

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commiss				
Fill in Reporting Period dates: Beginning Date:	AY 19,3015 Ending Date: JAN, 10, 2016				
Type of Report: (Check one)					
☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution				
TERRY BURKE DOTSON	DOTSON COMMITTEE				
Candidate Full Name (if applicable)	Committee Name				
PLANNING BOXED	A				
Office Sought and District	Name of Committee Treasurer				
20 SALO TERRACE, MILLBORY, MA 01527-1940 Residential Address					
	Committee Mailing Address				
Telephone Number (optional):	Telephone Number (optional):				
	l L				
SUMMARY BALANC	E INFORMATION:				
Line 1: Ending Balance from previous report	0				
Line 2: Total receipts this period (page 3, line 11)	132.00				
Line 3: Subtotal (line 1 plus line 2)	132.00				
Line 4: Total expenditures this period (page 5, line					
period (page 5, inter-	174,				
Line 5: Ending Balance (line 3 minus line 4)	0				
Line 6: Total in-kind contributions this period (page	ge 6) O				
Line 7: Total (all) outstanding liabilities (page 7)	2,928.45				
Line 8: Name of bank(s) used: NA					
Affidavit of Committee Treasurer:					
certify that I have examined this report including attached schedules and it is, to the best of	f my knowledge and belief, a true and complete statement of all campaign finance				
tivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions acting under the authority or on behalf of this committee in ac	puributions and liabilities for this reporting period and represents the campaign				
gned under the penalties of perjury: Allen W Ma	This (Treasure's signature) Date: 01/20/2016				
	(1730) (1730) (1730) (1730) (1730) (1730) (1730) (1730) (1730) (1730) (1730) (1730) (1730) (1730) (1730) (1730)				
OR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box of	paly)				
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 be	St of my knowledge and helief a true and complete statement of all compains finance				
activity, of all persons acting under the authority or on behalf of this committee in accor	dance 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 pe	•				
Candidate without Committee OR Candidate with independent activity filing sepan I certify that I have examined this report including attached schedules and it is, to the beautiful that I have examined this report including attached schedules and it is, to the beautiful that I have examined this report including attached schedules and it is, to the	st 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 committee in accordance with the requirements of M.G.L. c. 55.					
$\int D \left( \int + \right)$	The state of the s				
ned under the penalties of perjury: Oruf Liber Vollar	(Candidate's signature) Date: 01/20/2016				

#### 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 Date Received (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
08/21/2016	TERRY BURKE DOTSON 20 SAW TERRACE MILLBURY, MA 01527-1940	132.0	To take	
	MILLBORY, MA 01527-1940	132.0		
ne 9: Total Receipts	over \$50 (or listed above)			
ne 10: Total Receipts	\$50 and under* (not listed above)			
	CEIPTS IN THE PERIOD	132.00	← Enter on page 1, line 2	

<sup>\*</sup> 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) Amoun		nt	Occupation & Employer (for contributions of \$200 or more)
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ine 9: Total Receipts or	ver \$50 (or listed above)	<u> </u>		
ine 10: Total Receipts \$	50 and under* (not listed above)			
ine 11: TOTAL RECE	IPTS IN THE PERIOD		  ← ;	Enter on page 1, line 2
f you have itemized receir	ots of \$50 and under, include them in line 9.	Line 10 shoul	j d inch	ude only those receipts not itemined char-

<sup>\*</sup> 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.)

report all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
08/21/2015	U.S.P.S. MILLBURY POST OFFICE	DISIRS, MILLBURY BOST OFFICE 119 ELA STREET MILLBURY, MA 01527	POST OFFICE BOX (I YEAR)	132.0	
		. 0			
	Li	ne 12: Total Expenditures ove	r \$50 (or listed above)	132.00	
Line 13: Total Expenditures \$50 and under* (not listed above)					
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 132.00				132.00	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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## SCHEDULE B: EXPENDITURES (continued)

Data Data	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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	L	ine 12: Expenditures over \$50 (or	r listed above)	
	L	ine 13: Expenditures \$50 and unde	er* (not listed above)	
	_			
on have keed a	Enter on page 1, line 4 -> [Li	ne 14: TOTAL EXPENDITURI	es in the Period	

<sup>\*</sup> 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 Contributio	n Value
ï				
	Line 15: In-Kind Contributions over \$50 (or listed above)			
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

<sup>\*</sup> 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.

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## **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
05/26/15	TERRY BURKE DOTSON	20SALOTERRACE MUBURY, MAGISZT-1940	CANDIDATE LOAN	2,796.4
08/21/15	TERRY BURKEDOTEN	20 SALO TERRACE MILLBURY MA 01527494	CANDIDATE LOAN	132,00
	Enter on page 1, line 7 → Lin	1e 18: TOTAL OUTSTANDING	CLIABILITIES (ALL)	1,928,45