

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

Office of Car	mpaign and Pointical Finance
Commonwealth of Massachusetts 5	31 2025 File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 6/14	Ending Date: 7/9/2025
Type of Report: (Check one)	
8th day preceding preliminary 28th day preceding election	30 day after election ☐ year-end report ☐ dissolution
Theresa M. Tauro	Committee to Elect Terri
Candidate Full Name (if applicable) Town Clerk, Town of Marblehead	Committee Name Elizabeth S. Tauro
Office Sought and District	Name of Committee Treasurer
113 Jersey St, Marblehead MA 01945	113 Jersey St., Marblehead MA 01945
Residential Address E-mail: turotheresa@gmail.com	Committee Mailing Address E-mail: territaurofortownclerk@gmail.com
Phone #: 781-771-3327	Phone #: 978-578-4786
Filone #. 101-11 1-0021	- Holica State of Carlot
SUMMARY BALAN	CE INFORMATION:
Line 1: Ending Balance from previous report	65.24
Line 2: Total receipts this period (page 3, line 12)	600
Line 3: Subtotal (line 1 plus line 2)	665.24
Line 4: Total expenditures this period (page 5, line 1:	617.01
Line 5: Ending Balance (line 3 minus line 4)	48.23
Line 6: Total in-kind contributions this period (page 6	5, line 18) 150
Line 7: Total (all) outstanding liabilities (page 7, line	19) 0.00
Line 8: Total out-of-pocket expenses this period (page	e 8, line 22) 0.00
Line 9: Name of bank(s) used: National Gran	d Bank
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the be	
activity, including all contributions, loans, receipts, expenditures, disbursements, in-kin 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: Washim Tau	(Treasurer's signature) Date: 71075
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1	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 that are not otherwise disclosed in this report.
	the best of my knowledge and belief, a true and complete statement of all campaign nts, in-kind contributions and liabilities for this reporting period and represents the this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: 7/9/2025

## SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more	
7/2/25	Marjorie Crosby	100	retired	
2/25	Beth Kontos	100	retired	
2/25	Kathleen Santoro	100	Painter	
2/25	North Shore Labor Council PAC	300	Mass AFL-CIO member campaign contribution	
ne 10: Total Recei	pts over \$50 (or listed above)	\$ 600	* If you have itemized receipts of \$50 and	
	pts \$50 and under (not listed above)		under, include them in line 10. Line 11 should include only those receipts not itemized above.	
ne 12: TOTAL R	ECEIPTS IN THE PERIOD	600	← Enter on page 1, line 2	

## SCHEDULE B: EXPENDITURES (continued)

Date Paid 7/11/2025	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
7711/2025	Theresa Tauro Candidate	113 Jersey St Marblehead MA 01945	loan repayment	617.01
	187			
* If you have itemized expenditures of \$50 and under, include them in line 13. Line 14		or listed above)	617.01	
should include	only those expenditures not emized above.	Line 14: Expenditures \$50 and un		
	Enter on page 1, line $4 \rightarrow$	Line 15: TOTAL EXPENDITU	RES IN THE PERIOD	617.01

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

M.G.L. c. 55 requires the name and residential address be reported for all in-kind contributions from a contributor over \$50 in the aggregate in a calendar year. In addition, the occupation and employer must be reported for each contributor who contributes \$200 or more in a calendar year. Receipts from a contributor of \$50 records of all contributions received of any amount. In determining aggregate amounts received from a contributor, add monetary as well as in-kind contributions received. Do not include out-of-pocket expenditures of candidate reported on Schedule D. Attach additional pages as needed to report all receipts. Please

ate Received	From Whom Received*	Residential Address	Description of Contribution	n Value
1-	Dian Baylo	39 Ticehurst Lane	Meet and Greet	\$150
6/5		Marblehead 9945		00
8				
* 16 !				
		Line 16: In-Kind Contributions over \$50 (or listed above)		\$150
should include	e only those expenditures not itemized above.	Line 17: In-Kind Contributions \$50	and under (not listed above)	