

## Form CPF M 102: Campaign Finance Report Office of Campaign and Political Finance

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Reporting Period: Beginning: 2/13/2023 Ending: 3/21/2023

Type of Report: 2023 Pre-preliminary Report

Turner, Robert

Full Name of Candidate

Cibrary Trustee

48 Richards St Dedham, MA 02026

Residential Address

Committee to Elect Tom Turner

Committee Name

Gemma Martin

Name of Committee Treasurer

202 Bonham Rd Dedham, MA 02026

Committee Address

### SUMMARY BALANCE INFORMATION

Ending balance from previous report:	\$0.00
Total receipts this period:	\$50.00
Subtotal:	\$50.00
Total expenditures this period:	\$0.00
Ending Balance:	\$50.00
Total inkind contributions this period:	\$0.00
Total out of pocket spending this period:	\$504.69
Total outstanding liabilities:	\$0.00
Name of Bank Used:	

## 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, inkind 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 (in ink)

3/27/2023

Date

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, and 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.

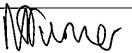
Candidate without Committee OR candidate with independent activity filing separate report.

I certify that I have examined this report and 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, disbursements,

inkind 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 (in ink)



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.

Date Name and Residential Address		Amount Occupation and Employer
2/13/2023 Martin, Gemma		\$25.00
202 Bonham Rd		
Dedham, MA 02026		
3/10/2023 Troccoli, Noreen		\$25.00
48 Morse Ave		
Dedham, MA 02026		
	Total Itemized Receipts:	\$50.00
7	Total Unitemized Receipts:	\$0.00
	Total Receipts:	\$50.00

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 over \$50 and under may be added together from committee records, and reported on line 13.

Date Name and Address		Amount Purpose
	<b>Total Itemized Expenditures:</b>	\$0.00
	Total Unitemized Expenditures:	\$0.00
	Total Expenditures:	\$0.00

# Schedule O: Candidate Out-Of-Pocket Expenses

Date Name and Address
3/14/2023 East Coast Printing

Amount Purpose \$504.69 Printing

2 Keith Way

Hingham, MA 02043

Total Itemized Out-Of-Pocket Expenditures:

\$504.69

Total Unitemized Out-Of-Pocket Expenditures:

\$0.00

**Total Out-Of-Pocket Expenditures:** 

\$504.69