

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

01171435401743	File with: City or Town Clerk or Election Commission
Fill in Re	porting Period dates: Beginning Date: 10/30/2017 Ending Date: 12/31/2017
Type of F	Report: (Check one)
	preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Coll	een Marie Dawiti. Candidate Full Name (if applicable) Committee to Elect College Uniciti. Committee Name
Schoo	Office Sought and District Name of Committee Treasurer
31 Gu	Residential Address Residential Address Residential Address Residential Address
Telephone Nu	mber (optional): 508-733-0085 Telephone Number (optional):
	SUMMARY BALANCE INFORMATION:
	Line 1: Ending Balance from previous report 1715.87
	Line 2: Total receipts this period (page 3, line 11)
	Line 3: Subtotal (line 1 plus line 2) 2055.87
	Line 4: Total expenditures this period (page 5, line 14)
	Line 5: Ending Balance (line 3 minus line 4)
	Line 6: Total in-kind contributions this period (page 6)
	Line 7: Total (all) outstanding liabilities (page 7)
	Line 8: Name of bank(s) used: USAA
I certify that I hat activity, including finance activity.	mmittee Treasurer: ave 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 and contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign 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 th	the penalties of perjury:
	IDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
I certify that activity, of a incurred any	with Committee and no activity independent of the committee t 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 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, y liabilities nor made any expenditures on my behalf during this reporting period.
finance acti	without Committee OR Candidate with independent activity filing separate report t 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 vity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the nance 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 th	ne penalties of perjury:

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/29/17	Jon Carratho 49 Lowch St New Bedford, MA 02740	100.00	
12/07/17	Jean Cole 8 Cathanay Lu. Mattapoisett, M4 02739	50.00	
12/07/17	Committe to Blect Linda Mona 4162 Acus hnet Ave. New Bedtod, MA 02745	25.00	
11/01/17	Nancy Harding 60 North Ave Rochester, MA 02770	25.00	
10/29/17	[Tooldence AT OF 10E	100.00	
10/29/17	Covin Williams 227 Hudson St. New Bedford, M4 02744	40.00	
Line 9: Total Recei	pts over \$50 (or listed above)	340.00	
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD	340.00	← 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.

Page 1 of 1

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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	
		1 Hacker war			
10/31/17	Facebook		Advertising	42.46	
	1 00 000	Menlo Park, CA 94025	710.000 1131.09		
10/31/17	Townsquare	291 Washington St.	A	0.6.6.60	
	Media	Fairhaven, MA	Advertising	980.00	
		1 Hacke way			
11/06/17	Facebook	'	Advertising	50.01	
7 7		Menlo Party CA 94025			
	Staples	2421 Cranberry Hwy	Thankyou	30 00	
11/13/17	Trag (C)	Waveham, MA	Thankyou Notes	36.64	
		1 Hacke way			
11/30/17	Facebook		Advertising	30.43	
		Menlo East, CA94025	1/2001.517		
				·	
				·	
	Line 12: Total Expenditures over \$50 (or listed above)				
Line 13: Total Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD [1039.52]				
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					

* 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 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)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	NA

^{*} 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
Try		·		
		Line 18: TOTAL OUTSTAND		N/A



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts
Fill in Reporting Period dates: Beginning Date: 05/29/3017 Ending Date: 10/29/2017
Type of Report: (Check one) 8th day preceding preliminary 8th day preceding election 30 day after election year-end report dissolution
Colleen Marie Dawicki Candidate Full Name (if applicable) Committee to Elect Colleen Downicki Committee Name
School Committee New Bedford Office Sought and District Deservy L. Drygick Name of Committee Treasurer
31 Grave Street NewBedford, M4 02740 31 Grave Street NewBedford, M4 Committee Mailing Address Committee Ma
SUMMARY BALANCE 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)
Line 4: Total expenditures this period (page 5, line 14)
Line 5: Ending Balance (line 3 minus line 4)
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7)
Line 8: Name of bank(s) used: USAA
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: (Treasurer's signature) Date: 10/29/2017
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)
Candidate with Committee and no activity independent of the committee 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: Classical Candidate's signature) Date: 10/29/17

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.)

A. T.	Nome and Desidential Address	age number on ex	
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/29/17	Jean + Arthur Bernett 749 gurchase St. Apt. 401 New Bedford, MA 02740	50.00	
10/24/17	Tristic Burgo 35 Lussierst. Acushnet, MA 02743	20.00	
9/4/17	Bruce Carroll 32 George St. Hyde Parit, MA 02136	100.00	
9/16/17	Committe toblect Scott Linga 61 Overhard St. Agt. IN New Bedford, MA 02740	45.00	
10/29/17	Noncy Crosby a Magle St. New Bedford, MA02740	20.00	
7/4/17	Mary + Reuben Dagold 7008 Plymouth Rd. Baltimure MD 21208	100.00	
10/24/17	Janine Da Silva a51 Roctolale Ave. New Bedford, M4 02740	35.00	
7/2/17	Barbra Damicki 1751 Joyce St. Savasota, FL 34231	100.00	
6/4/17	Laura Dawicki 14 Temple PL. Fairhaven, MA 02719	300.00	Retired
10/29/17	Brian Danicki 19 Temple PL Fairhaveny MA 02719	100.00	
6/30/17	Joe Danitali 88 A cushnet Rd. Aet 3 Ma Hayoisett, MA 02734	50.00	
10/29/17	Joe Donnick: 88 Acushnet, Rd. Apt 3 Mattagoisett, MA 02739	20.00	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Receipts \$50 and under* (not listed above)			
Line 11: TOTAL R	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2
TC 1			

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/30/17	Titus Dos Remedios lu Studley St Fairhaven MA 02719	100.00	·
7/19/17	Jen + Sco + Dubois 35 Merium Street New Bedford, MA 02740	100.00	
7/11/17	Frank Fourth 361 Dolphin St. New Bedtord, MA 02744	25.00	
6/30/17	Kate Fentuces Mills Rd. 1157 Russels Mills Rd. 5. Dartmorth, MA 02748	100.00	
10/29/17	Steven Froins 30 Collins St. New Bedford, MAO2740	20.00	
8/18/17	Paula Gauthret Valarie Gasett 592 Adamsville Rdi Westpat, MA 02790	50,00	
8/23/17	David Gilbertson 17 Arnold Place New Bedford, M402740	200.00	Retire d
10/29/17	David Gilbertson + Carolee Matsi 17 Arnold Place New Bedford, M4 02740	40.00	
9/2/17	Dan Gilburg+Marlene lo loac 166 Ayan St. New Bed Eard, MA 02740	100.00	
10/18/17	Arthur Glassman 3540 Acushnet Ave. New Bodford, MA 02745	50.00	
7/5/17	New Bolford, MA 02745 Bob Golder + Linda Lestie 32 Mores Rond Dr. East Falmorth, MA 02536	100.00	
6/10/17	Jen Gonet 294 Clitard St. New Bartard, MA 02745	50.00	
10/29/17	Rayona Grace 584 Cherry tree Lane New Bedford, MA 02740	25.00	
Line 9: Total Recei	pts over \$50 (or listed above)		-
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	ECEIPTS IN THE PERIOD	0 Tine 10 shoul	Enter on page 1, line 2 d include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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SCHEDULE A RECEIPTS (continued)

	SCHEDULE A: F	RECEIPTS (d	continued)
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10/29/17	John Gamanche + Zoe Harsen 15 Arnold Place New Bedfard, MAOA740	40,00	
10/29/17	Drang Henry 78 orchard St. New Bedford, M4 02740	40.00	
9/5/14	Agron Hillrard 382 Terhine St. Teaneck, NJ 07666	100.00	
10/29/17	Ray Holberger 49 Willis St. New Beckford, MA OZZ40	20,00	
6/2/17	Nocole Kingsman Anchorage, At	25.00	
6/3/17	British a Larrin 437 Combedand, Dr. Pleasant HillyCA 94523	100.00	
6/30/17	Hant Master 20 Rotch St New Boolford, MA 02740	100.00	
10/29/17	Hant Mastey 20 Rotch St. New Bedford, M402740	25.00	
6/30/17	Carolee Matsumoto 17 Arnold place NewBedford, MA 02740	200.00	Retired
	Mike McCartny 34 Mayre St. New Bedtod, M402740	25,∞	
		20.00	
		20. CC	
	Amy O'Leary 27 Mason Terroce#15 Brookline, MA 02446	50.00	
ne 9: Total Receipts	over \$50 (or listed above)		
ne 10: Total Receipts	s \$50 and under* (not listed above)		
	CEIPTS IN THE PERIOD	+	Enter on page 1, line 2
you have itemized rec	ceipts of \$50 and under, include them in line 9.	Line 10 should i	nclude only those receipts not itemized above.

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SCHEDULE A RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount		Occupation & Employer (for contributions of \$200 or more)
6/30/17	Brian Pastori 71 Chance y 5+ New Bedford, MA 02740	100.00		·
10/29/17	Jacqueline Ring 123 Beelford St. 19 New Bedford, MAO2706	25.00		
10/29/17	Mariene Pollock 156 Ryan St New Bedterd, MAOD 740	40,00		
7/11/17	Jensmith 86 Calvinet St. New Bedbard, MAO2744	50.00		
10/29/17	Dernadett Socza 301 Ugand St. New Bedtod, M402745	20.00		
6/36/17	Sr. Mavianna Sylvester 12 Cranite Ave. New Bedfad, MA 02740	25.00		
8/26/17	Savan Thomas 98 10+11 St. Providence, RI 02906	25.α		
6/3/17	Raija Vaisanun ay Glandale Rd Apt. IL Quincy M4 02/64	50.00		
10/21/17	Ranja Varsanen 94 Gleddale Rd Act. IL Quincy, MA 02169	40.00		
10/29/17	Francise Ver evy + Robert French 027 83 Durfreest. NewBestowy, MA 74	50.00		
10/29/17	0: Steven White 16 Avadd, 9L. New Bedford, MO2740	20.00		
Line 9: Total Receip	ts over \$50 (or listed above)	\$3110.00		
Line 10: Total Recei	ots \$50 and under* (not listed above)			
	ECEIPTS IN THE PERIOD eccipts of \$50 and under, include them in lin	340.00	1 1	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.

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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	
11.0/2	Exercise Printing	10a County St.	Campaign		
8/03/2017		Fall Rive, MA 02 723		531.25	
	- 1 1/	1 Hacker way			
7/31/2017	Facebook	Menbear, CA94025	Advertising	7.55	
		1 Hacker way			
8/31/2017	Facebook	Menlo CarkyCA 94025	Advertising	1.02	
		1 Hacke way			
19/4/2017	Facebook	Mento Party CA94025	Advertising	25.00	
		1 Hacker way			
9/30/2017	Facebook	Merlo earty CA 94025	Advetosing	28.96	
	C 10 0.	427 Oliver St.	buttons		
6/11/2017	Gard G Disigine	New Bedford, MA 02745		106.25	
[m/1-7/	St. La.	17 Plaza way	Printing	15.93	
410/14/2017	Staples	FairhaveryMAO2719		15-95	
311	Stales	17 Plaza way	Printing	20 15-	
7/15/2017	Starles	Fairbaren, MAO 2749	<u> </u>	26.55	
10/28/2013	The Bake		Event Food	24 62	
10/20/2011			<u> </u>	24.02	
6/14/2017	Vista event	95 Hayden Ave.	Pronting	31.84	
		Lexington, MA 02421		31001	
8/01/2017	Vista Print	95 Hayden Ave.	Printing	136.51	
	Transfer and the second	60 anth Street #343		100191	
5/24/2017	Wordquess	San Francisco, CA a4110	Website	35.88	
		Line 12: Total Expenditures ove	er \$50 (or listed above)		
Line 13: Total Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDITU	JRES IN THE PERIOD		
Tfron boro itami	zed expenditures of \$50 and under	to do do to to to to	11/ 1 / 1 / 1	<u> </u>	

^{*} 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)

To Whom Paid					
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
Inhal	Destination	149 Union St.	Fundraisser Event	.	
10/29/2017	Sours	New Balton 02740	Serve and Food	\$400.00	
10/201	Stop + Shop	438 Dartmath St.	Fundraise Food		
10/29/2017		New Bedfad, 1402742		A3.38	
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			Formation to the second		
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	7.000	The state of the s			
	- In the second	-			
	the forest the second	·			
<u> </u>					
Line 12: Expenditures over \$50 (or listed above)					
Line 13: Expenditures \$50 and under* (not listed above)					
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD [1,394,13]					
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD [1,394.13] If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized					

^{*} 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)				
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS				N/A

^{*} 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
			1	
	W. S. C. S.			
A service and a				
				1
	400			