

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

OI MASSACHUSCUS	File with: City or Town Clerk or Election Commission		
Fill in Reporting Period dates: Beginning Date: May	31, 2021 Ending Date: December 31, 2021		
Type of Report: (Check one)			
☐ 8th day preceding preliminary ☐ 8th day preceding election	☐ 30 day after election ☐ year-end report ☐ dissolution		
Dandrick P. Gelin	Dandrick Gelin Committee to Elect for Selectman		
Candidate Full Name (if applicable)	Committee Name		
Selectman	Mason Spencer		
Office Sought and District	Name of Committee Treasurer		
94 Central Street	P.O. Box 69, Hudson, MA 01749		
Residential Address	Committee Mailing Address		
Telephone Number (optional):	Telephone Number (optional):		
SUMMARY BALANC	CE INFORMATION:		
Line 1: Ending Balance from previous report	164.92		
Line 2: Total receipts this period (page 3, line 11)			
Line 3: Subtotal (line 1 plus line 2)			
Line 4: Total expenditures this period (page 5, lin	ne 14) 91		
Line 5: Ending Balance (line 3 minus line 4)	73.92		
Line 6: Total in-kind contributions this period (pa	age 6)		
Line 7: Total (all) outstanding liabilities (page 7)			
Line 8: Name of bank(s) used: Citizen's Bank			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the bes activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or or hebalf of this committee in	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.		
Signed under the penalties of perjury:	(Treasurer's signature) Date: 2/5/22		
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: Tcheck 1 be	ox 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 activity, of all persons acting under the authority or on behalf of this committee in activity and incurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period.		
Candidate without Committee OR Candidate with independent activity filing so I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the	e best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the		
Signed under the penalties of perjury:	(Candidate's signature) Date: 1/29/22		

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	ipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		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.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
	3	Line 12: Expenditures over \$50 (or listed above)			
		Line 13: Expenditures \$50 and under* (not listed above)			
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD		

^{*} 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 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
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				f
		Line 18: TOTAL OUTSTANI	DING I LADII PRIEG (ATT)	

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