



Commonwealth of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

DENNIS TOWN CLERK  
RCVD 2022 JUN 8 AM 10:08

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: MAY 3, 2022 Ending Date: JUNE 9, 2022

Type of Report: (Check one)

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

ROBERT C. CHAMBERLAIN  
Candidate Full Name (if applicable)  
MODERATOR - TOWN OF DENNIS  
Office Sought and District  
SEASIDE AVENUE, DENNIS, MA  
Residential Address  
E-mail: \_\_\_\_\_  
Phone # (optional): \_\_\_\_\_

COMMITTEE TO ELECT  
ROB CHAMBERLAIN  
Committee Name  
ROBERT R. KRALL  
Name of Committee Treasurer  
P.O. BOX 248, DENNIS, MA 02638  
Committee Mailing Address  
E-mail: rrpabp@comcast.net  
Phone # (optional): \_\_\_\_\_

### SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	<u>3,375.00</u>
Line 2: Total receipts this period (page 3, line 11)	<u>655.00</u>
Line 3: Subtotal (line 1 plus line 2)	<u>4,030.00</u>
Line 4: Total expenditures this period (page 5, line 14)	<u>3,079.46</u>
Line 5: Ending Balance (line 3 minus line 4)	<u>950.54</u>
Line 6: Total in-kind contributions this period (page 6)	<u>0</u>
Line 7: Total (all) outstanding liabilities (page 7)	<u>0</u>
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: 6/9/2023

#### 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: \_\_\_\_\_ (Candidate's signature) Date: \_\_\_\_\_

**SCHEDULE A: RECEIPTS**

5/4/2022 Andersen, Howard W.	34 Pine Street, South Dennis, MA 02660	\$ 100.00	
5/4/2022 Creeden, Robert A. D.M.D.	30 Rocky Ridge, Dennis, MA 02638	\$ 100.00	
5/7/2022 Eldred, Mary Ann	P.O. Box 73, East Dennis, MA 02641	\$ 100.00	
5/7/2022 Smithson, Richard C.	P.O. Box 1407, South Dennis, MA 02660	\$ 250.00	Owner Route 134 Auto Care
		\$ 550.00	





**SCHEDULE B: EXPENDITURES**

5/10/2022	Eagles Nest Restaurant	825 Old Bass River Road, Dennis, MA 02638	Food for Post Election Function	\$200.00
5/3/2022	Powder Horn Press	301 Court Street, Plymouth, MA 02360	2832 Letters and Postage	\$2,879.46
				\$3,079.46







## 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 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				