

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

DUDLEY TOWN GLK-RYCVO NUG 8 '23 AM9:47

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	6/5/23 Ending Date: 7//2/23
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	■ 30 day after election
Candidate Full Name (if applicable) Office Sought and District	Vote Yes For Dedley Committee Name Rob Terry Name of Committee Treasurer 12 East Worcester St. 2nd Floor Worlester Name Committee Mailing Address 01604
Residential Address E-mail:	E-mail: Deseminande talognail. (om
Phone # (optional):	Phone # (optional):
SIIMMARV RALAN	ICE INFORMATION:
	The state of the s
Line 1: Ending Balance from previous report	
Line 2: Total receipts this period (page 3, line 1	1) \$2901.70
Line 3: Subtotal (line 1 plus line 2)	\$ 2901.70
Line 4: Total expenditures this period (page 5, l	line 14) 4290/. 70
Line 5: Ending Balance (line 3 minus line 4)	40
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:	
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin finance activity of all persons acting under the authority or on behalf of this committee. Signed under the penalties of perjury:	e in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 8/7/23
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check i	l box only)
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report	the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ting 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 finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of	o the best of my knowledge and belief, a true and complete statement of all campaign ents, in-kind contributions and liabilities for this reporting period and represents the f this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature)

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.)

eport all receipts. I	Please include your committee name and a pa	ge number on ea	
Date Received	Name and Residential Address te Received (alphabetical listing required)		Occupation & Employer (for contributions of \$200 or more)
6/11/23	Charlton Parent-Teacher Organization	\$/00,00	
6/12/23	Dudley - Charlton Teachers Association	\$1501.70	
6/3-123	Dudley - Charlton Paras Association	£ 600."	
6/20/23	Charles Middle Schol Music Parat Association	\$100, **	
6/30/23	Dudley Middle School Music Parent Association	4/00 "	
6/20/23	Dudley Parent Teacher Organization	3/06,0=	
6/15/23	Shephed Hill Boosters	\$/00.00	
6/2/23	Shepherd Hill Music farent Association	\$/00.00	
	Dudley-Charlton School Ditrot NURSes Associantion	40-	
Line 9: Total Reco	eipts over \$50 (or listed above)	\$2701.70	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	\$200.00	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	12901.70	← Enter on page 1, line 2

^{* 1}f 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)
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and the state of t	pts over \$50 (or listed above)		
Control of the Contro	ipts \$50 and under* (not listed above)		
	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 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.)

eport 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	
6/12/25	Clark Mailing Scrutce, Inc.	WITCESTER, Mu 01608	- Set up data Processing Account data Processing Complete - Inkjet Letter 5120	\$/612.06	
1/3/23	IBA Pring Shop	Milbury, Ma. 01527	6+9 Post card Mailers	4121278	
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		Language and the state of the s		Page against all a second and a second against a second a	
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		Line 12: Total Expenditures ov	ver \$50 (or listed above)	32901,70	
Line 13: Total Expenditures \$50 and under* (not listed above)					
	Enter on page 1, line 4 →		TURES IN THE PERIOD	\$2901.70	

^{*} 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
Date I alu	(aiphabetical fisting)	Address	Turpose of Expenditure	Amount
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		Line 12: Expenditures over \$50	0 (or listed above)	700
	Line 13: Expenditures \$50 and under* (not listed above)			
	Hatea an area 1 than 4 &			
		Line 14: TOTAL EXPENDIT		

^{*} 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
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				The state of the s
				3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
The second secon	The state of the s	Line 15: In-Kind Contributions	s 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			11.00	

^{*} 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
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