



Commonwealth of Massachusetts

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

DENNIS TOWN CLERK
RCVD 2025MAY5PM4:26

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: _____ Ending Date: _____

Type of Report: (Check one)

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

Christopher Lambton
Candidate Full Name (if applicable)
 Selectboard Dennis
Office Sought and District
 100 Corporation Rd Dennis MA 02638
Residential Address
 E-mail: clambton13@gmail.com
 Phone #: 508-246-8581

Comm. to Elect Chris Lambton
Committee Name
 Peyton Lambton
Name of Committee Treasurer
 PO Box 594 Dennis MA
Committee Mailing Address
 E-mail: _____
 Phone #: _____

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

776.95

Line 2: Total receipts this period (page 3, line 12)

500

Line 3: Subtotal (line 1 plus line 2)

1276.95

Line 4: Total expenditures this period (page 5, line 15)

203.99

Line 5: Ending Balance (line 3 minus line 4)

1072.96

Line 6: Total in-kind contributions this period (page 6, line 18)

0

Line 7: Total (all) outstanding liabilities (page 7, line 19)

0

Line 8: Total out-of-pocket expenses this period (page 8, line 22)

0

Line 9: Name of bank(s) used:

Cape Cod 5

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:

Peyton Lambton (Treasurer's signature)

Date: 5/5/25

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.

Signed under the penalties of perjury:

Chris Lambton (Candidate's signature)

Date: 5-5-25

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires the name and residential address be reported, in alphabetical order, for all receipts from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 and less in the aggregate in a calendar year can be reported in total without itemization, however, the candidate or committee must keep detailed accounts and records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. If a candidate intends a candidate monetary contribution to be a loan, enter the information on this schedule and on Schedule D Liabilities. Attach additional pages as needed to report all receipts. Please include the candidate or committee name and a page number on each additional page.

| Date Received | Name and Residential Address (alphabetical listing required) | Amount | Occupation & Employer (for contributions of \$200 or more) |
|---------------|---|--------|---|
| 4/30/25 | Joe Manning 6 Vine Brook Rd Sudbury MA | 500.00 | Owner Fulcrum East Marketing Consultant |
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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) |
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| Line 10: Total Receipts over \$50 (or listed above) | | 500 | <p><i>* If you have itemized receipts of \$50 and under, include them in line 10. Line 11 should include only those receipts not itemized above.</i></p> |
| Line 11: Total Receipts \$50 and under (not listed above) | | | |
| Line 12: TOTAL RECEIPTS IN THE PERIOD | | 500 | |

← Enter on page 1, line 2

