



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

RECEIVED

79

Commonwealth
of Massachusetts

2014 MAY -5 PM 3:16
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 3/4/14 Ending Date: DENNIS 5/15/14

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)
Town Selectman
Office Sought and District
17 Farm Lane, South Dennis, MA 02660
Residential Address
Telephone Number (optional): 508/394-8794

Committee to Elect John W. Terrio
Committee Name
Thomas J. Perrino
Name of Committee Treasurer
17 Farm Lane, South Dennis, MA 02660
Committee Mailing Address
Telephone Number (optional): 508/394-8794

SUMMARY BALANCE INFORMATION:

| | |
|--|----------------------------------|
| Line 1: Ending Balance from previous report | -0- |
| Line 2: Total receipts this period (page 2, line 11) | 7,340.00 |
| Line 3: Subtotal (line 1 plus line 2) | 7,340.00 |
| Line 4: Total expenditures this period (page 3, line 14) | 3,930.09 |
| Line 5: Ending Balance (line 3 minus line 4) | 3,409.91 |
| Line 6: Total in-kind contributions this period (page 4) | |
| Line 7: Total (all) outstanding liabilities (page 4) | |
| Line 8: Name of bank(s) used: | Cape Cod Five Cents Savings Bank |

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: Thomas J. Perrino (Treasurer's signature) Date: 5/5/2014

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.
 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 committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury: [Signature] (Candidate's signature) Date: 5/5/14

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.)

| Date Paid | To Whom Paid (alphabetical listing) | Address | Purpose of Expenditure | Amount |
|--|--|---|---|-----------------|
| 4/28/14 | Boyson, Stephen | 15 Windmill Way S. Dennis, MA 02660 | Reimbursement (signs) | 494.00 |
| 04/28/14 | Boyson, Stephen | 15 Windmill Way S. Dennis, MA 02660 | Reimbursement (signs) | 494.00 |
| 04/28/14 | Boyson, Stephen | 15 Windmill Way S. Dennis, MA 02660 | Reimbursement (Mid Cape Center - strapping) | 27.30 |
| 05/02/14 | Boyson, Stephen | 15 Windmill Way S. Dennis, MA 02660 | Reimbursement (signs) | 494.00 |
| 04/17/14 | Merlin Copy Center | 3 Diamond Path, #5 S. Dennis, MA 02660 | Rack Cards | 42.50 |
| 05 02/14 | Merlin Copy Center | 3 Diamond Path, #5 S. Dennis, MA 02660 | Rack Cards | 106.25 |
| 4/14/14 | The Register | 923G Route 6A Yarmouthport, MA 02675 | Advertisement | 338.40 |
| 4/21/14 | The Register | 923G Route 6A Yarmouthport, MA 02675 | Advertisement | 380.70 |
| 4/28/14 | The Register | 923G Route 6A Yarmouthport, MA 02675 | Advertisement | 507.60 |
| 4 30/14 | The Seaview | 76 Chase Ave Dennisport, MA 02639 | Fundraiser/Food | 588.50 |
| 5/5/14 | The Register | 923G Route 6A Yarmouthport, MA 02675 | Advertisement | 456.84 |
| | | | | |
| Line 12: Total Expenditures over \$50 (or listed above) | | | | 3,930.09 |
| Line 13: Total Expenditures \$50 and under* (not listed above) | | | | 0.00 |
| Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD | | | | 3,930.09 |

* 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 |
|--|---------------------|---------------------|---|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| * 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. Enter on page 1, line 6 → | | | Line 15: In-Kind Contributions over \$50 (or listed above) | |
| | | | Line 16: In-Kind Contributions \$50 & under (not listed above) | |
| | | | Line 17: TOTAL IN-KIND CONTRIBUTIONS | |

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 |
|---------------------------|-------------|---------|---|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Enter on page 1, line 7 → | | | Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) | |

Committee to Elect
John W. Terrio

SCHEDULE A: RECEIPTS
(Attachment per G.L. c. 55)

RECEIVED
2014 MAY -5 PM 3:17
DENNIS TOWN CLERK

| <u>Date Recd.</u> | <u>Name and Residential Address</u> (Alphabetical Listing) | <u>Amount</u> | <u>Occupation & Employer</u> |
|-------------------|--|---------------|---|
| 4/11 | Philip J. Baroni Trust 14 Split Rock Road Dennis, MA 02638 | \$325.00 | Trustee |
| 4/18 | Carlton R. Copp 2 Luscombe Lane Dennis, MA 02638 | \$150.00 | |
| 4/11 | Daniel W. Chamberlain P.O. Box 818 South Dennis, MA 02660 | \$100.00 | |
| 4/5 | Diane Chamberlain P.O. Box 142 South Dennis, MA 02660 | \$250.00 | Housewife |
| 4/5 | Jean Chamberlain P.O. Box 512 W. Dennis, MA 02670 | \$250.00 | Retired |
| 4/5 | Robert C. Chamberlain P.O. Box 142 South Dennis, MA 02660 | \$250.00 | Attorney Rubin Rudman Chamberlain Marsh |
| 4/11 | William E. Crowell, Jr. P.O. Box 912 Dennis, MA 02638 | \$100.00 | |
| 4/23 | Robert F. Dwyer 174 Salt Rock Road Barnstable, MA 02630 | \$100.00 | |
| 4/11 | Jeffrey S. Eldredge P.O. Box 6 South Dennis, MA 02660 | \$250.00 | President Starboardside Landscaping |

SCHEDULE A: RECEIPTS (contd.)

| | | | |
|------|--|----------|--|
| 4/11 | Michael W. Harney 200 North Main Street South Yarmouth, MA 02664 | \$100.00 | |
| 4/18 | James J. LePore 226 S. Main Street Providence, RI 02903 | \$300.00 | Attorney Coia & LaPore |
| 4/11 | Paul M. Medis 4 Farm Lane South Dennis, MA 02660 | \$100.00 | |
| 4/11 | Patricia L. McDowell 684 Old Bass River Road Dennis, MA 02638 | \$125.00 | |
| 4/11 | Patrick K. McDowell P.O. Box 775 E. Dennis, MA 02641 | \$250.00 | President PKM, Inc. |
| 4/11 | Peter McDowell P.O. Box 903 Dennis, MA 02638 | \$250.00 | Peter McDowell Associates Realtor |
| 4/25 | Peter J. Nyberg P.O. Box 3 S. Dennis, MA 02660 | \$125.00 | |
| 4/11 | Richard O'Hearn P.O. Box 237 S. Dennis, MA 02660 | \$100.00 | |
| 4/11 | Paul J. Covell P.O. Box 707 South Dennis, MA 02660 | \$250.00 | Self-Employed PJC Assoc. |
| 4/11 | Elizabeth C. Patterson P.O. Box 537 South Dennis, MA 02660 | \$100.00 | |
| 4/8 | Thomas J. Perrino 37 Island Street South Dennis, MA 02660 | \$100.00 | |
| 4/11 | James W. Plath P.O. Box 330 Dennis, MA 02638 | \$100.00 | |

SCHEDULE A: RECEIPTS (contd.)

| | | | |
|-------|---|------------|--------------------------------------|
| 4/11 | Robert R. Prall P.O. Box 248 Dennis, MA 02638 | \$100.00 | |
| 05/02 | Lawrence Rice 34 Brentwood Road Chelmsford, MA 01824 | \$500.00 | Self-Employed Ins. Broker |
| 4/23 | Richard C. Smithson P.O. Box 1407 S. Dennis, MA 02660 | \$250.00 | President Rt. 134 Auto |
| 4/15 | Robert J. Stanton 11 Brandywyne Wayland, MA 01778 | \$200.00 | Stanton Ins. Agency- President |
| 4/11 | Patricia C. Stone P.O. Box 623 W. Dennis, MA 02670 | \$100.00 | |
| 3/6 | John W. Terrio 17 Farm Lane S. Dennis, MA 02660 | \$100.00 | |
| 4/11 | Kimberly L. Terrio 58 Pine Street Yarmouthport, MA | \$100.00 | |
| | Total | \$5,025.00 | |



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

RECEIVED

2014 MAY -5 PM 3:17

DENNIS TOWN CLERK

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

| | |
|---------------------------------------|--|
| Date of Reimbursement: <u>4/28/14</u> | |
| Name of Individual Being Reimbursed: | <u>Stephen Boyson</u> |
| Committee Name: | <u>Committee to Elect John W. Terrio</u> |
| CPF ID Number (if applicable): | Telephone Number (optional): |

ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|-----------|-------------|---|--------------------------|--------|
| 4/7/28 | Sign Depot | 1813 E. Colonial Drive Orlando, FL 32803 | Reimbursement (signs) | 494.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(Include items listed on Page 2) →

| | |
|--|--------|
| Line 1: Expenditures in excess of \$50 (itemized above): | 494.00 |
| Line 2: Expenditures \$50 or under (not itemized): | |
| Line 3: TOTAL AMOUNT REIMBURSED: | 494.00 |

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 5/5/14

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

RECEIVED 170

2014 MAY -5 PM 3:17

DENNIS TOWN CLERK

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

| | |
|--------------------------------------|-----------------------------------|
| Date of Reimbursement: 04/28/14 | |
| Name of Individual Being Reimbursed: | Stephen Boyson |
| Committee Name: | Committee to Elect John W. Terrio |
| CPF ID Number (if applicable): | Telephone Number (optional): |

ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|-----------|-------------|---|--------------------------|--------|
| 4/14/14 | Sign Depot | 1813 E. Colonial Dr. Orlando, FL 32803 | Reimbursement (signs) | 494.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(Include items listed on Page 2) →

| | |
|--|---------------|
| Line 1: Expenditures in excess of \$50 (itemized above): | 494.00 |
| Line 2: Expenditures \$50 or under (not itemized): | |
| Line 3: TOTAL AMOUNT REIMBURSED: | 494.00 |

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 5/5/14

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements

Office of Campaign and Political Finance

RECEIVED

2014 MAY -5 PM 3:17

DENNIS TOWN CLERK

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

| | | |
|--------------------------------------|-----------------------------------|----------|
| Date of Reimbursement: | | 05/02/14 |
| Name of Individual Being Reimbursed: | Stephen Boyson | |
| Committee Name: | Committee to Elect John W. Terrio | |
| CPF ID Number (if applicable): | Telephone Number (optional): | |

ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|-----------|-------------|---|--------------------------|--------|
| 4/28/14 | Sign Depot | 1813 E. Colonial Dr. Orlando, FL 32803 | Reimbursement (signs) | 494.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(Include items listed on Page 2) →

| | |
|--|---------------|
| Line 1: Expenditures in excess of \$50 (itemized above): | 494.00 |
| Line 2: Expenditures \$50 or under (not itemized): | |
| Line 3: TOTAL AMOUNT REIMBURSED: | 494.00 |

Signed under the penalties of perjury:

Signature of Candidate / Treasurer

Date: 5/2/14

Please prepare a separate report for each reimbursement check issued by the committee.



Commonwealth of Massachusetts

Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

2014 MAY -5 PM 3:17

DENNIS TOWN CLERK

Office of Campaign and Political Finance
One Ashburton Place, Room 411
Boston, MA 02108
(617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement: 4/28/14

Name of Individual Being Reimbursed: Stephen Boyson

Committee Name: Committee to Elect John W. Terrio

CPF ID Number (if applicable): _____ Telephone Number (optional): _____

ITEMIZE EXPENDITURES IN EXCESS OF \$50

| Date Paid | Vendor Name | Vendor Address | Purpose of Expenditure | Amount |
|-----------|-----------------|--------------------------------------|------------------------------|--------|
| 4/22/14 | Mid Cape Center | 465 Route 134 S. Dennis, MA 02660 | Reimbursement (strapping) | 27.30 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(Include items listed on Page 2) →

| | |
|--|-------|
| Line 1: Expenditures in excess of \$50 (itemized above): | 27.30 |
| Line 2: Expenditures \$50 or under (not itemized): | |
| Line 3: TOTAL AMOUNT REIMBURSED: | 27.30 |

Signed under the penalties of perjury:

Thomas J. Perino
Signature of Candidate / Treasurer

Date: 5/5/2014

Please prepare a separate report for each reimbursement check issued by the committee.