Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report
Municipal Form
Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 1/22/25 Ending Date: 2/24/25

Type of Report: (Check one)

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

Candidate Full Name (if applicable)	Dedham for Responsible Taxes + Spending Committee Name
Office Sought and District	Kathleen Schortmann Name of Committee Treasurer
Residential Address	181 Vincent Rd Dedham MA Committee Mailing Address
E-mail:	E-mail: Kaytim@aol.com
Phone # (optional):	Phone # (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	20.00
Line 2: Total receipts this period (page 3, line 11)	1175.00
Line 3: Subtotal (line 1 plus line 2)	1195.00
Line 4: Total expenditures this period (page 5, line 14)	1194.00
Line 5: Ending Balance (line 3 minus line 4)	1.00
Line 6: Total in-kind contributions this period (page 6)	0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used:	Dedham Savings

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: Kathleen Schortmann (Treasurer's signature) Date: 2/24/25

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.

Date:

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
1/28/25	Dedham Times	PO Box 147 Dedham MA	Advertisement	375.00
2/3/25	Staples	Providence Hwy Dedham MA	Xerox Paper	94.00
2/5/25	Dedham Times	PO Box 147 Dedham MA	Insert	295.00
2/6/25	Kathleen Schartmann	277 Walnut St Dedham MA	Liability Payment for signs	397.00

Line 12: Total Expenditures over $50 (or listed above)	1161.00
Line 13: Total Expenditures $50 and under* (not listed above)	33.00
Enter on page 1, line 4 → **Line 14: TOTAL EXPENDITURES IN THE PERIOD**	1194.00

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

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)

Line 9: Total Receipts over $50 (or listed above)	
Line 10: Total Receipts $50 and under* (not listed above)	$1175.00
Line 11: TOTAL RECEIPTS IN THE PERIOD	$1175.00 ← 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.