under the authority or on behalf of this committee in a	
igned under the penalties of perjury:	(Treasurer's signature) Date:
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	t 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, or an persons acting under the authority or on behalf of this committee in sec	predance with the requirements of M.G.L. n. 55. I have not received any contained and
meanted any habitates 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 school to be dules and it is to the	hant of market market and half of an
I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, comparing finance activity of all property than the comparing that the comparing finance activity is a comparing that the comparing the comparing that the comparing the comparing that the comparing that the comparing the comparing that the comparing the compa	in-kind contributions and lightlities for this reporting paried and repose ante 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.I., c. 55.

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 Bearings	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
		L	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
'ne 11: TOTAL F	RECEIPTS IN THE PERIOD		Enter on page 1, line 2
ou have itemized	receipts of \$50 and under, include them in line	9. Line 10 shou	ld 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)
e 9: Total Receipts o	ver \$50 (or listed above)		
e 10: Total Receipts \$	550 and under* (not listed above)		
e 11: TOTAL RECH	EIPTS IN THE PERIOD	-	Enter on page 1, line 2
			nelude only those receipts not itemized above.

Tyou 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.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
41				
[]				
1				
111				
		Line 12: Total Expenditures over	er \$50 (or listed above)	
		I me 13: Total Funcaditume 650	and undon't (not that 1 -1 - 1)	
		Line 13: Total Expenditures \$50	and under (not using above)	
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3119	Printing Un limited	U3 Plymouth St. HolbraukimA	Lawn Signs	\$440.94
3126	Printing Unlimited	U3 Plymouth St. Hollbrook, MA	Lawn Signs	\$440,94
		Line 12: Expenditures over \$50	(or listed above)	5881.88
		Line 13: Expenditures \$50 and un	nder* (not listed above)	
		Line 14: TOTAL EXPENDITU		\$881.88

^{*} 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
3/19	Mana Lima	le Icenouse Ln. Rockigna,ma	Donation	\$750.00
3/26	Elizabeth Mustafoski	Let Cartis Mill Ln. Harrover MA 02339	Donatsun	\$800
	·			
		Line 15: In-Kind Contributions	over \$50 (or listed above)	\$550,00
		Line 16: In-Kind Contributions \$	350 & under (not listed above)	, 550,00
	Enter on page 1, line 6 → tribution is received from a person when	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	\$550.00

^{*} 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
		Line 18; TOTAL OUTSTAN		



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Office of Campaign and Political Finance

		<u> </u>	T I	ile with: City or	Yown Clerk	or Election Commissio
Fill in Reporting Period dates: Beginn	ning Date:	3/1/2	Inding D	Pate: 4	110/2	
Type of Report: (Check one)						i
	. 10 . 1 . 21	□ 20.1	A 1 4.			- I as - I a - I
8th day preceding preliminary 8th day pr	eceding election	30 day a	fter election	year-end	report	dissolution -
Cecilia DeRosa						
Board of Health (P)	mouth)			Committee Nan	ne	
Office Sought and District Office Sought and District ROCKIUM			Nan	ne of Committee T	reasurer	
Residential Address		-	Co	mmittee Mailing /	Address	
E-mail: Cecilia. L. DeRosa @c	mai).com	E-mail:				
Phone # (optional): 781-351-0866		Phone # (opt	ional):			
SUMM	ARY BALANC	E INFOR	MATION:			
Line 1: Ending Balance from pr	evious report]
Line 2: Total receipts this period	-					
Line 3: Subtotal (line 1 plus line	: 2)					
Line 4: Total expenditures this p	period (page 5, line	14)		\$ 881.	8.8	
Line 5: Ending Balance (line 3 r	ninus line 4)					
Line 6: Total in-kind contribution	ns this period (pag	ge 6)		\$550	. OD	
Line 7: Total (all) outstanding li	abilities (page 7)					
Line 8: Name of bank(s) used:	Rockland	Fedur	al Cred	it Unio	Ϋ́	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached sched activity, including all contributions; loans, receipts, expenditures, finance activity of all persons acting under the authority or on beh	disbursements, in-kind co	ontributions and	l liabilities for this	reporting period at f M.G.L. c. 55.	nd represents	
Signed under the penalties of perjury:			(Treasurer's	signature)	Date:	
FOR CANDIDATE FILINGS ONLY: Affidavit of	andidate: (check 1 box	enly)				
Candidate with Committee I certify that I have examined this report including attached sactivity, of all persons acting under the authority or on behalf incurred any liabilities nor made any expenditures on my beh	of this committee in acco	ordance with th	e requirements of I	A.G.L. c. 55, That	e statement o ve not receive	f all campaign finance ed any contributions,
Candidate without Committee I certify that I have examined this report including attached so finance activity, including contributions, loans, receipts, expecampaign finance activity of all persons acting under the auth	nditures, disbursements,	in-kind contribu	utions and liabilitie	s for this reporting	period and	f all campaign represents the
Signed under the penaltics of perjury:	e Dip		(Candidate's		Date:	4 1421

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)
	(aspiratocerati fishing required)	THE TOTAL PROPERTY OF THE PARTY	(10) Contributions of 3200 (1 more)
ine 9: Total Receip	pts over \$50 (or listed above)		
ine 10: Total Recei	pts \$50 and under* (not listed above)		
ine 11: TOTAL R	ECEIPTS IN THE PERIOD		Enter on page 1, line 2
If you have itemined			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)

		1	
		H	
111			
nc 9: Total Receipts	s over \$50 (or listed above)		
ne 10: Total Receipt	s \$50 and under* (not listed above)		
	CEIPTS 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 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.)

port all expenditures. Please include your committee name and a page number on each page.) To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
111					
111					
			11		
111					
III.		N .			
]]]					
		Line 12: Total Expenditures ov	er \$50 (or listed above)		
		Line 13: Total Expenditures \$50 and under* (not listed above)			
		Dino 12. Total Expenditures \$30	and under (not listed above)		
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3/19	Printing Unlimited	43 Plymouth St. Holbrook, mA	Lawn Signs	\$440.94
3126	Printing Unlimited	43 Plymouth St. Holboox, MA	Lawn Signs	\$440,94
		Line 12: Expenditures over \$50 (or listed above)		\$ 881.88
		Line 13: Expenditures \$50 and under* (not listed above)		
Enter on page 1, line 4 Line 14: TOTAL EXPENDITURES IN THE PERIOD * If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditure				\$881.88

^{*} 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
3/19	Mana Lima	Rockiand, ma	Donation	\$750.60
3/26	Elizabeth Mustafoski	Let Curtis Mill Un. Harrover MA 02339	Danatson	\$800
		Line 15: In-Kind Contributions over \$50 (or listed above)		
Line 16: In-Kind Contributions \$50 & under (not listed above)			\$550,00	
Enter on page 1, line 6 → 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 received the second than \$50 in a calendar year.			\$550.00	

^{*} 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 arc still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
				2
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				