



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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2017 MAY -1 AM 10:56

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: MARCH 13, 2017 Ending Date: MAY 1, 2017

Type of Report: (Check one)  
 8th day preceding preliminary  8th day preceding election  30 day after election  year-end report  dissolution

JOHN W. TERRIO  
Candidate Full Name (if applicable)  
SELECTMAN - TOWN OF DENNIS  
Office Sought and District  
17 FARM LANE, SO-DENNIS  
Residential Address  
E-mail: SELECTMAN.JOHN.TERRIO@GMAIL.COM  
Phone # (optional): \_\_\_\_\_

COMMITTEE TO ELECT JOHN TERRIO  
Committee Name  
ROBERT R. PRALL  
Name of Committee Treasurer  
P.O. BOX 248, DENNIS 02638  
Committee Mailing Address  
E-mail: RRPRALL@COMCAST.NET  
Phone # (optional): 508-364-5909

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	\$ 3,629.00
Line 3: Subtotal (line 1 plus line 2)	\$ 3,629.00
Line 4: Total expenditures this period (page 5, line 14)	\$ 1,398.00
Line 5: Ending Balance (line 3 minus line 4)	\$ 2,231.00
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:	<u>CAPE COD FIVE</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.  
Signed under the penalties of perjury: \_\_\_\_\_ (Treasurer's signature) Date: 5/1/17

**FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)**  
 **Candidate with Committee and no activity independent of the 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.  
 **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: \_\_\_\_\_ (Candidate's signature) Date: \_\_\_\_\_

## 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)
4/5/2017	BARONI, PHILIP 14 SALT ROCK RD. DENNIS, MA 02638	200.00	OWNER MILL STORES
4/5/2017	CALLAHAN III, JOHN T. 1 BUTTERCUP LN. SO. YARMOUTH, MA 02664	100.00	
4/5/2017	CHAMBERLAIN, DANIEL PO BOX 818 SOUTH DENNIS, MA 02660	200.00	ATTORNEY RUBIN & RUDMAN
4/5/2017	CHAMBERLAIN, ROBERT PO BOX 142 SOUTH DENNIS, MA 02660	500.00	ATTORNEY RUBIN & RUDMAN
4/5/2017	DELUCA, CHESTER 16 BARLEE WAY DENNIS, MA 02638	100.00	
4/5/2017	MCDOWELL, PATRICK PO BOX 775 EAST DENNIS, MA 02641	100.00	
4/5/2017	MCDOWELL, PETER 585 MAIN ST. DENNIS, MA 02638	100.00	
4/19/2017	SMITHSON, RICHARD PO BOX 1407 SOUTH DENNIS, MA 02660	250.00	OWNER ROUTE 134 Auto CARE
4/5/2017	STONE, GREGORY 29 SO. MAIN ST. WEST DENNIS, MA 02670	100.00	
4/5/2017	SULLIVAN, KELLEY 7 FARM HILL RD. DENNIS, MA 02638	200.00	OWNER BRYDEN & SULLIVAN INS. AGENCY
4/5/2017	TERRID, JEFFREY 58 PINE STREET YARMOUTH PORT, MA 02675	100.00	
3/13/2017	TERRID, JOHN 17 FARM LANE SOUTH DENNIS, MA 02660	1000.00	AUCTIONEER J.W.T. & ASSOCIATES
Line 9: Total Receipts over \$50 (or listed above)		2950.00	
Line 10: Total Receipts \$50 and under* (not listed above)		679.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		3,629.00	← 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.

