

Finance

RECEIVL aign Finance Report 3 1 2020

HUDSON TOWN CLERK

Commonwealth	Form CPF M 102A: Amendment to Campa Municipal Form Office of Campaign and Political F
of Massachusetts	

File with: City or Town Clerk or Election Commission	
Report Being Amended: Year: 2020 Reporting Peri	iod: Beginning Date: 01/01/2020 Ending Date: 06/12/2020
8th day preceding preliminary 8th day preceding elec	ction 30 day after election year-end report dissolution
Dandrick Gelin	Dandrick Gelin Committee to Elect for Selectman
Candidate Full Name (if applicable)	Committee Name
94 Central St. Hudson, MA 01749	Mason Spencer
Residential Address Selectman	Name of Committee Treasurer PO BOX 69, Hudson, MA 01749
Office Sought and District	Committee Mailing Address
E-mail: dgelin94@gmail.com	E-mail:
Phone # (optional):	Phone # (optional):
SUMMARY	BALANCE INFORMATION:
Line 1: Ending Balance from previo	40
Line 2: Total receipts this period	\$534.93
Line 3: Subtotal	\$534.93
Line 4: Total expenditures this period	
Line 5: Ending Balance	\$181.06
Line 6: Total in-kind contributions t	this period \$0
Line 7: Total (all) outstanding liabil	lities \$0
Line 8: Name of bank(s) used:	Citizen's Bank
The original filing of the above-referenced campaign finance rep	want is being amonded for the following reason(s):
The first time it was filled out, there was a mixu	
Signed under the penalties of perjury:	Signed under the penalties of perjury:
Shill	
(Candidate's signature) Date: 7/31/20	020 (Treasurer's signature) Date: 7/31/2020



Form CPF M 102: Campaign Finance Report **Municipal Form**

Office of Campaign and Political Finance

AUG 0 5 2020

HUDSON TOWN CLERK

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Fill in Reporting Period dates: Beginning Date: 01/	/01/2020 Ending Date: Jun 12, 2020
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 BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 1	1) 534.93
Line 3: Subtotal (line 1 plus line 2)	534.93
	ing 14) 353.87
Line 4: Total expenditures this period (page 5, 1	181.06
Line 5: Ending Balance (line 3 minus line 4)	
Line 6: Total in-kind contributions this period (page 6)
Line 7: Total (all) outstanding liabilities (page 7	
Line 8: Name of bank(s) used: Citizens Bank	
activity, of all persons acting under the authority or on behalf of this committee in incurred any liabilities nor made any expenditures on my behalf during this report. Candidate without Committee OR Candidate with independent activity filing	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Date: 08/05/2020 box only) the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ing period. separate report the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of my knowledge and belief, a true and complete statement of all campaign ints, in-kind contributions and liabilities for this reporting period and represents the this committee in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 08/05/2020

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.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Name and Residential Address			Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
3/24/2020	Dandrick Gelin 94 Central St. Hudson, MA 01749	160	Customer Service Associate Cumberland Farms	
05/08/2020	Dandrick Gelin 94 Central St. Hudson, MA 01749	150	Customer Service Associate Cumberland Farms	
05/15/2020	Dailton Rabelo #232 910 Tyron Hill Dr. Raleigh, NC 27306	96.80	Computer Programmer at IBM	
06/11/2020	Dandrick Gelin 94 Central St. Hudson, MA 01749	80	Customer Service Associate Cumberland Farms	
ine 9: Total Rece	ipts over \$50 (or listed above)	486.80		
ine 10: Total Rece	eipts \$50 and under* (not listed above)	48.12		
ine 11: TOTAL I	RECEIPTS IN THE PERIOD	534.90	← 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 A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
			<u>. </u>
ne 9: Total Receip	ots over \$50 (or listed above)		
ne 10: Total Recei	pts \$50 and under* (not listed above)		
ne 11: TOTAL R	ECEIPTS 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

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.)

D . D	To Whom Paid	4.33	Daywas a CV	A
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
5/26/2020	Bestcanvas Inc.	3443. NW 107th St. Miami, FL 33167	Campaign Face Masks	60
05/29/2020	Staples	771 Boston Post Rd. E Marlborough, MA 01752	Flyers	111.99
05/21/2020	Vistaprint, a Cimpress Company	275 Wyman St. Waitham, MA 02451	Buisness Cards	55.24
		Line 12: Total Expenditures	H. H	227.23 126.64
		Line 13: Total Expenditures Line 14: TOTAL EXPEND	\$50 and under* (not listed above)	353.87

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
				L
				1
		Line 12: Expenditures over \$50	(or listed above)	<u> </u>
		Line 13: Expenditures \$50 and	under* (not listed above)	
	Enter on page 1, line 4 →	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 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
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND Co	ONTRIBUTIONS	0

^{*} 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.

Page 6

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 →			0